

Enterprise Care Support Ltd

# Enterprise Care Support Limited

## Inspection report

Mitcham Parish Centre  
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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

This inspection took place on 6 August 2015 and was announced. We told the provider two days before our visit that we would be coming. At the last inspection on 21 July 2014 the service was meeting the regulations we checked.

Enterprise Care Support Ltd provides care for approximately 30 people who live mainly in Merton, Camden and Staines. The service provides support to some people from minority ethnic backgrounds although not exclusively.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We found the provider could not demonstrate they were seeking consent from people prior to care being provided. Where people were not able to give consent the provider was unaware of their legal requirements in relation to the Mental Capacity Act (2005) and to show that decisions had been made in people's best interests.

People's needs had not been comprehensively assessed. Nor had there been an account of individual preferences. We found that on occasions people's needs had changed but the care plans did not reflect this. People therefore may not have been receiving care that reflected their current and preferred needs.

The provider did not have an up to date written complaints policy which could result in complaints about the service being misdirected.

People told us the care they received from Enterprise Care Support was safe. Care workers knew what to do if they suspected people were at risk of harm and how to escalate any concerns. The provider completed all recruitment checks to make sure that only suitable people were employed by the agency.

There were arrangements in place to make sure people received their medicines safely. There were infection control measures in place to make sure any risks of cross infection were minimised.

The service had identified risks to people and how these risks could be minimised. Accidents and incidents were recorded and analysed in order to reduce re-occurrences. There were systems in place for care workers to contact senior staff out of hours if there was an emergency.

Care workers received training and support to undertake their roles in line with best practice.

The registered manager was aware of their responsibilities and had appropriately notified the CQC of significant issues that had arisen within the service. Care workers said they felt supported by their manager.

Care workers routinely monitored people's health, which included ensuring people were getting enough to eat and drink. The provider had arrangements to ensure people's cultural needs were being met.

Care workers respected people's rights to privacy and dignity. People were encouraged wherever possible to do as much as they could for themselves. In this way people's skills were maintained.

The service encouraged people to say what they thought of the service through regular questionnaires and reviews. The registered manager told us this information was acted on immediately.

We identified three breaches of regulation relating to consent, person centred care and complaints. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Care workers knew how to identify the signs that people might be abused and how they were required to respond. The provider had undertaken all appropriate checks before care workers started their employment. In this way only suitable people were employed.

Care workers received medicines training and this was refreshed regularly. In this way, medicines were administered to people as safely as possible and the risks of errors was minimised.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

There were infection control measures in place to help minimise the risks of the spread of infection to people.

Good



### Is the service effective?

The service was not always effective. There was no evidence people gave their consent prior to care being provided. The registered manager was unaware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

When joining the service, care workers undertook an induction programme. They also received regular training and support to keep them updated with best practice.

The provider had arrangements in place to make sure people's general health including nutritional needs were met.

Requires improvement



### Is the service caring?

The service was caring. People and their representatives spoke positively about their care workers.

People were encouraged to maintain their independence whenever possible. People told us care workers ensured their rights to privacy and dignity.

The service tried to make sure they provided the same care worker whenever possible so people had consistency and continuity of care. The service was able to meet people's cultural needs.

Good



### Is the service responsive?

The service was not always responsive. People's care needs were not comprehensively assessed or individualised. Nor were they regularly reviewed so the care provided was up to date according to people's current needs.

Requires improvement



# Summary of findings

People who used the service generally felt able to raise issues and make complaints. However, this was not universal. We found the written complaints policy out of date which may mislead people who wished to make a complaint

The service ensured people were supported to meet their recreational needs to help reduce people's social isolation.

## **Is the service well-led?**

The service was well-led. The service had a registered manager in post who was aware of their responsibilities. The registered manager was approachable and care workers felt supported.

There were a number of systems in place to monitor the quality of the service. People were given opportunities to comment on the service they were receiving.

**Requires improvement**



# Enterprise Care Support Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 August 2015 and was announced. We did this because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office and spoke with the registered manager. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

After the inspection visit we spoke with five people who received a service from Enterprise Care Support and three care workers. We also made contact with the representatives from each of the local authorities that the service provider operates in, two of whom were able to give us feed-back.

# Is the service safe?

## Our findings

People told us they felt safe with the care and support offered by Enterprise Care Support. One person told us, “Absolutely lovely, couldn’t ask for better.” Another relative said of the service, “I know my relative is been looked after properly and they do it admirably. Really very grateful.”

The service had taken steps to make sure they safeguarded adults at risk. Care workers were able to tell us what signs they would look for to identify people at possible risk, and what action they would need to take to ensure people’s safety. The provider had developed their own policies and procedures in line with Pan London guidelines. Care workers told us and we saw evidence they received regular training about how to identify abuse and what action to take. The registered manager had completed Level 2 ‘Safeguarding Adults at Risk’ training in July 2014. This is a nationally recognised level of training for people needing to be aware of procedures in relation to making referrals to the local authority who have the statutory responsibility to investigate any safeguarding alerts. The registered manager showed us they had made enquiries with regard to completing Level 3 training for managers. This is so they could ensure they were knowledgeable about procedures should they be required to make a referral.

We checked recruitment records to make sure care workers and other staff had all appropriate checks prior to starting work with the service. This was to ensure that only suitable people were employed to work within service. We saw checks and information included a completed application form, notes from interview, references, and proof of identity and police checks. Care staff also completed a health questionnaire which was a self-assessment of their suitability to undertake care work.

The provider had a number of arrangements in place to deal with emergency situations to ensure continuity of

service. There were contingency plans in place for example, if the computer systems went down there were still paper records which could be used to identify who needed a service on any given day. There was also an emergency senior staff rota so care workers could get advice during out of office hours. These contact details were also available to people who used the service.

We talked with the registered manager about the arrangements for the administration of medicines to make sure it was completed safely. We were told care workers would only administer medicines that had already been pre-filled into blister packs by the pharmacist, in this way the risk of errors were minimised. Once care workers had administered medicines they signed the medicines record to confirm it had been given. This medicines record was then retained at the office by the service. We saw evidence and care workers confirmed they received training in the safe administration of medicines and this was refreshed regularly.

We looked at a sample of risk assessments. These documents identify any possible risks to people and how they can be minimised. The service kept a record of accidents and incidents in people’s care plans. The registered manager told us any issues were immediately reported to the person’s family or to social services. There was an analysis of significant events by the registered manager to see if there were any patterns that could be established and if so what action was required to mitigate against re-occurrences.

The provider had taken measures to prevent and control the risk of infection. Care workers told us plastic gloves and aprons were available at the head office and the satellite offices in Staines and Camden. We saw care workers were given training about the correct usage of equipment and senior staff monitored the use of infection control measures when they completed their spot checks.

# Is the service effective?

## Our findings

The provider could not demonstrate they were seeking consent from people prior to care being provided. Where people were not able to give consent the provider was unaware of their legal requirements to establishing people's mental capacity to show that any decisions were made in their best interests.

Care workers were able to tell us what actions they took to ensure consent was sought prior to care being provided. However, this was not recorded on people's files and the service was not able to evidence there had been any agreement and consultation with people regarding the care that was to be provided. This meant that people could receive care that they did not agree to. The registered manager had not completed any training in respect of the mental capacity assessments or the Mental Capacity Act (2005) and was not aware of the relevant procedures if people were not able to make decisions about their care and support and how to go about making sure decisions were made in their best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers received an induction programme and training in line with their roles and responsibilities. We saw that during the induction period care workers were required to read certain information related to their work so they became familiar with the service provision. This included 'your role in the home', confidentiality and safeguarding adults at risk. There were notes that had been completed by a senior member of staff about the care workers shadowing experience, and possible areas for improvement.

People and their representatives told us they considered the care workers were knowledgeable and knew how to

provide care. One person told us, "They [care workers] know what they are doing." Whilst another person commented, "Very, very capable, they must be trained well." Care workers were provided with opportunities to undertake training. We saw evidence that care workers had completed the agencies' required training of nine courses. The courses included manual handling, dementia awareness and food hygiene. The training was refreshed regularly so care workers were kept up to date with best practice. The registered manager told us of their plans to introduce training in line with the new care certificate and had already had discussions with their training facilitator about this.

Care workers received support from senior managers to help them carry out their roles and responsibilities. These supervision meetings took place every two months and were an opportunity for managers to discuss any issues which might affect a care workers ability to perform their role. The registered manager also saw the sessions as an opportunity to refresh certain policies and procedures with care workers.

With regards to people's nutritional needs, the registered manager told us families in general provided food and drink and care workers tended to make sure sandwiches and drinks were available for people to have, or microwave a meal for someone. The service could also fulfil requests for cooking; these were often for specific cultural needs. This information was rarely recorded in people's care plans.

The service supported people's to meet their health needs. This often involved monitoring people's condition and alerting people's families to a deterioration in someone's condition and requesting they contact a healthcare professional. The registered manager was also clear that if necessary they would contact healthcare professionals directly for example if there was an emergency.

# Is the service caring?

## Our findings

Care workers encouraged people to be as independent as they could be within their own limitations. In this way people were provided with support whilst maintaining their independence. One person said, “They [care workers] are insistent I use the walker, but I know that helps me in the long run.”

The service provides care and support to people from minority ethnic backgrounds and was able to meet their cultural needs. The registered manager told us how they were able to match requests from people or their relatives for care workers with specific languages. One person was able to tell us, “I can only speak in Urdu and I find it very good that the girls [care workers] can speak my language.” The service was also able to match care workers with the skills to cook meals for people who had particular dietary preferences or needs. For example, vegetarian Indian food or meals cooked with halal meat. The service was also able to respond to requests for gender specific care.

A number of people told us how their care workers were very punctual in their time keeping. One person said, “Timekeeping is perfect. No messing about [the care worker] is always here at 9 o’clock.” However, this was not always the case and some people, particularly those who required two care workers commented on how frustrating it was if one care worker was on time and the other one delayed and all they could do was wait. The registered manager acknowledged this as an issue particularly as many of the care workers relied on public transport. They told us they were constantly trying to adjust schedules so the number of late appointments was minimised.

The service recognised the importance of providing the same care workers consistently over time. This meant that people receiving a service had some continuity. People therefore felt care workers understood their needs and were reassured by familiarity. A number of people confirmed how valuable it was to them that they had some consistency, although they recognised the need for ‘the occasional little shuffle.’

Staff told us they spent time listening and getting to know people to understand what worked for them and how they wanted to be cared for. We heard about several examples of care workers making adjustments to people’s routines because people had expressed a desire to do things differently.

People told us care workers treated them with privacy and respect. Care workers were able to tell us how they provided care to people to ensure their privacy and dignity. This included making sure doors and curtains were closed, and talking to the person throughout to let people know what they were doing. Care workers were aware of the principle and importance of confidentiality. All care workers undertook training in this area. People told us they felt assured that information the service held about them would respect their rights to confidentiality and only be shared with others in specific circumstances. Written information about people using the service was kept in a locked metal cabinet within the offices to keep these secure.

# Is the service responsive?

## Our findings

Whilst people and their relatives were satisfied with the care and support people received there were risks that the care they received did not always meet their current needs. The care plans we looked at were not personalised and contained very little and basic information which would not inform a care worker about the tasks they were required to undertake. For example, one care plan stated 'wash, dress and cream.' The care plan did not give any details of the individual and what they could do for themselves, what they needed help with and if they had any preferences. There was no evidence the care plans had been discussed with the person receiving the service or their relatives. We discussed this with the registered manager who was able to show us a more extensive 'plan of care' they had introduced. However, this document also contained very little information. In one instance we saw the care needs of an individual had changed but the plan of care had not been revised to reflect the person's changing needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered person did not provide accurate information and guidance about how complaints would be dealt with. The service had a complaints policy which was dated May 2014. However, the policy had been written many years previously as there were references to legislation and organisations which have been superseded. Whilst people and their relatives knew they could complain to the provider, the complaints procedure did not inform them about how to escalate their complaints if they did not have confidence the provider would deal with their complaints appropriately or if they not satisfied with the response the provider had provided to their complaint.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had different experiences when raising an issue or a verbal complaint with the service. One person told us, "I talk to [the registered manager] and it will be sorted, she responds and listens." A number of people told us they would contact office staff directly.

The registered manager told us they tried to match care workers with people they thought would be compatible. We were told of examples when people asked for care workers to be changed for various reasons and this was accommodated whenever possible. We did receive some examples from people who were frustrated when their usual care worker was unavailable because of sickness or leave, as they considered their temporary care worker was not meeting their needs. However, people did understand why this happened and were generally accommodating of it.

Office staff were mindful of locating care workers in one geographical area. This was particularly an issue as the service operated in three distinct areas across London. Office staff tried to minimise the amount of travel between calls to people so there was less opportunity for care workers to be late and causing disruption to people receiving a service.

Where possible the provider supported people with their social and recreational needs. Care workers said they knew that some of the people they provided a service to were isolated from their community as they were unable to go out. They knew how important it was to provide companionship and social contact to people.

# Is the service well-led?

## Our findings

The provider did not have effective quality assurance processes to ensure people were protected from the risks of unsafe care. The findings during our inspection showed the provider had not identified the concerns we found at this inspection. They did not have suitable arrangements in place to meet the requirements of the MCA and to make sure people had up to date and comprehensive care plans addressing how their needs should be met. We also found that the provider did not provide people up to date and relevant information about how to make a complaint so their concerns could be addressed appropriately.

The service had a registered manager in post who was aware of their responsibilities. They had notified the CQC of significant events that had taken place within the service in line with legal requirements. The registered manager had worked with other professionals to improve practice within the service. A representative from one of the local authorities told us, "They have responded appropriately to requests and any actions to improve the service."

Care workers said the registered manager was approachable, and they could always pick up the telephone to them. A care worker told us, "I feel supported, you can pick up the phone any time and know it's going to be answered." Care workers said there was a clear management structure in place and they were aware of the lines of accountability. Care workers told us they were comfortable raising issues with the registered manager and felt their views would be listened to and acted upon.

People were regularly asked about their views on the quality of the care they received. We saw there were a number of measures in place to ensure the regular monitoring of the service and to gather the views of people. There was a client questionnaire sent out to people annually and people could choose to respond anonymously if they wanted. The registered manager told us they acted on any feedback they received immediately. There was also a review of the service held at people's homes at least annually and more often if required. This gave people and their representatives an opportunity to focus on the service they received and how effective it was at addressing their care needs.

Care workers were subject to regular spot checks every six months to ensure the agency's policies and procedures were being adhered to. The care coordinator had a list of areas they considered when undertaking these checks which included the wearing of uniform and identity badges, timekeeping, and the way care was provided. There was written evidence of these spot checks on the documentation we looked at and care workers also confirmed the visits.

Care workers were encouraged to involve people they worked with in making decisions about the care provided. For example, if care workers wanted to take holiday leave, they would discuss this with the person they provided care for. People were encouraged to consider how this might affect them and what possible alternative arrangements could be put in place.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person could not ensure care and treatment was provided to people with consent. Where people were not able to give consent the registered person was not aware of relevant procedures to make decisions in their best interest. Regulation 11(1)

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People were not protected against the risks of poor care because the provider did not ensure that care plans were kept up to date and reviewed in a timely manner so these fully reflected the action to take to meet people's needs.

Regulation 9 (1)(c)

### Regulated activity

Personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider did not operate an effective and accessible complaints system to identify, receive, record, handle and respond to complaints by service users and others.

Regulation 16(1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.