

Enterprise Care Support Ltd

# Enterprise Care Support Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Enterprise Care Support Limited is a domiciliary care agency providing personal care to older people living in their own homes. At the time of our inspection 70 people were receiving personal care at home from this provider. The Care Quality Commission (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 were satisfied with the overall standard of care and support they received from this home care agency. People typically described staff as "kind". One person said, "They're very kind and are doing what they are supposed to. I'm happy with the service I receive, and I'd give them ten out of ten." A relative added, "They [staff] know how to do a good job and have the skills to do what my [family member] needs. Overall, I'm quite pleased with the level of care provided."

At our last inspection we found the provider had failed to always ensure people were not placed at risk of harm because of the way they supervised and supported staff, managed complaints, operated their governance systems, coordinated and monitored staffing, and maintained medicine's records.

At this inspection we saw enough improvement had been made by the provider in relation to the way they now supervised and supported staff, managed complaints, operated their governance systems, coordinated staffs scheduled call visits and monitored their time keeping, and maintained medicine's records.

People were kept safe and protected against the risk of avoidable harm and abuse. People received consistently good-quality and safe personal care from the same group of staff who were familiar with their needs and preferences. The fitness and suitability of staff to work in adult social care had been thoroughly assessed as part of the providers robust recruitment procedures. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19. People continued to receive their prescribed medicines as and when they should.

Staff had the right mix of knowledge and skills to deliver good-quality, safe care. People's care plans were person-centred, which helped staff provide them with the individualised care at home they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. Where appropriate, people's end of life wishes, and contacts were known and recorded for staff to refer to.

People were all complimentary about the way the registered manager and office-based staff ran the service, and how approachable they were. The managers promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and

social care professionals and agencies to plan and deliver people's packages of care at home.

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 and update

The last rating for this service was requires improvement (published 24 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements.

For the key question caring, which was not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

At our last inspection the key question of effective was rated good. We have not changed the rating as we have not looked at all of the effective key question at this inspection. The purpose of this inspection was to check if the provider had addressed a concern, we had about staff support. We will assess the whole key question at the next comprehensive inspection of the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enterprise Care Support Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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 safe findings below.

### Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

### 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.

# Enterprise Care Support Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 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

Enterprise Care Support Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service a weeks' notice of the inspection. This was because we needed to be sure that the registered manager would be in their office to support the inspection.

Inspection activity started on 27 October 2022 and ended on 7 November 2022. We visited the provider's

office on the second day of this inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke in-person with the office-based registered manager, care coordinator and a member of the business support team. We also received telephone and/or email feedback from 5 people using the service, 2 relatives and 1 community health care professional in relation to their experiences of using or working with this home care agency.

Records we looked at as part of this inspection included, 8 people's care plans, 5 staff files in relation to their recruitment, training and supervision, and a variety of other records relating to the overall management and governance of the agency.

After we visited the providers offices, we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to the staff working roster.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were now safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure people were not placed at risk of harm because of the way they coordinated and monitored staffing. We discussed this issue with the provider at the time of our last inspection.

We saw enough improvement had been made by the provider at this inspection in relation to the way they now coordinated and monitored staffs scheduled visits and their time keeping.

- We were assured the way the provider coordinated and managed staff's home visits was now effective and safe.
- The provider had introduced an electronic call monitoring (ECM) system as they had agreed to do at their last inspection to improve how they managed staff's scheduled visits and their time keeping.
- The new ECM system helped the office-based staff monitor staff's time keeping. This was because staff had to electronically log the exact times they arrived and left a home visit, which the office-based staff could now check in real time.
- Staff rotas we looked at reflected the dates and times staff were scheduled to carry out their home visits. The office-based staff routinely carried out home monitoring visits and telephoned the people receiving a service from them to check staff were arriving and leaving on time and were not missing their scheduled call visits.
- People told us staff never missed their scheduled visits and were usually on time. One person said, "They [staff] are mostly on time and call to let us know if they're are delayed, which isn't often these days. There have been no missed visits lately." A second person added, "Visit timing had improved in the last year and was now pretty good. I've not known my carers to miss a visit."
- People told us they received consistently safe care from a core group of staff who were familiar with their needs and preferences. One person said, "I get regular carers who I'm getting to know really very well", while a second person added, "I do get the same carers who all know me well and what my needs are."
- Staff underwent robust pre-employment checks to ensure their suitability for the role. These checks included proof of identity, previous employment, their character, and right to work in the UK. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

At our last inspection the provider had failed to ensure staff always appropriately maintained medicine's records. We discussed this issue with the provider at the time of our last inspection.

We saw enough improvement had been made by the provider at this inspection in relation to the way staff kept medicines records.

- Medicines records staff were expected to keep were now well-maintained, and people continued to receive their prescribed medicines safely.
- Medicines records we looked at had no recording errors or omissions.
- Medicines records were routinely audited by the office-based staff to check care staff were appropriately maintaining these records in line with recognised best medicines practice and the provider's own medicines policies and procedures.
- Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- People told us they received their medicines as and when they should. A relative said, "The carers do help my [family member] with his medicines and they make sure he has them on time."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. One person said, "No problem with any of my carers who I do feel safe with."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- I Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it.
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and take appropriate action to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs. They included risks associated with people's home environment, infection control and COVID-19, and where appropriate, managing medicines, moving and handling and preventing falls, food and nutrition, dementia awareness and pressure sore prevention.
- These risk assessments and management plans were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face. One person said, "My carer knows that I can fall and they make sure I use my walking aids when I get up." A relative added, "My [family member] can fall, so with her permission and a discussion with the carers we rearranged the furniture in her room to allow her to move more freely and safely in her home."

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. A community health care professional told us, "They [staff] wear masks, gloves and aprons when giving personal care to my clients."



- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers identify issues, learn lessons and take appropriate action to improve the safety of the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

# Is the service effective?

## Our findings

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check if the provider had addressed a concern, we had about staff support. We will assess the whole key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were always properly supervised and supported. This represented a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider supervised and supported staff they employed. This meant the provider was no longer in breach of regulation 18.

- Staff now had ongoing opportunities to reflect on their working practices and professional development. This included regular individual supervision meetings between staff and their line managers at the provider's offices, as well as annual appraisals of their overall work performance over the last 12 months. All new staff had attended at least 2 formal supervision meetings with their line manager since they had commenced working for the provider, including all new staff.
- People received personal care at home from staff who had the right mix of knowledge and skills to deliver it safely and effectively. People described staff who provided them with care at home as competent and kind. People told us their regular care workers were very skilled and helpful ensuring they received all the personal care at home they needed. A relative remarked, "My [family member's] carers have the skills to do what she needs doing."
- Staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.

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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- The registered manager understood their responsibilities regarding mental capacity and staff had received MCA training.
- Care plans clearly described what decisions people could make for themselves. The provider's needs assessment process addressed any specific issues around mental capacity, so staff had all the information they needed to care for the person.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to good. This meant people's needs were now met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure people were not placed at risk of harm because the provider had failed to ensure they always operated an effective complaints system that recorded, investigated, learnt lessons and responded to complainants in a timely way. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People's concerns and complaints were now well-managed.
- The provider now logged, investigated and responded to people's concerns they had raised about the home care agency. This included letting people know the outcome of their complaints investigations and any action taken by the provider in response.
- People told us they felt confident any concerns or formal complaints they might make would be well-managed by the provider and action taken to appropriately address their concerns. One person said, "When I've had any concerns the manager has always dealt with them. In the past I was worried about some carers I had, and the manager sorted that out for me straight away." A second person remarked, "The manager is very responsive if I get in touch with her. Any issues I have the manager sorts them out as quickly as she can in my experience."
- People had been given a copy of the provider's complaints policy, which explained how they could raise any concerns or complaints they might have and how it would be managed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes.
- People told us they were given a choice about the personal care they received, which met their needs and was person-centred. One person said, "My carer always gives me a choice of breakfast and asks me what I would like to eat." A relative added, "We have excellent communication with the carers who help my [family member] become involved in deciding the home care service she receives."
- People had up to date person-centred care plans in place. These plans included detailed information about people's personal and physical health care needs, daily routines and tasks they wanted completed, and how they preferred for this to be delivered. One person told us, "I do have a care plan which I was able to contribute to it. My carers follow it and know what I need."
- Staff told us they gave people as much choice and control as possible in relation to the care and support they received from the agency.

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.

- People's communication needs were identified, recorded and highlighted in their care plan. One person said, "There is no communication problems with my carers."
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions. The registered manager gave us a good example of how they had matched a person using the service whose first language was not English with a care worker who spoke the same language.

#### End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- People's care plans had a section in which they could record their end-of-life care and support needs and wishes, if they wanted to.
- Managers told us they regularly liaised with GP's and other health care professionals to ensure people experienced dignified and comfortable end of life care at home in line with their dying wishes.
- Staff demonstrated a good understanding of how to care and support people nearing the end of their life and had completed end of life care training.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure people were not placed at risk of harm because their governance systems were not operated effectively and nor were records, they were expected to keep always appropriately maintained and accessible. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- How the provider operated their established quality monitoring of the service had improved since our last inspection. The office-based staff were in regular contact with the people they supported through telephone and in-person home monitoring visits. This meant the office-based staff had greater opportunities to seek people's feedback about the standard of care they received and monitor the quality and safety of service delivery. For example, the office-based staff would observe staff's working practices, including how staff interacted with the people they were supporting, their time keeping, and how well they manage records they were required to keep during these monitoring visits.
- In addition, the provider appropriately maintained accurate records they were expected to keep, including medicines and complaints records, and were able to access these records immediately on request.
- An action plan we required the provider to complete to show us how they intended to address all the issues we identified at our last inspection had been developed and implemented within the agreed timescales for improvements to have been completed.
- People spoke positively about the way the service was managed and the leadership approach of the registered manager and the office-based staff. A relative told us, "The office staff are easy to contact and always responsive to my calls."

At our last inspection the provider had also failed to fulfil their regulatory responsibilities to notify the CQC without delay about any incidents that had adversely affected the health, safety and well-being of people using the service. We discussed this issue with the provider at the time of our last inspection.

We saw enough improvement had been made by the provider at this inspection in relation to notifying the CQC without delay about incidents they were required to in accordance with the regulations.

- The provider now understood their responsibilities with regards to the Health and Social Care Act 2008 and had notified us without delay about any incidents that adversely affect the health and safety of people

using the service or the agency's operation. Our systems indicated we had received all the notifications the provider has a legal responsibility to send us without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a clear vision that she shared with staff. They told us they routinely used in-person and virtual meetings and training to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The provider used a range of methods to gather views about what they did well or might do better. For example, people had ongoing opportunities to share their views about the home care service they or their relatives received through regular in-person home visits, telephone contact and care plan reviews.
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone and in-person contact, which included individual supervision meetings with the office-based staff and observations of their working practices during in-person home visit spot checks.

Working in partnership with others

- The provider worked well with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, GP's and district nurses.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff.