

Ensure Care Ltd

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Inspection report

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21 May 2019

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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:

Ensure Care Ltd is a domiciliary care agency. It provides personal care and support to older and younger people living in their own homes. At the time of inspection, 36 people were receiving personal care from Ensure Care Ltd

People's experience of using this service:

Care plans did not always contain person centred information, however, staff understood people's needs and preferences and cared for them in a person centred manner. Care plans were being updated to fully reflect people's personal interests and preferences.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination.

Risks to people's safety were assessed and strategies were put in place to reduce the risks.

The recruitment practices ensured only suitable staff worked at the service.

Staff were employed in sufficient numbers to meet people's needs.

Where the provider took on the responsibility, people's medicines were safely managed.

Staff received training that enabled them to have the skills and knowledge to provide effective care.

Staff received ongoing support from the registered manager.

Where the provider took on the responsibility, people were supported to maintain good nutrition and hydration.

People were treated with kindness, compassion and respect.

Staff encouraged people to maintain their independence.

People and their relatives were involved in the care planning and reviews of their care.

People's needs were assessed, and the care provided met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Systems were in place to continuously monitor the quality of the service.

The service worked in partnership with outside agencies.

Rating at last inspection: Good, July 2016.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

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.

Ensure Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Ensure Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to a range of adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection started on the 20 May 2019 by visiting the office location to meet with the registered manager and review records, policies and procedures. On 21 May 2019 we made telephone calls to people using the service and staff.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). The PIR 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 looked

at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with six people using the service, three care staff, the office manager, the deputy manager and the registered manager. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service. These included two staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care. All the people we spoke with told us they felt safe when the staff were providing them support.
- The provider had safeguarding systems and processes in place to protect people from the risk of abuse.
- Staff were trained in safeguarding procedures and demonstrated they understood potential signs and symptoms that may indicate abuse. Staff told us they would report and document concerns and were confident these would be listened to and action taken to keep people safe. No recent safeguarding alerts had been made.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk. These included assessments on moving and handling, infection control, and the home environment.
- All risk assessments we looked at were regularly reviewed and updated as required to reflect people's current needs and wishes.
- People we spoke with told us they were happy that risk assessments about them reflected their needs accurately and were followed by staff.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People told us they felt there were enough staff working for the service, as they did not have any missed calls, and staff were usually on time to visit them. One person said, "There is a window of time I know they will arrive in. On the odd occasion they are held up, but I always get a phone call to let me know."

Using medicines safely

- Most people administered their own medicines, or had family members support them with this task. When staff did administer medicines, we saw that this was done in a safe manner, and medication administration records (MAR) were completed accurately. Staff were appropriately trained in medicines administration.
- The staff often prompted or reminded people to take their medicines, and kept a detailed record of when they did this, and what medicines people were taking.

Preventing and controlling infection

- People told us that staff followed infection control procedures.
- Staff told us, and records showed they received infection control training.

- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong

- A system was in place to ensure staff completed records detailing accidents and incidents that may occur in the service. No serious accidents or incidents had happened recently.
- The registered manager said that any accidents and incidents would be recorded, analysed and reviewed to identify measures that may be required to reduce the risk of further incidents.

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

Good: ☐ 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

- Management staff conducted assessments of people's needs before they began using the service.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.

Staff support: induction, training, skills and experience

- The record that was kept to monitor staff training was not up to date. The registered manager told us that a new system was being implemented to monitor staff training. All staff training certificates we requested to see were up to date and kept in staff files.
- The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "The training is good. I completed a national vocational qualification (NVQ) in care." We saw that regular training was provided to make sure staff had the right skills to provide care.
- Staff told us they received regular supervision and spot checks from management and felt well supported in their roles.

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

- People could receive support with eating and drinking when required. The people we spoke with said that either they or family prepared meals for them, but staff did help sometimes.
- Staff we spoke with were knowledgeable about people's likes and dislikes with food. No recording or monitoring of food and fluid intake was required.

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

- People told us they managed their own healthcare support, or had family support them, but that staff could also provide help if required.
- The service worked and communicated with other agencies and staff to enable effective care and support. This included health and social care professionals that were involved in people's care. We saw that all required health and medical information about any medical care they might require, was kept in people's files.

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. We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of supporting people to make choices, and people confirmed the staff always asked their consent before providing their care.
- The registered manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

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

Good: ☐ 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

- People felt that staff were kind, caring and respectful towards them at all times. One person said, "I can't speak highly enough of them. They look after me." We saw a written compliment which said, 'The care the team have provided has been very good. They are kind and caring, and always punctual'.
- Staff told us they had good relationships with the people they cared for, and were able to develop these relationships through regularly seeing the same people. One staff member told us, "I have worked here for several years, and I have got to know the people I look after and their families well."
- Staff used information within care plans to provide care and support in the way people wanted, ensuring care was provided using a personalised approach.

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

- People told us they had been involved in developing their care plans which helped to ensure they were at the centre of the care provided to them. One person said, "I'm happy with the paperwork. My plans are in the folder here, and they are all relevant to me and what I require. I feel listened to by staff and I can change things as I want."
- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives or representatives.
- The service supported some people whose first language was not English, and staff with the relevant communication skills were matched up with people to ensure their views could be expressed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt that staff were always respectful of their privacy and dignity. One person said, "The staff have always been very respectful and considerate."
- All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- Care plans did not always contain personalised information such as individual likes, dislikes, preferences, or personal and family history. Staff we spoke with had good knowledge of this information for the people they cared for, but this was not always recorded in care plans. The registered manager acknowledged that care plans lacked this information, and told us they would be updating the plans with this information immediately. All the people we spoke with said staff knew them well, understood what they liked, and gave personalised care.
- The service provided care and support to several people from a different cultural background, and whose first language was not English. The management and staff team made sure that people were supported by staff who were able to speak in people's preferred language, and who were aware of the cultural requirements each person and their family had.
- People we spoke with confirmed that staff were suited to their needs, and understood the best way to communicate with them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed.
- A complaints system was in place, but no recent complaints had been made.

End of life care and support

- No current end of life care was being delivered. The registered manager understood what would be required to provide end of life care, and staff had been trained in this area.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team all had a good knowledge and understanding of the people they were supporting, and knew them well.
- People and staff were positive about the management and leadership of the service. One staff member said, "I am very well supported, I have worked for the company for a long time and I enjoy it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team worked alongside staff to provide care and support on a regular basis. This enabled them to observe staff working practices and monitor and review all aspects of the care provided.
- Staff were clear about their roles. All the staff we spoke with understood their responsibilities.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- The registered manager promoted positive team working and this was embedded in the staff team who spoke of respect and support for each other. This helped to ensure positive, effective communication between staff and consistency in the care and support provided.

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

- People had opportunities to share their views about the service informally, directly with the staff or the manager, and through feedback forms. Everyone we spoke with felt as though they could feedback, and be listened to and respected, at any time.
- Staff were supported to share their views about people's care individually and in staff meetings. One staff member said, "The management listen to us always."

Continuous learning and improving care

- Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care.
- We saw regular audits took place on records such as care notes recorded by staff and MAR. A log was kept of any errors found, and what actions had been taken to ensure lessons were learnt and improvements were made.

Working in partnership with others

- The registered manager worked in partnership with others including the local authority who funded some people's care.
- When required, the service worked in partnership with other health and social care professionals involved in people's care, for example, the local community nurse. Management told us they had been liaising with the community nurse in regards to a person's ongoing care needs.