

EnViva Paediatric Care Limited

# EnViva Paediatric Care Limited - London

## Inspection report

30 Angel Gate  
326 City Road  
London  
EC1V 2PT

Date of inspection visit:  
24 October 2018  
25 October 2018

Date of publication:  
07 January 2019

### 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

What life is like for people using this service:

During this inspection we identified a small number of shortcomings with the service provision. These were related to the recording of medicines administration, the provision of supervision and staff competencies checks, communication with staff and people about rotas and calls allocation and the auditing of people's care records. We noted that these shortcomings had been known to the agency's management team. We saw that a process had begun to ensure the shortcomings were addressed. This included thematic audits and additional training for the management and nursing staff at the agency.

People told us that they received their medicines as required. Some improvement was required to how staff recorded medicines administration. The agency was in the process of carrying out the medicines management audits. The registered manager assured us appropriate action would be taken to address this matter.

Staff received appropriate training and induction to help them to support people effectively. Some improvements were required to ensure that staff knowledge and skills had been consolidated following the training. This had been addressed by the provider via introduction of additional training on the purpose of their supervision and competencies checks of the staff who provided direct care to people.

People using the service, the relatives, staff and external professionals gave us generally positive feedback about how the agency was managed. The vast majority of people and their relatives were happy with care and support provided by the agency.

The agency helped to protect people from harm from others. There were sufficient recruitment practices in place to ensure people were safe from unsuitable staff. Appropriate risk management and accidents and incident procedures as well as infection control measures helped staff to provide care that was safe and effective.

The agency had assessed people's needs and preferences before they provided care and support to people. The information gathered during the assessment process was then used to formulate care plans for people. Care plans included information on people's dietary needs and preferences, specific care needs and requirements, for example, equipment being used as well as what people liked and what was important to them. Care plans were detailed and person centred and provided staff with sufficient level of information on how people would like their support to be provided.

People's human rights had been respected. People were encouraged to make decisions about their care and support they received. Staff asked for people's consent before providing care to them.

Staff were kind and relatives thought that staff had genuinely cared for people. Staff spoke kindly about

people they supported. Staff told us they want to provide care that was safe and effective but also comfortable and non-intrusive to people.

People were encouraged to voice their opinions about the care and support provided by the agency. This was done through an effective complaints system, service user surveys, care reviews as well as by ongoing communication between the agency and people or their representatives.

Staff said they were encouraged to give their feedback about how the agency was managed. They felt they could give their suggestions and ideas and they felt these were heard by the management team.

The agency worked closely with external health and social care professionals to ensure people received all-round care that was responsive to people's changing health and care needs.

Transparent communication and proactive approach from the management team drove positive changes and needed improvements. Therefore, people could receive person centred care that met their needs the way they wanted it.

More information is in Detailed Findings below.

Rating at last inspection: Good. The report was published on 15 April 2016.

About the service: EnViva Paediatric Care - London is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. The agency has a satellite office in Bristol called EnViva Complex Care which was covered in this inspection.

Why we inspected: This was a scheduled/planned inspection based on previous rating.

Follow up: We will continue to monitor the agency and we will revisit it in the future to check if they continue to provide good quality of care to people who use it.

## 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 findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

# EnViva Paediatric Care Limited - London

## **Detailed findings**

### Background to this inspection

**The 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.

**Inspection team:** This inspection was carried out by two inspectors, one specialist advisor and two Experts by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** EnViva Paediatric Care Limited - London is a domiciliary care agency. It provides nursing and personal care to people living in their own houses and flats in the community.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

**Notice of inspection:** This inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

**What we did when preparing for and carrying out this inspection:**

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any

safeguarding concerns or other incidents affecting the safety and wellbeing of people. Because the majority of people receiving the service were children we called and spoke with 11 of their relatives.

What we did during the inspection: An inspection site visit activity started on 24 and ended on 25 October 2018. It included speaking to the registered manager, HR and compliance manager, the operations manager, a care manager and three nurse managers. During the inspection we reviewed 18 people's care records, which included care plans, risk assessments and Medicines Administration Records (MRS). We also looked at 11 staff files, complaints and quality monitoring and audit information.

Prior and during our visit, we emailed and called care staff employed by the agency. We received feedback from 42 of them.

What we did after the inspection:

Following our visit, we contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from two of them.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm.

### Using medicines safely

- People told us staff supported them with medicines as required, on time and safely.
- People had medicines care plans that had sufficient information on medicines they were prescribed. We saw that Medicines Administration Records (MARs) had appropriate information on medicines prescribed to people and staff had guidelines on how to administer them safely and effectively.
- We saw that at Enviva Complex Care, MARs provided an accurate record of medicines that had been administered. They had been reviewed and signed off by a nurse manager to provide oversight of the safe and proper use of medicines. However, at Enviva Paediatric Care the practice around recording of medicines administration and auditing needed to improve. We reviewed a sample of 9 (MARs) completed by staff at Enviva Paediatric Care. We identified issues that included, absence of staff signatures to confirm that they administered medicines and incorrect non-administration codes being used to explain why medicines were not given to people. We cross-referenced respective MARs with people's daily care records for the days when staff had not completed MARs correctly. In these staff recorded that medicines had been administered to people. Therefore, we were assured that people were not at risk of not receiving their medicines. However, because staff had not always completed MARs as required there were no formal, clear, accurate and up-to-date records allowing monitoring and auditing of on medicines administered. Consequently, there was a risk that potential errors in medicines administration would not be identified. Following our inspection, the registered manager provided us with evidence that prompt action had been taken to address identified by us issue around recording of the medicines administration. The agency carried out a detailed audit of respective MARs, nurses and care staff were reminded about correct medicines administration recording practice the agency's in-house medicines management training had been updated to reflect this practice.
- We found that at Enviva Paediatric Care, not all MARs were available in people's files. This was because they had not been collected from people's homes. The registered manager explained that the system previously used by the agency was not effective in collecting and auditing documents from people's homes. They provided us with evidence that prior to our visit that a new system was being introduced to ensure all records were collected promptly so respective audits could be carried out.
- Records showed that in September 2018 the agency carried out a MARs transcribing audit. As a result, additional training had been provided to the nursing staff to ensure all MARs were written correctly. The registered manager told us, and records confirmed, the second medicines audit had been scheduled for November 2018 (shortly after our inspection). They told that medicines administration recording would be reviewed during this audit and immediate action would be taken to ensure appropriate recording and auditing of medicines administration was taking place.

### Recruitment and Staffing levels

- The provider followed safe recruitment procedures and carried out appropriate staff checks to ensure people were protected from unsuitable staff.
- The majority of relatives we spoke with said there were enough staff deployed to support people. They told us staff were usually on time, there were no missed calls and staff had always had sufficient time to support

people. Some relatives stated that at times the agency struggled to provide enough and appropriately trained staff.

- The majority of staff told us that they received their rotas in good time before allocated shifts. Six staff members stated that on occasions they experienced difficulties in communication with the office about the scheduled calls or they heard about such issues from families they supported.
- The registered manager and the operations manager responsible for calls allocation, confirmed the agency had experienced difficulties around staff rotas and visits allocation. They explained this was caused by the recent staffing changes within the office team, challenges around staff recruitment and the call allocation system that was not always fully effective. They explained they were working toward resolving this issue. This included introducing a new, simplified rota planning system, an ongoing staff recruitment and allocation of more staff to each care package. This was to ensure sudden staff absences were covered with staff who was appropriately trained and who people and their relatives already knew.

#### Supporting people to stay safe from harm and abuse

- All but two family members we spoke with felt their relatives were safe with staff with staff who supported them. They told us, "I'm very confident in what they do" and "I feel comfortable the support workers coming into my home" they are like friends" and "We have generally been supported and respected in our home." Two relatives who felt people were not always safe did not express concerns around staff conduct. However, they felt some staff would benefit from further training to ensure they knew how to perform complex care tasks safely.
- Staff received training in safeguarding adults and children from abuse and they had good understanding of what to do if they thought somebody was at risk of harm from others. They told us, "Yes I would report my concerns to the nurse manager and in the last few months the agency has emailed staff a Safeguarding contact number" and "The service we provide is very safe, because we are fully trained to carry out our job, to recognise any form of abuse and take the appropriate steps to report it on first hand. The clients I work with are well safeguarded."
- The provider had a system in place to appropriately manage safeguarding. Records showed that safeguarding concerns had been dealt with promptly and the agency had worked with respective local authorities to ensure appropriate action had been taken and people were protected.

#### Assessing risk, safety monitoring and management

- Risk to people's health and wellbeing and been assessed and reviewed when required. We saw that seen by us risk assessments were detailed and staff were provided with clear guidelines on how to support people safely. Risk assessments we saw included risks reduction strategies around various clinical tasks, equipment use, providing support in the community, environmental risk assessments as well as risks related to medicines management and administration.
- All staff we spoke with understood their role and responsibilities around the risk assessment process. The majority of staff we spoke with told us that risk assessment and management plans provided by the agency were personalised and easy to follow. One staff member told us that the quality for risk assessment could improve. Another staff member stated that a risk assessment was not available in the home of the person they supported. We discussed this with the registered manager who said immediate action would be taken to ensure all risk assessments and care plans are present in people's homes.

#### Preventing and controlling infection

- The provider had an infection prevention policy and staff completed training in infection prevention. We saw that care plans provided staff with information which was in line with the policy and guided staff on how to protect a person from infection. For example, for a person who was using an oral suctioning equipment, the care plan included instructions on using personal protective equipment (PPE) such as disposable gloves and apron, and disposing of waste appropriately to minimise cross infection. Care plans



also describe how equipment should be cleaned and disinfected.

- Relatives confirmed staff followed appropriate infection control measures. They said, "staff always wear aprons and gloves when doing the feeds and providing meds and nappy change. I've seen this myself" and "Yes, they wear gloves and aprons, plus we want it to be as homely as possible. We do have aprons available the nurses use hand gel."

Learning lessons when things go wrong

- The provider had systems in place to manage accidents and incidents. There were clear records of any accidents an incident consisting of detailed report on what had happened and what action had been taken address the issue.

Records showed that when something went wrong an immediate remedial action had been taken by the registered manager to ensure errors in care omission or provision were not repeated the people received safe care at all times.

# Is the service effective?

## Our findings

People's care, treatment and support achieves good outcomes, promoted a good quality of life and was based on best available evidence

### Staff skills, knowledge and experience

- The vast majority of relatives told us that staff had the right skills and were competent to support people effectively. Two family members stated staff would benefit from further training on the use of the specialist equipment needed to provide care to people.
- Records showed that staff received training which included a range of mandatory topics such as medicines awareness, moving and handling and safeguarding children and adults. Where required, staff received specialist training including the use of equipment, such as, ventilators, tracheostomy care and Percutaneous endoscopic gastrostomy (PEG) feeds.
- New staff had received comprehensive induction including introduction to the agency and respective training and shadowing of more experienced colleagues. Staff competencies had been checked by trained nurses before they were permitted to provide support unsupervised.
- Staff were provided with supervision and a yearly appraisal of their skills. The majority of staff confirmed they had received supervision regularly and they found it beneficial. Four staff employed at the agency between four and eight months stated they did not receive effective supervision.
- We found that the provision of staff competencies checks needed to improve. Records showed and staff confirmed that at times there were long periods of time between initial competency checks at the induction stage and a follow up observation of staff direct practice - so called field supervision. Consequently, supervisors were not able to determine if staff had continued completing their tasks correctly and safely. We discussed this with the registered manager during our inspection. They told us that this gap in the service delivery had already been identified. They provided us with evidence of a recent supervision audit and supervision training for nurse managers responsible for providing supervision to staff. We saw that the aim of the training was to highlight issues around provision of supervision at the agency. This included direct observation of staff work with people who use the service.

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

- People's needs had been assessed prior to receiving support from the agency. We saw that needs assessment were detailed and formed a base of individualised care plans. These provided guidance and instruction to care staff to enable them to meet people's needs effectively. We saw that on reading completed needs assessment and care plans we were able to get a sense of what the person was like and what care they needed.

### Eating, drinking, balanced diet

- People's dietary needs were met in line with their care needs and individual preferences. In the care plans we saw that nutritional information has been discussed at length clearly explaining the type of the support needed as well as the equipment use to help to feed people (for example a variety of feed pumps or feed tubes). People's likes and dislikes were also highlighted.
- Staff were given guidelines on how to support people. For example, one care plan explained that a person

was able to eat orally, however, food needed to be of pureed texture and that the person needed support co-ordinating the use of a spoon. In another example, a person usually receiving food via a feed tube was allowed to have pureed food tasters when well. However, this was only allowed to be done by relatives. This was mentioned in the person's care plan and risk assessment.

- We saw that staff had recorded feeds on detailed input and output charts. This helped respective nurses and care staff to monitor this and to take action in case of sudden change to feeding pattern or any other difficulties arising. We noted that mentioned feed charts were only available in six out of 12 of the care files we viewed. Therefore, we could not say if described recording practice was true for all 12 persons. The registered manager explained that records for remaining 6 people were still to be collected from people's homes. They provided us with evidence that action had been taken to collect these records with no further delay.

#### Healthcare support

- Staff worked together with family members and external health and social care professionals to ensure people received consistent, timely and coordinated care that met their needs.
- Family members said that staff were proactive in sharing information about people's changing health. They told us, "Staff informs us immediately if our relative is unwell. We also get handover reports" and "Yes, yes, they do tell us, most care is provided overnight so any concerns then the nurses inform us. Also, its written in a hand/observation book."
- Records showed evidence of ongoing communications with respective professionals, such as telephone communication, discharge summaries and clinic letters with details of current medicines prescribed and other medical updates. The agency's nurse managers we spoke with, had detailed knowledge of care needs and specific requirements of all the people within the care packages they managed.

#### 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 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The majority of people receiving support from the agency were children, therefore, the MCA 2005 had not applied to them. However, we found that all staff we spoke with had good understanding around the principles of the MCA and of the importance of seeking consent from people and their relatives before providing care. One staff member told us "I don't assume that people can't make decisions because they can, using various means of communication, they can still get their point of view across and their wishes known."
- Where people using the service were adults with limited capacity to make decisions, we saw that appropriate documentation was in place stating who was legally appointed to make decisions on their behalf.
- The provider had consent to care and the MCA policies and there were examples of how these were adhered to in practice. This included signed consents for care and treatment completed by people themselves or their legally appointment representatives. We also saw an example of a best interests' decision that was made for a person to continue to eat certain foods they loved despite a test showing they had a heightened risk of aspiration. The decision was made after a period of monitoring the safeguards that had been put in place designed to enable the person to do this.

# Is the service caring?

## Our findings

The service involved and treated people with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- Relatives thought that staff genuinely cared for people and supported the whole family at times of increased pressure. They told us, "Yes, they are very caring. When my relative was going into surgery they were really there to listen to me and help support – I feel like they care about my child", "They are very friendly and open, they want to know about us, how we are" and "One of the carers will stroke my relative's head and talk to him just before he goes to sleep, they have been to the hospital with me to make sure he's ok."
- Staff spoke kindly about people they supported. They understood that families could make decisions around who supported their relative and how it was being provided. A staff member told us, "We are always asked if we feel comfortable in a family and if we have good relationship with the client and their family. The agency understands that sometimes with no particular reason, a carer might not be well accepted by the family and will send someone else who the family might be happier with." Another staff member said, "I work with a very caring agency and I have a very good relationship between me and the children and their family. I am proud to say I am a very caring person and I care about the children in every way possible."
- Staff told us, and records confirmed, they have received training on effective communication with people and their families and how to build and maintain professional relationships. We saw that this had also been discussed in staff supervision and peer support groups. Staff said, "Enviva organise peer group that every employee has to attend, where we share things and help you to understand people around you and how you can build good relationships."

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

- People were encouraged to be independent as much as they could. Staff told us, "I encourage people to do what they are capable of doing, and I ensure they are involved in decisions about their care or make family members involved if the client is not able to do so" and "I currently care for two young adults and I encourage them to manage and participate in their care as much as they are willing. I also discuss and obtain consent for all the care I deliver."
- Staff communicated with people in the way they understood. Information about people's abilities and preferred way of communicating was provide in people's care plans. For example, one person's care plan stated that the person would grimace if in pain and could smile and giggle if they are happy. Family members told us staff understood people and they knew how to communicate with them effectively. They said, "The care staff have found a good way in communicating with my relative", "Yeah, they communicate very well, any care to be provided the staff will inform my relative beforehand" and "My relative does not talk, but the staff talk to him as normal."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people privacy and dignity when providing personal care. They said, "I ask their permission in an age appropriate way. I include people in the care process and I encouraging self-care where appropriate" and "I make sure I inform my clients what and why I am doing and I ask for consent prior

any personal care."

- Family members confirmed that staff were mindful of people and the family's privacy and dignity when visiting them and providing care. Some of their commenting included, "Yes, an example would be, if my relative requested not to be touched, the staff respect that", "Yes, yes they do. Whenever we meet and greet beforehand we remind everyone to respect our privacy. However, they do anyway" and "Yes, whenever the staff washes, or change nappies for my relative they close the door."
- The majority of people told us that they could chose if a male or a female worked supported them. Five relatives told us they were not given the choice; however, they were happy with the staff who supported them and they felt comfortable with asking for a change of a worker if such need occurred.

# Is the service responsive?

## Our findings

People received personalised care that responded to their needs.

### How people's needs are met

- Relatives felt that staff knew people well and they provided care that was required. People had individualised care plans that outlined their care needs and preferences. All but one family member we spoke with confirmed they read the care plans and were involved in its formulation. Two family members described how they were involved in the plans formulation. They said, "My wife probably scripted 90% of the care plan" and "I wrote my own care plan with info on my relative and then the agency added their bit." One relative stated that although they were aware of the care plan they had not seen it and they requested the agency to provide it.
- Staff were provided with sufficient information on how to support people. We saw that care plans were personalised and included great detail about a person including their background, current medical needs as well as likes and dislikes. Care plans were broken down into sections that allowed the documentation in detail about different aspects of the people care. These for example included medications, feed plans and routes, seizure plans and ventilation if required.
- Relatives told us that staff were aware of their cultural and religious background and requirements and that they respected it. One relative told us, "We are Muslim and we pray in the house so staff have to take their shoes off." Another relative said, "We are Christian and we usually play him Christian music." Staff understood the importance of knowing people backgrounds and preferred ways of living. Some staff told us they had received training on cultural diversity and how to support our people's needs in a respectful and caring way. Some of their comments included, "We are always informed when we are attending a new package and there are specific requirements related our clients culture. We make sure our clients feel respected and cared for" and "I am aware of cultural differences and am encouraged to provide care in this manner."

### Improving care quality in response to complaints or concerns

- The agency had a complaints procedure that was available to people. All relatives we spoke with knew how to complain and they were comfortable with raising any concerns with the agency. The majority of relatives told us that they agency had dealt with their complaints promptly and to their satisfaction. A relative said, "I spoke to the manager and I wouldn't call this a complaint just an issue that was dealt with eventually – It hasn't left me with a bad image of the agency." Two relatives told us that the agency had resolved their complaint, however they felt it was a lengthy process and their issue was not dealt with straight away.
- We saw that all complaints had been recorded and detailed documentation was available on what action had been taken to investigate and to remedy the situation.

### End of life care and support

- The agency had not provided end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture

Continuous learning and improving care

- Transparent communication and proactive approaches of the management team drove positive changes and needed improvements. Therefore, people could receive person centred care that met their needs the way people wanted it.
- During this inspection we identified some shortcomings with the service delivery. These included the system around collecting, auditing and reviewing of people's care documents. In the daily care records and MARs, the provision of supervision and communication around calls scheduling. We noted that these issues had already been identified by the management team prior to our visit. We saw that the action had begun to address these issues. This included changes of roles and responsibilities within the management team as well as additional training for the staff on topics of supervision and writing of MARs.
- People using the service, staff and external health and social care professionals, told us the management team was open to discussions and implementing changes when things did not go well. A family member stated, "We had rota problems with the office. – They were very apologetic and hopefully it won't happen again." A staff member told us, "I did discuss [aspects of the care provision]. The manager took on board my suggestions and they are applied since." One professional told us, "EnViva management does not hesitate to admit weaknesses and are responsive to suggestions."

Manager's and staff roles, understanding of quality performance, risks and regulatory requirements.

Leadership and management

- Staff thought that the agency was well managed. They said, "The management works effectively as far as I am concerned" and "Generally, I am happy working for EnViva Paediatric Care. From what I have experienced, I think most aspects of the company are well run and safe." Some staff stated that due to the recent office staff changes it was at times difficult to know which care coordinator to contact about individual care packages. The operations manager informed us that this has been already looked into and a new package handover system had been introduced so information about individual packages could be easily obtained.
- Staff were positive about the support they received from their supervisors. They said, "Yes, I am well supported through training and I meet with a senior manager for my supervision" and "The care given to staff and respect from the top to the least makes one feel important and recognised and it gives you the motivation to keep going."
- The registered manager knew and understood their role and responsibilities with respect to the quality performance and regulatory requirements. There were various auditing and tracking systems in place to provide ongoing monitoring of the service. These had been effective in highlighting gaps in the service delivery and action had been taken to address identified issues.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- People using the service were encouraged to give feedback about the care they received. This included a

client survey carried out in January 2018, care review meetings and utilising the complaints procedure. Family members told us there was ongoing communication between people, their relatives and the service and that they could discuss any issues around care provided so people received safe and effective support. They said that in general the agency had acted on feedback received and implemented change to address any arising issues.

- Staff were able to provide their feedback about working for the agency. This was done via individual supervision meetings, team and peer meetings and available staff surveys, such as participation in a 2018 training quality survey.
- External health and social care professionals spoke positively about working in partnership with Enviva. They said, "I am always cc'd into correspondence, we work together on care and/or therapy plans for my clients. They maintain a good therapeutic relationship with my client's legal guardian or parent" and "I am copied into emails on rota changes, updates, issues etc. I have no concerns about this service."