

Epiphany In Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Epiphany in Care is a domiciliary care agency. It provides personal care, support and outreach services to people who live in their own home. At the time of the inspection, the service was providing support to 30 people.

Nine of these people were receiving support with personal care at the time of our inspection. This is help with tasks related to personal hygiene and eating. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Systems and processes were in place to safeguard people from the risk of abuse. Staff understood their responsibilities and received regular training to ensure people were safe. Where risks had been identified, assessments were in place and action was taken to manage risks where possible. This included risks relating to falls and health conditions.

People usually received their medicines safely and as prescribed. There had been some errors in medicines administration. When errors had been identified, actions had been taken to improve practice. The registered manager planned to review the checks carried out to ensure medicines errors were identified more promptly.

Staff were safely recruited, and sufficient staff were in place to support people. Staff received induction, training and support, and were competent in carrying out their role.

Staff were motivated to deliver person-centred care which focused on developing or maintaining skills and independence and getting positive outcomes for people. The staff we spoke with were positive and caring and treated people with dignity and respect.

People and relatives were supported to express their views and preferences. Feedback about the service was positive. People, relatives and staff all gave positive feedback about the registered manager. They were described as responsive, flexible and committed to the people who received support from the service.

People's needs and preferences were assessed before they received support from the service and these were regularly reviewed. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to meet their individual needs and preferences. People had access to routine and specialist healthcare services. Staff worked closely with other professionals to ensure people received effective care which met their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Epiphany in Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats or specialist housing. The service can provide support to adults of all ages, including people with physical disabilities, sensory impairments, mental health problems, learning disabilities or those living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 December 2019 and ended on 19 December 2019. We visited the office location on 16 and 17 December 2019.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We received feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the service provided. We spoke with five members of staff to seek their views about working for the service. We also spoke with the registered manager.

We reviewed a range of records. This included five people's care records and people's medicines records. We looked at four staff files in relation to recruitment processes, training and staff supervision. Records relating to the management of the service were reviewed. This included policies and procedures, quality assurance and health and safety documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training to ensure they knew how to keep people safe from harm or abuse. Systems and policies were in place to provide guidance, and safeguarding concerns had been reported and managed appropriately.
- Staff were clear about the steps they would take if they had concerns. They were confident that these would be dealt with. One staff member told us, "I have no concerns, but if I did I would tell [registered manager]. They would always take it seriously, any tiny worry or gut feeling."

Assessing risk, safety monitoring and management

- Risk assessments were in place relating to specific areas. For example, mobility and falls, medicines and epilepsy. These risk assessments gave staff guidance about how they should support people safely, whilst maintaining their independence.
- Environmental risk assessments of people's homes were carried out by the registered manager. These included information about how to access the person's property and how to use equipment in the home safely.
- Often staff worked alone in people's homes, and a lone working policy was in place to provide guidance about staying safe.

Staffing and recruitment

- The provider followed safe recruitment practices. Staff files contained pre-employment and other checks which confirmed staff were suitable to work with people.
- The registered manager told us the service only worked with people if they had enough staff in post with the relevant skills to provide safe, high quality support.
- Wherever possible, people were supported by a small team of support workers. This meant that people and staff knew each other, and there was consistency and continuity in the service provided. One person told us, "I usually have the same people. There's a couple of good carers. They know me, and they know what I need."

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed.
- People had signed to give consent to staff supporting them with medicines where necessary.
- Some people had complex medicines regimes and required support multiple times during the day. In some cases, technology supported staff to ensure medicines were given at the required times. For example, an alarm was set on an electronic tablet in one person's home, and reminders and alerts were in online records.

- Care records described how medicines should be administered and gave information about people's preferences. For example, staff were prompted to fill a particular glass with water 'to the first rimmed line'. In another person's care record, staff were reminded to give the person a tissue before they administered eye drops.
- There had recently been errors in medicines administration, although there had been no harm caused to people. When errors had been identified, actions had been taken to improve practice. This had included discussion with the registered manager, reflective work, additional training and disciplinary actions. However, we noted that some errors had not been highlighted promptly. We discussed this with the registered manager, who planned to continue monitoring and introduce a 'medicines champion' role.
- On one medicine administration record we reviewed, changes to the prescribed medicine had been signed by the registered manager only. It is best practice for changes to be signed by two staff members to ensure the amendments are correct and to keep people safe. We highlighted this to the registered manager.
- Staff received training in the management of medicines and competency was checked during regular refresher training and in spot checks carried out by the registered manager. Specialist training was also provided when required, for example when supporting people with complex or life-threatening conditions.
- An up to date medicine policy was in place which included best practice guidance.

Preventing and controlling infection

- Staff received infection control and food hygiene training.
- Personal protective equipment such as disposable aprons and gloves were available for use when staff supported people with personal care tasks. These help to reduce the spread of infection.

Learning lessons when things go wrong

- Systems were in place to record and review accidents. Concerns and incidents were reviewed in staff meetings.
- There had only been one accident since our last inspection, and actions had been taken following this to ensure staff and people were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before they started to receive support from Epiphany in Care.
- Assessments considered people's physical, emotional and social needs and ensured expectations could be met. Information was gathered from the person, family or other supporters as well as health and social care professionals.
- The registered manager regularly visited people and reviewed their care and support plans. This ensured the service provided met people's current needs and achieved effective outcomes.

Staff support: induction, training, skills and experience

- New employees completed an induction when they joined the service. Staff told us they found the induction helpful and had particularly appreciated being able to shadow more experienced colleagues for as long as necessary when they were new to the role.
- Staff received training and regular updates. Essential training covered subjects such as safeguarding, moving and handling and health and safety. Specialist training was also provided to ensure staff were able to meet people's needs. This included training about how to safely support people with enteral feeding tubes, the use of hoists and catheter management. Comments about training included, "I like doing the online training. I do it at a time that suits me, and it gives me the information I need," and, "The training is great. There's plenty of training."
- The registered manager carried out spot checks when staff were supporting people in their home. This was an opportunity to check staff's competency and identify any areas for development.
- Staff we spoke with stated they felt supported by the registered manager and their colleagues. One staff member said, "[Registered manager] is great, she's always on the end of the phone, any time." Another staff member told us, "I feel a million per cent supported here. If [registered manager] isn't here, I always know who I can go to."
- The provider's policy stated each staff member should have supervision six times a year. We found some staff had received very regular formal supervision, but others had not. Supervision gives staff time to talk about their work and raise any issues or matters which are important to them. Some spot checks were carried out while staff were in people's homes. We discussed supervision and oversight with the registered manager, who was aware that they needed to consistently document and reflect the support staff received.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a balanced diet if they needed assistance in this area. Some people managed independently, whilst others required support in all tasks.

- People's needs were assessed, and information was recorded about allergies and specialist dietary requirements.
- Staff had access to information about people's preferences. For example, favourite foods, meal timings and where the person liked to eat. One care record explained that a person liked to have their meals in the bedroom at lunch time but preferred their evening meal in the dining room.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access routine and specialist healthcare services. When required, staff would attend appointments with people.
- Information about people's needs was documented in care records and contact details for health and social care professionals involved in the person's care were available.
- Records showed that staff from Epiphany in Care attended regular meetings to ensure feedback was available and updates were received. This included reviews with local authority staff and specialist health professionals.
- Health and social care professionals told us the service worked in partnership with them and information was shared to ensure the support provided was effective. One professional reflected, "[Registered manager] has been my main point of contact and has responded appropriately to any queries or request I have made."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No-one using the service at the time of the inspection was subject to any Deprivation of Liberty Safeguards or Court of Protection orders.
- An up to date policy was in place and staff received training about the Mental Capacity Act. Staff understood the importance of seeking consent when supporting people. One staff member said, "We always ask. We're caring for people on a human level."
- Written consent to care and treatment was recorded, and most care plans and documents had been signed by people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were generally positive about staff and the support they received from Epiphany in Care. Comments included, "They're very good, a bright and lively bunch of carers," and, "I don't know what we'd do without them." One relative added, "They can be variable, it depends on the individual carers. Some are very good, others not so much." The registered manager had made changes and taken action where issues had been highlighted to them.
- Staff we spoke with were compassionate about the people they supported. Comments from staff included, "One of the things we do best is how we take care of people, and the service we're giving. We treat them really well," and, "This is not about me, I'm just here for the good of the client."
- Staff knew people well and were able to tell us about their likes and dislikes, routines and needs. Staff told us they were given time to get to know people and to read information in care records. Staff were also encouraged to read about people's specific needs and the registered manager provided resources for staff to learn about people's health conditions.
- The provider respected people's needs under the Equalities Act 2010. For example, assessments and care plans included information about issues such as cultural, religious and gender needs. One person's care record stated, "[Name] would like support with their bible studies, particularly from staff who share their religious beliefs."

Supporting people to express their views and be involved in making decisions about their care

- People were able to make decisions about their day to day care and routines. Staff encouraged and respected people's choices. For example, one staff member said, "I always ask, but the people I work with would soon tell me anyway, they're pretty vocal!"
- People were involved in developing and reviewing their care and support plans. One person said, "We review things every week. They always know what's needed."
- Records contained information about how each person communicated. This ensured staff had an understanding of people's needs and could support each individual to express their views and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and considerate when supporting them. A relative explained that staff were sensitive during personal care and always knocked before entering the bathroom and explained clearly what they were doing.
- The provider had policies which gave staff guidance about how to respect and promote people's privacy,

dignity and independence. The Personal Contact policy stated, "Staff must promote every client's independence as far as possible in line with the care and support plan, and ensure they are not encroaching on or invading their privacy."

- Staff were aware of the importance of these issues, and shared examples of how they treated people with respect. Comments included, "I give people the time they need. As if they're my family. I try to make it as nice as possible for them," and, "It's one of the things we do best, treat them with respect."
- Additional guidance about what people could do for themselves and how to provide support was described in care records. For example, one care record stated, "[Name] gets fatigued fairly quickly. Carers must listen to [Name] and be attentive to their needs." Another record described in detail the different ways in which staff should support one person to get dressed, depending on whether they were in bed, a chair or a wheelchair.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support which met their needs and preferences. One professional told us that the service had been very flexible to meet the requirements of a person they supported and had remained consistent and person-centred, despite numerous challenges.
- Care plans contained person-centred information and identified what was important to individuals. Aims and objectives had been agreed with people. One care and support plan stated, "[Name] is keen to maintain their independence and access their community," and the plan went on to describe ways in which staff could achieve this aim.
- Care plans were regularly reviewed and updated, and information was communicated to staff. Staff told us they were always kept up to date and informed of any changes in a person's needs or health. One person said, "That's very good, they pick up on changes quickly."
- Staff kept records on paper or an electronic system, depending on the preferences and needs of each person. Daily notes provided a summary of each visit, as well as information about the person's routines and wellbeing. The notes we saw reflected the person's support needs as detailed in care records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. These were documented in care records as necessary. For example, "[Name] benefits from information being broken down into simple elements, and from being given time to process and respond to information. Too much information should not be given at once."
- The service understood and highlighted people's communication needs to others as required and with consent.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and use local community facilities where relevant.
- Where people were supported to develop activities or links with the community, care records contained activity planners to indicate their usual routines. Care records also provided information about people's hobbies and interests.

- Staff provided support to some people to enable their family or carers to have time away from the home and their responsibilities. This supported the family members to reduce their own social isolation and take part in meaningful activities.
- One professional told us about the challenges a person had faced in pursuing activities which interested them and developing new relationships. They felt staff at Epiphany in Care had been instrumental in supporting the person to face challenges and take risks to enable them to successfully work towards their goals.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and said they would be confident in approaching the registered manager with concerns.
- When concerns had been raised with the registered manager, people and their relatives felt they had been listened to, and that action had been taken to improve quality where necessary.
- One complaint had recently been raised and was being managed at the time of our inspection.
- A policy was in place which outlined how complaints were managed and dealt with.

End of life care and support

- The service did not provide end of life care at the time of the inspection.
- The provider stated they did not currently take on people who required end of life care but would seek specialist support on an individual basis if this was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had aims and objectives. These focused on improving people's quality of life by enabling and supporting them to maintain independence, make informed choices and play an active part in their community. These aims were reflected by staff and in the feedback we received.
- We received positive feedback about the service. Comments included, "They're very good, I'm very satisfied. They're a lovely bunch of carers," and, "The carers are very good and aware of what we need." Another person told us, "There are some areas for improvement, but they're pretty good."
- There was a positive culture within the service. The registered manager and staff made efforts to achieve good outcomes for people in collaboration with them. One person told us, "[Registered manager] did the care at first so they could get to know me." A relative said, "[Registered manager] is very responsive. That's a particular strength, they will always work flexibly to improve the situation."
- Staff told us they were supported in their work and were happy working for Epiphany in Care. Most of the staff we spoke with had worked for other social care organisations, and all told us they found Epiphany in Care to be a more inclusive, person-centred and positive organisation. Comments included, "I don't think I've ever been happier in a job," "I love it," and, "I genuinely love working here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about informing families and different organisations when incidents occurred.
- The incident records we reviewed indicated that the registered manager had been open with people and their relatives.
- People told us they were kept updated about changes to the service or issues which may affect them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about what was required of them, and the registered manager provided support to enable staff to provide a quality service.
- The registered manager was in the process of appointing a new service manager. This role would provide additional time and support to staff and with administrative tasks. This will help maintain standards as the service grows.
- Systems were in place to monitor the quality of the service provided. Spot checks and quality

questionnaires were in place, and audits were completed by the registered manager. During the inspection, we discussed reviewing and increasing the checks which were carried out. For example, more regularly completing medicines administration record checks.

- The registered manager made notifications to CQC as legally required. Notifications are information about important events the service is legally obliged to send us within required timescales.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people were requested through an annual quality questionnaire. The last survey had been carried out in March 2019 and the feedback given was positive. For example, all respondents reported a 'good' or 'very good' experience in staff listening to them, staff treating them with respect and staff's ability to carry out the role. Everyone who responded to the survey stated they would recommend Epiphany in Care to friends or family.
- People felt able to contact the registered manager at any time with concerns or feedback. One person told us, "I raised a couple of things with [registered manager] before. She listened."
- Staff meetings were in place, although staff noted that they would like to be able to meet more frequently. Subjects discussed at recent staff meetings included specific support requirements for people, record keeping, medicines administration and communication.

Continuous learning and improving care

- The registered manager had established links with other providers. This enabled them to share ideas, seek support and discuss development and improvement.
- Training was provided to ensure people's needs were met. For example, staff had received training in the safe management of enteral feeding devices and one staff member had attended a course to develop their own resilience.
- A professional had informed the registered manager that support workers were not being involved with one person sufficiently for them to engage in the activities they attended. The professional was satisfied that they registered manager had discussed this issue with staff, and improvements had been made.
- The service had received compliments from people and their families. One letter stated, "Epiphany in Care is by far the best [care provider] we have used, providing excellent care with dignity and patience."

Working in partnership with others

- Staff worked in partnership with other professionals. People's care records showed they were supported by a range of professionals including GPs, social workers, occupational therapists and mental health teams.
- A physiotherapist used an electronic tablet to record the exercises one person was required to complete regularly at home. Staff were able to support the person confidently because they had clear guidance to follow. This improved the health outcomes for the person.
- Professionals gave positive feedback about working in partnership with the service. One professional said, "The carers have a good oversight of the service user's needs, provide care tailored to the service user, adequately manage/reduce risks where appropriate and respond flexibly when needed." Another professional told us, "I have been very impressed with their service and would recommend them to others."