



Inspection Report on

Empathy Home Support

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

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/06/2021

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About Empathy Home Support

Type of care provided	Domiciliary Support Service
Registered Provider	Empathy Home Support Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	5 January 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.

Summary

This visit was to check progress made by the provider in addressing the areas detailed in the last report as needing immediate action. At this inspection we found little progress and have issued priority action notices.

Relatives are very pleased with the quality of service and tell us it "*makes a big difference to me having good support.*" People are not involved in developing personal plans or asked to sign their agreement with the way care and support is provided. Records require improvement so they are consistent and provide care staff with clear information about people's needs and the outcomes people want to achieve. Personal plans are still not reviewed three monthly with the person, their relatives or professionals involved in their care.

Care staff are now provided with regular supervision and some improvements have been made in care staff completing training. However, care staff are not supported to obtain formal qualifications such as NVQs. Recruitment checks, including those for agency staff, are not always completed before they start work to make sure they are suitable, and care staff are not provided with an annual appraisal.

The responsible individual (RI) has regular contact with the service and the manager but does not record such visits. Care staff shortages mean the manager does not have enough time to complete management tasks. Systems are not in place to check records including personal plans, are correct and completed in line with expectations. Measures are not in place to monitor, review and improve the service. The views of people who use, work or who have contact with the service are not sought. The service is still not provided in line with assurances given in the statement of purpose (SOP), particularly in relation to the training provided to care staff. The issues detailed in this report mean the service is not effectively managed.

Well-being

We have been unable to speak to people using the service because this information was not provided. Relatives comments about care staff include “*can’t fault them, they’re very good*” and “*brilliant, they are really lovely*”. They told us care staff are always on time and there have been improvements in the agency being able to send the same care staff to calls which relatives are pleased about. This means people are provided with consistent care by care staff who know them well.

Efforts are being made to find out people’s Welsh cultural needs and offer a service including information in Welsh, if possible.

Systems to monitor, review and improve the quality of the service require improvement. The service is not provided in line with the SOP. A review of records show improvement is still needed to recruitment practices and checks of care staff performance.

All care staff have completed safeguarding training. The safeguarding policy was due for review in February 2021. It has not been reviewed and updated to remove the name of the previous manager or include the contact details of CIW and advocacy services. People cannot be confident they are being protected from abuse.

Care and Support

We have been unable to speak to people using the service as detailed. Relatives told us care staff stay for the full time allocated but they do not always know which care staff will arrive because they do not receive a rota. This was also an issue at the inspection in January 2021. Relatives told us they are able to discuss any changes needed with care staff or the deputy manager who was described as “*great and always helpful.*” Records don’t show people and their relatives are involved in care planning or asked to sign their agreement with the way care and support is provided.

Personal plans include a ‘personal profile’ which generally contains good detail including people’s Welsh cultural needs. People’s needs are assessed and recorded before the service starts but this information is not always used to develop the personal plan. Information is obtained from the funding authority but this is not always included in the plan or risk assessments. This means records provided for care staff do not include all known information. Risk assessments are in place and a scoring system used to determine the level of risk. However, records do not include any information or guidance for care staff on what action needs to be taken to reduce risk meaning they are ineffective. This is an area for improvement and we expect the provider to take action.

In January 2021 we advised the provider immediate action was needed to ensure personal plans were reviewed three monthly and reviews should include the person, their relatives and professionals. We found no improvement in this. Records are not always reviewed when people’s needs change to make sure care staff are provided with up to date information. This is having an impact on people’s health and well-being and placing them at risk and we have therefore issued a priority action notices. The provider must take immediate action to address these issues.

Leadership and Management

Information is provided in a SOP (undated) and guide. In January 2021 we advised the provider immediate action was needed to improve both documents so people considering using the service could make an informed choice. These still require improvement to meet legal requirements. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued priority action notices. The provider must take immediate action to address these issues.

We have been unable to speak with care staff or professionals involved with people as detailed. Staff are now provided with regular supervision of their practice. In January 2021 we advised the provider immediate action was needed to ensure care staff are provided with an annual appraisal but these have not taken place. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued priority action notices. The provider must take immediate action to address these issues.

In January 2021 we advised the provider to take immediate action to improve recruitment practices. We found improvements are still required. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

Systems are still not in place to monitor, review and improve the quality of the service. In January 2021 we advised the provider immediate improvements were needed in relation to the lack of quality assurance measures. The manager told us care staff shortages meant they (the manager), are working shifts as a carer which left little time to complete management tasks. The RI told us changes are planned to address this. We found the RI has regular contact with the service but they have not completed a report of the visits as required. Audits do not include details of which records have been checked or how a judgment has been reached about the quality of the service. Records do not evidence which personal plans are checked to make sure they are completed correctly or reviewed. The agency has not asked people who use the service, their relatives, care staff or professionals for their views. Relatives confirm they have not been asked for their views. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notices. The provider must take immediate action to address these issues.

The issues detailed in this report have been identified in the last CIW report but not rectified by the manager or responsible individual. This means measures are not in place to ensure the service is effectively. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notices. The provider must take immediate action to address these issues.

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

The responsible individual has not undertaken visits or had oversight of the service, in line with the regulations.	Regulation 73(1)(3)
The registered provider has not ensured staff are provided with necessary and specialist training in line with the statement of purpose.	Regulation 36(2)(d)(e)
The registered provider has not ensured robust recruitment measures are in place.	Regulation 35(1)(a) (2)(d)(3)
The registered provider has not ensured measures are in place to monitor, review and improve the quality of the service.	Regulation 80(1)(3)
The registered provider is not undertaking reviews of personal plans at least every three months.	Regulation 16(1)(3)(4)

Areas for improvement and action at, or since, the previous inspection. Not Achieved

The registered provider has not ensured staff are provided with supervision and appraisal in line with the required timescales.	Regulation 36(2)(c)
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

The provider has not ensured robust recruitment measures are in place.	Regulation 35(1)(a) (2)(d)
Reviews of personal plans are not undertaken at least every three months.	Regulation 16(1)(a)(3)(4)
The service is not effectively managed.	Regulation 6
The responsible individual has not completed a report of their visits to the service, in line with the regulations.	Regulation 73(1)
The registered provider has not ensured staff are provided with necessary and specialist training in line with the statement of purpose.	Regulation 36(2)(d)(e)
The provider has not ensured measures are in place to monitor,	Regulation 80(1)

review and improve the quality of the service.	Regulation 80(3)
The guide does not include all the required information.	Regulation 19(2)(a) (3)(b)
Staff are not provided with an annual appraisal.	Regulation 36(2)(c)

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

Personal plans require improvement.	Regulation 15(1) (6)(7)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk 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.

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