

Enthuse Care Ltd

# Enthuse Care New Forest

## 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

Enthuse Care New Forest is a domiciliary care provider. At the time of this inspection 115 people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service and their relatives, told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

There were plans in place for foreseeable emergencies. Risks concerned with people's healthcare and the environment were assessed and reduced as far as was practicable.

People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures.

Staff had the skills and qualities to deliver effective care and staff felt supported by the training offered. People were supported with their nutritional needs when required.

Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

People were treated with kindness and compassion. Staff could identify and discuss the importance of maintaining people's respect and privacy at all times.

Staff felt supported by the provider and registered manager and could visit the office to discuss any concerns. Staff were supported by training and supervisions.

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. Policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 1 March 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 effective 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.

# Enthuse Care New Forest

## 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 completed by one inspector and an Expert 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about 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 six people who used the service and five relatives about their experience of the care provided.

We spoke with members of staff including the registered manager, the recruitment, training and development business manager and six care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe with them, they are the same people on the rota. It is a large rota, there are so many of them. We have had 11 different carers and my husband can't communicate very well, but he is getting used to the male carer". Another person said, "I know I am safe because they always do come, the time varies".
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Staff we spoke with told us if they had any concerns, they would report them to their manager, and if no action was taken would take it higher up.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm

Assessing risk, safety monitoring and management

- The service used an online system which held live information to provide staff with updated assessments. Staff told us these helped them be aware of any risks or concerns. One staff member said, "Written care plans and those on Birdie, (the providers electronic care plan system) I find very helpful with understanding risks, especially when visiting a new service user".
- Professionals we spoke with thought the service managed risks well. One professional told us, "In the New Forest, they have had more than usual unexpected risks presented to them whilst delivering care and they have always managed these in a professional way. I would not have concerns in this area".
- Assessments were undertaken to assess any risks to people and to the care staff who supported them. For example, risks to the environment, detailed where staff could locate and turn off gas and electric in an emergency as well as where to locate the water stop cock in case of a flood.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Staffing and recruitment

- People and their relatives felt there were sufficient staff to cover the calls. One person told us, "It is all fine there are a lot of them, but I know them all and I have a rota. They do show respect when they arrive".
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care support and their needs. Staff we spoke with felt there were sufficient staff to manage the calls, but felt with staff sickness they could be stretched at times.
- Recruitment processes were followed and staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent

unsuitable people from working with people who use care and support services.

#### Using medicines safely

- Most people we spoke with managed their own medicines. Where people had assistance, they were happy with the support provided.
- Staff had received training in the safe handling of medicines. Records showed that staff had an assessment of their competency to administer medicines in line with best practice guidance. This was updated annually.
- The service supported people to take their medicines safely. The service kept a record of people's medicines using an electronic monitoring system where staff updated people's medicine administration records (MAR) on each visit. This improved safety because senior care staff could access care records remotely and monitor the delivery of care in real-time. Office staff could be alerted to tasks missed such as a medicine not being given. If there was a change in a person's medicine, for example, if a person had just been prescribed antibiotics, the office could instantly update the care plan to reflect this, so the next care worker to visit would be aware of the change and ensure the new medicine was given.

#### Preventing and controlling infection

- Without exception everyone we spoke with told us staff wore personal protective equipment (PPE) at all times. One person told us, "They all wear PPE and put their gloves in the waste bin before they leave." Another person said, "They always wear PPE and change before they leave."
- Staff demonstrated a good understanding of infection control procedures.

#### Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they were happy with the care provided. One person told us, "They are supporting and looking after me, things have improved for me". Another person said, "All my notes, everything they do for me are written down in the book that is my care plan. I don't look at it. I trust them. They write everything down every day".
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support provided.
- Support plans were in place for people's oral healthcare in line with best practice guidance. However, we found one person's oral care plan required more information to support staff, as their denture care was not very clear.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a wide range of training to develop the skills and knowledge needed to meet people's needs and to understand their roles and responsibilities. A professional told us, "The carers are trained to a high level and focused on improving individual's independence and supporting them to be involved in their care."
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff we spoke with felt supported by their induction programme. One staff member told us, "Very informative, plenty of opportunity to ask questions which were welcomed and answered until understood, very thorough". Another staff member said, "I had two days of office training which were extremely informative and covered all areas of working in care. This was followed by three shifts with a carer, meeting clients and learning it from the practical point of view. I was also offered extra of these shifts if I felt like I wasn't ready or confident enough to be alone".
- Records showed staff had received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People were supported at mealtimes to access food and drink of their choice.
- The support people received varied depending on their individual circumstances. Some people lived with

family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people.

- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People were happy with staff and told us they supported them to access healthcare services One person said, "They are brilliant. They help with all my hospital appointments". Another person told us, "I have a bad toe at the moment, and they are looking after it. They called the doctor and took pictures of it to send to him/her. They are talking to the GP about the treatment needed". One relative told us, "They spotted mum was not well, rang 111 and rang the office and stayed with her until help arrived".
- People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know, so the next staff member was aware of the persons current health needs and any action needed.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care. One staff member told us, "I talk to the service users throughout care, asking them before doing each task."
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- All the people we spoke with told us staff were caring and compassionate. One person told us, "They are friendly and respectful, they treat me with respect, and they are nice". Another person said, "They have made friends with my cat as well and the neighbours tell me that they have been around to feed it whilst I am in hospital". Other comments included, "They are kind and they are positive". As well as, "They always put a smile on my face I would recommend them to anybody".
- Relatives were also happy with the staff. One relative said, "They treat me with respect, and everything seems to be OK. They are friendly and respectful, and it gives me some respite".
- Staff had built positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Where people were assigned regular care workers, they had been able to develop positive relationships with them. One staff member told us, "I would (recommend the service) and have suggested it to a family member. Our company is very supportive of the service user's independence and provide high quality care". Another staff member told us they would be happy to recommend the company. They said, "Because I know that everyone is always trying to give the best care possible and Enthuse will always try to go above and beyond to cater to client's needs".

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

- People were involved in their care. One person told us, "They will do anything for you. 'Is there anything else I can do for you'? ever so many of them ask". Another person said, "They (staff) always have time to spend five minutes talking to you and that is worth its weight in gold".
- A professional told us, "They are very good and are empowering individuals and tailoring packages to meet the individuals needs by using strength-based working."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "If you go there regularly you start to build a bond and have things to chat about, what goes on in their lives and what they like and dislike and the way they like things done".

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us they were treated with dignity. One person told us, "They are always friendly". Another person said, "I am very, very happy receiving the care and I'm happy with the care I receive".
- Staff told us they always promoted people's privacy and dignity. One staff member said, "Always making sure consent is received from service user before performing any personal care, but also when helping around their homes. Not discussing service users with people who do not need to know. Try to ensure independence but prompting service user to do things themselves that they are able to".

- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us, "Always check with the client how they would like to do things, e.g. if they want to get changed in a certain room. Check they are happy, prompt them to do things without just taking over". Another staff member said, "By ensuring I am treating every service user as an individual and taking time to understand their individual needs. By always offering choice and building trusting relationships whilst ensuring I am following the guidelines to keep professional boundaries".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 individualised care which met their needs. One person told us, "They are on the ball. Social services agreed to additional time yesterday and they are providing from today". A relative told us, "They help with his walking, they are very friendly and chat". However, another relative told us, "My husband has dementia and I have two hours respite each week. It would be really helpful if it could be the same person each week as when they arrive, I have to show them where everything is before I can go out. My husband is so much better, more comfortable with someone he recognises".
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "This is helped greatly by reading notes on care plans from previous visits, especially when visiting a service user you haven't been to before. Notes detail in what order things were done and where/how they prefer things being done". Another staff member said, "I enjoy being able to make a difference in our service users lives. Knowing that you can be the only person they see every day, it's important to make them valued during the short time you see them".
- The service had moved to electronic care planning. Staff felt this had helped them in their role and gave instant access and live updates. The service was in the process of removing paper copies of care plans in people's homes as we found these were not always updated in line with the live online system.

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.

- We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us that they could print documents in larger print for people with sensory needs.
- The provider also had a policy and guidelines on the AIS. However, one relative told us, "Some of them (staff) come in and talk to each other about themselves, my husband doesn't communicate very well and they talk over him. It is usually the younger ones. They are good at their job but don't talk to him whilst they are doing it". We spoke to the registered manager about this feedback who informed us they would look into the concerns raised.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.
- Records showed complaints had been responded to in line with their policy. We also saw many compliments about the service provided.

#### End of life care and support

- When we visited the service, nobody was receiving end of life care. Due to the type of service the manager told us they don't normally deal with end of life care.
- The service provided staff with training on end of life care and staff were also supported by a wellbeing team if they needed to talk to someone privately.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their families were happy with the service. One person told us, "When I ring the office, they are always very helpful. [staff members name] is very good, always very helpful. "One relative told us, "There is good rapport between staff and my husband, I can't complain, they are very pleasant and respect my home".
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence. One professional told us, "From what I hear from my team and operational colleagues, all are satisfied with the quality of the care".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. These were either completed by telephone or by visiting people in their own homes.
- The provider sought feedback from people or their families with a quality assurance survey. This was sent out annually to seek their views. We looked at the results of the latest quality assurance survey in November 2020. Some concerns were regarding staff arriving late for care calls. As a result of this the service now has a live monitoring app in place, which alerts senior staff when a carer is running late to a call. Senior staff can then follow up with staff and contact the person to let them know what time the staff member will arrive.
- The provider held meetings with staff to discuss any concerns. These informed staff of any updates on people's health, and training opportunities. These were split into two groups, so staff had a choice of dates to attend. Some meetings were held online and others in small groups in the office ensuring social distancing.
- The provider was looking at ways to improve staff wellbeing and had many incentives in place to entice staff to work for them. For example, the service held an employee of the month for staff who had gone above and beyond in their work and presented them with a small gift. All staff who had won employee of the month from all the providers services were entered into a raffle which was drawn annually, with one staff member winning a holiday.
- During the current pandemic the provider had brought in an outside wellness team. They had made phone calls with staff and arranged a meeting on a one-to-one basis to discuss how they were coping and anxiety about COVID-19 with tips and guidance. This was to reduce stress and was confidential. If staff needed further support, they were directed to right resources and help. This was meant to be a temporary measure but after receiving good feedback from staff the provider is continuing the service.

- The provider supported the local community and had arranged fundraising for local charities. The service also worked with local businesses to promote advertising and support staff with discounts. Electric bikes had been bought so care staff could travel easily and not use public transport. Staff can purchase the electric bike at a reduced rate or continue to use it without charge.
- The service worked in partnership with the local authority and local district nursing team. One professional told us, "Enthuse are very good at working in partnership and communicating with [name of organisation] commissioning, operations and other providers. They led the way on looking at how to do things differently, recruitment etc., and they are very good at empowering individuals and tailoring packages to meet the individuals needs by using strength-based working". Another professional said, "The organisation has invested greatly in their approach and systems to maximise recruitment and retention, which appears to be making a significant difference compared to other providers in the market".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and senior team used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, training, infection control and health and safety. Where issues were identified, remedial action was taken.
- Staff we spoke with felt supported by the registered manager and found them approachable and fair. One staff member told us, "They are always happy to listen and try and resolve any problems". Another staff member said, "We have a really supportive team who will always try and help everyone out when needed. It just makes it a much more positive working environment".

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

- There was an open and transparent culture in the service.
- The provider notified CQC about all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.