



Inspection Report on

Empathy Home Support

**Connective Care Education Ltd
13-14 Centre Court
Pontypridd
CF37 5YR**

Date Inspection Completed

05/01/2021

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About Empathy Home Support

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| Type of care provided | Domiciliary Support Service |
| Registered Provider | Empathy Home Support Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | This is the first inspection that has taken place since the service re registered under RISCA |
| Does this service provide the Welsh Language active offer? | This is a service that does not provide an 'Active Offer' of the Welsh language. We recommend that the service provider considers Welsh Governments 'More Than Just Words follow on strategic guidance for Welsh language in social Care'. |

Summary

People are satisfied with the support they receive. People receiving a service and their relatives are very positive about the care staff, the manager and the way care and support is provided. Care staff generally know people well and make sure they receive the care and support they need. Records require improvement to make sure people are asked about their Welsh cultural needs. Records are not regularly reviewed and people are not asked to sign their agreement with the care and support provided.

Care staff are supported by the manager and have knowledge of processes which they follow. They are very positive about working at the agency and the support provided by the manager and responsible individual, (RI). Recruitment checks do not make sure staff are suitable and they are not provided with regular supervision or appraisal. The range of training is limited and not provided in line with the statement of purpose (SOP).

Measures are not in place for the RI to visit and oversee the quality of the service. Measures are not in place to check records including staff files and personal plans, are correct and completed in line with expectations.

Well-being

Empathy Home Care Support offers people the opportunity to remain living in the community with support tailored to their needs. People and relatives are generally very satisfied with the service. They describe the agency as, “*Very, very good*” and, “*I find them very good.*” People describe care staff as always listening to them and being responsive to their needs. Relatives described the agency as, “*Really good and pleased to get them.*”

Relatives told us care staff are, “*Excellent,*” “*Very kind and helpful*” but, “*Not all staff understand dementia*” and not all care staff “*Understand strategies needed to support people with dementia.*” Records show not all care staff have completed training in how to support people with dementia.

Systems to monitor, review and improve the quality of the service require improvement. The service is not provided in line with the SOP. The provider does not have processes in place to safeguard people. The safeguarding policy does not include the contact details of external agencies for care staff to seek advice or make referrals to. A review of records show robust employment checks are not carried out before care staff start work. Records show not all care staff have completed safeguarding training.

Care and Support

People describe care staff as, “*Really good*” and “*turn up on time if they can*”. Relatives describe care staff as, “*Approachable*”, “*Excellent*” and “*Helpful*.” People’s needs are assessed before the service starts to make sure they can be met. The pre service assessments do not prompt care staff to ask people about their Welsh cultural needs and are not always completed. People using the service told us they are asked how they want care and support to be provided although they are not asked to sign their agreement to this and records confirmed this. A relative commented people, “*Made all their own decisions.*” People told us care staff were usually on time and they were always notified if care staff were running late. Care staff confirmed they were allocated enough time to travel between calls.

A member of care staff told us people are sent a weekly rota. However, whilst people and relatives generally speak very highly of care staff they said they do not always know which care staff would be arriving because they, “*Don’t always get a weekly rota*” and because, “*Staff keep changing.*” People told us a rota would be, “*Pointless*” due to constant staff changes and that the agency is, “*Always short staffed.*” The manager confirmed there have been staffing issues but told us new care staff have been recruited and once they have completed induction training the situation will improve.

Individual plans are clearly written and generally give care staff information and guidance to be able to meet people’s needs. They include very little detail of people’s life history so this is not taken into account when planning how the service will be delivered. Plans do not include details of diagnosed, long term health conditions and how this impacts on care and support needs. There is no evidence plans are regularly reviewed and people and relatives told us they had not been invited to a formal review. However, relatives told us care staff and the manager were, “*Very responsive and proactive*” if any changes to the support are needed.

Leadership and Management

Information is provided in a SOP (undated), and guide so people and their families can make an informed choice when considering using the service. The guide does not include all the information required including the correct managers' details and contact details of external agencies. The service is not operated in accordance with the statement of purpose because our inspection shows quality assurance systems, recruitment, training, supervision and appraisal do not operate as described.

People and relatives know how to raise concerns or make a complaint. They told us they would not hesitate to talk to care staff or the manager. They were confident they would be listened to and taken seriously. The complaints policy does not include the contact details of external agencies and does not refer to the relevant local authority. The whistleblowing policy does not include the contact details of external agencies such as Public Concern at Work, CIW or the local authority.

Systems are not in place to monitor, review and improve the quality of the service. The RI has not visited the service or completed six monthly quality of care reports as required. Audits do not include details of which records were checked or how a judgement has been reached about the quality of service. Care staff told us daily records are returned to the office and checked but this is not evident in records provided. Records do not evidence that personal plans are reviewed or checked to make sure they are completed correctly. The agency has not asked people who use the service, their relatives, staff or professionals for their views.

Recruitment checks are not robust. Care staff start work before necessary checks are completed including checking gaps in employment, obtaining and verifying references and a satisfactory Disclosure and Barring Service, (DBS), check. The application form requires revision to make sure it is fit for purpose and includes a correct Rehabilitation of Offenders declaration. Systems are not in place to oversee if recruitment practice is safe.

Care staff are very positive about the service because it has a, "*Good ethos which puts people's needs first.*" They are provided with, "*Very good support*" from the RI and manager. They said, "*Very good*" training was provided and plans are in place to provide specialised training. Staff records are inconsistent, with not all staff included on records provided. This means we cannot evidence all care staff have completed necessary training, formal supervision or an appraisal. Care staff are provided with limited, basic training not in line with the SOP or guide. This has not been identified by the agencies quality assurance checks.

Environment

Areas for improvement and action at, or since the previous inspection

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| None | | |
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Areas where immediate action is required

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| None | |
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Areas where improvement is required

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| The responsible individual has not undertaken visits or had oversight of the service, in line with the regulations. | 73(1) |
| The registered provider has not ensured staff are provided with supervision and appraisal in line with the required timescales. | 36(2)(c) |
| The registered provider has not ensured staff are provided with necessary and specialist training in line with the statement of purpose. | 36(2)(d) |
| The registered provider has not ensured robust recruitment measures are in place. | 35(1)(a) |
| The registered provider has not ensured measures are in place to monitor, review and improve the quality of the service. | 80(1) |
| The registered provider is not undertaking reviews of personal plans at least every three months. | 16(4) |

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

Date Published 24/02/2021

No noncompliance records found in Open status.