

Ena Care Call Limited

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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

We inspected the service on 14 and 16 February 2017. ENA Care Call provides a care and support service to people who live in their own homes. At the time of our inspection 33 people were receiving a service. The organisation provides other support that is not regulated by us which includes personal shopping, domestic services and support in the community.

At our previous inspection in March 2016 we rated the service as Requires Improvement as systems were not in place to ensure people received all their medicines at the right time. Safeguarding incidents were reported to the local authority but agreed safeguarding procedures were not always followed. People generally received the support visit on time but some people did not receive their support for the agreed length of time. Travelling time was not included in the staff roster which impacted on the support people received. On this inspection we saw improvements had been made.

The service had a registered manager in place at the time of our 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.

People received their medicines when they were needed. The staff knew when to give these and what to do if they were concerned or medicines were missed. People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk of harm. People were protected from risks associated with their health and care provision and measures to reduce or prevent potential risks to individuals were taken.

People had developed good relationships with staff, who recognised where care needed to be reviewed to reflect changes with their support. The provider had identified that more staff needed to be recruited to ensure people received greater consistency in care from the staff team.

People received care and support from staff who were well trained and knew how people liked things done. Staff received effective supervision and their work was reviewed through regular checks on their performance and their work was appraised.

People's were able to make decisions about how they wanted to be supported. Where they needed supported, they were helped to make decisions that were in their best interests.

People received support that was individualised to their personal preferences and treated with care and kindness and supported to be as independent as possible. They were supported to express their views and be involved in decisions related to the planning of their care and the running of the service.

People were provided with information about raising concerns or complaints and were happy to speak with staff about any worries. Staff felt supported by the registered manager who was committed to improving care services.

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.

People received their medicines as prescribed and staff knew when these were needed. The provider had identified more staff were required and recruitment procedures were in place to ensure they were suitable to work with people. People felt safe when they received care. Risks associated with how care was delivered had been assessed and there was information about action to be taken to minimise the chance of harm occurring.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Staff knew people well and had completed training so they could provide the support they wanted. Staff received support and supervision to enable them to develop the skills and confidence to care for people. People retained responsibility for managing their own health care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect by staff who knew their needs and preferences. People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

Care and support was planned to meet people's needs and changed when this was needed. People felt comfortable to raise

concerns and staff responded to this to improve the support people received.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor how well the service was managed. People were happy with the support they received and were asked how they could improve the service and given information about how improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

We inspected the service on 14 and 16 February 2017. The provider was given five days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We made telephone calls to seven people and five relatives and spoke with five staff and the registered manager. We sent questionnaires to people who used the service, staff and professionals; we received 14 responses. We also consulted with commissioners of the service. We used this information to make a judgement about the service.

The provider completed 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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

On our last inspection we found that safe systems were not in place for managing medicines to ensure that people received their medicines as prescribed. On this inspection we saw improvements had been made.

People were confident they received their medicines when these were needed. One person told us, "The staff always ask if I'm ready to take my tablets and make sure I take them before they go. It's a relief not to have to worry about it any more." The medication administration records (MAR) recorded all the information needed to ensure staff could check they were administering the correct medicine and the correct dosage. Where people needed medicines on an 'as required basis' (PRN), information was available to determine when they needed this. Where medicines had not been signed for, systems were in place to alert the registered manager that a potential error had occurred. One member of staff told us, "If I saw that medicines had not been given on the last visit, I'd contact the office so I knew what to do."

People had mixed views about whether the service had enough staff to provide safe and effective care. One relative told us, "We have had the same carer for 10 days now and it's been great. I do feel it is better as they get to know [Person who used the service] and their little ways." Another relative said, "Sometimes it's the same carers. They seem to do so long in one area then they get changed around." Another person said "They are very nice girls I have had the same one or two for quite a while. I am quite happy." A relative told us, "I have spoken to them and it seems to have improved." The provider had identified through their quality assurance review that to improve care, more staff were required. The provider was currently recruiting new staff to ensure there were suitable numbers to provide people with a consistent team of staff.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. Staff had completed training in safeguarding people and understood their responsibilities to report any concerns. One member of staff told us, "We've had the training so we know what to do if we are worried. I know if I called the office and said anything, then something would be done about it, as people are important to us here." Another member of staff told us, "We've had some recent safeguarding and we were all informed about the concerns, so we knew what was happening." The registered manager was aware of what incidents would need to be shared with the local authority safeguarding adult's team; where concerns had been identified, reports had been made to the local authority and we had been notified of these events.

People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm. Where incidents or accidents had occurred, the staff informed the office staff and completed a report to record what had happened. Any incident was reviewed to identify if there were any trends and how care could be improved to ensure people remained safe.

Staff knew the risks associated with people's care. One person told us, "They know how to help me move into my chair." Another person said, "They help me stand and keep an arm around me, it makes me feel safer." Information was recorded to show how these were managed. For example, some people needed equipment to help them to stand; we saw the care records included information about the type of

equipment and how this should be used. One member of staff told us, "We have the training together and get to use real equipment in a near-by home. This helps us to do know what to do when we are working with people."

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw that staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. Where people had applied for police checks on line they could apply to have these renewed annually for a small fee and these were checked by the provider.

Is the service effective?

Our findings

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 make 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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where it had been identified that people may lack capacity, an assessment had been completed and decisions made in people's best interest. Staff understood that capacity could fluctuate when people were ill and understood capacity would need to be assessed. The staff had received training in MCA and one member of staff told us, "This is about always assuming capacity and if people don't understand something, you need to think about how else you can ask the question. Instead of asking people what they want for dinner, show them, as they may not understand but can make real choices when they see what is being offered." Another member of staff told us, "People should always be assumed to have capacity and if they can't, other people can help make decisions in their best interests." People felt they were supported to make decisions and be in control of their care and support and had consented to their support plan. One person told us, "We went through everything and I signed the plan when I knew what was going to happen and what I would receive."

New staff completed an induction during their first week of work and shadowed experienced members of staff. This enabled them to meet and get to know people to ensure they knew how to safely support them. One person told us, "I have two carers and sometimes they send a new lass to see how to use the hoist. They never send two that don't know me together though." Another person told us, "There was a new starter that came with the other two staff. They had training on my standing aid so they knew what to do." New staff completed training for the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I had a week of induction training and then shadowed staff before I started working on my own. I was new to care but I was happy that the training helped me to know what to do. If I am worried about anything then I would just call the office."

People were confident that staff knew how to support them. One person told us, "They are very good; they know what they are doing when they look after me." Another person said, "They have to hoist me and they always make sure I am comfortable before moving me. They keep checking I'm alright." Staff told us they continued to receive training which focused on people's different needs. One member of staff told us, "I support some people who have a hoist and other moving equipment. After we had done all the theory work we went and used real equipment to make sure we knew what we were doing."

People benefitted from staff who were supervised to ensure they were supporting people effectively. The

staff participated in quarterly supervision meetings which were used to appraise their performance and identify any training needs. One member of staff told us, "We have supervisions, spot checks and appraisals so we have support and feedback on what we are doing. When we have spot checks they stay for the whole duration of our call and check we are doing our job right. If anything was wrong then it would be addressed." Another member of staff told us, "They check we are using protective equipment, how we are dressed and how we support people. It's a good thing, as we often work alone so it's just checking we are doing things as agreed." This meant checks were made to ensure people were receiving the right care.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. One relative told us, "I would say they are well trained. They are good at picking up on things like the condition of [Person who used the service]'s skin. They will tell me and I can then contact the District nurse. It's nice to have another pair of eyes". A member of staff told us, "If we are worried about anything, we report it to the office so something can be done or a doctor can be called. If people need urgent help then we will ring for a paramedic and stay with them. The office staff would rearrange our calls for us; we would never leave anyone on their own." The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted.

People had choice and flexibility about the meals they ate and where requested, support was given to prepare meals. People retained responsibility for their personal shopping. There were no people who received a service where concerns had been identified with how they managed their eating and drinking.

Is the service caring?

Our findings

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One person said, "They will always check if I'm ready to get up. They pass the time of day and perhaps say something like 'are we ready to greet the day?' They are all really nice." Another person told us, "All the carers are lovely and I would say they are all very kind."

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One relative told us, "They always ask [Person who used the service] if they want to do something and if they say 'no' they respect that." Another relative told us, "The carers are great, very respectful."

People's privacy and dignity was respected and one person told us, "All the staff are very nice, very patient and respectful." Relatives we spoke with told us, "The staff are very good with [Person who used the service]. They are respectful and will sit and chat to them if they have finished early." "They look after [Person who used the service]'s modesty even when using the hoist. They always pop a towel over their legs and make sure they guide them safely. They talk to them and keep them calm." Another relative told us, "They are all very caring and always treat [Person who used the service] with dignity".

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "The staff know what they are doing. They are all lovely I feel ever so comfortable with them. We have become friends and they are always chatting to me. I feel like I know them and they know me like family." A relative commented, "I would recommend them as they are all so caring; it makes no difference what age they are."

People were encouraged and supported to be as independent as they wanted to be. People's support plans guided staff on how to ensure they were encouraged to do as much as they wanted so that they retained control. One person told us, "The manager visited and asked questions about what I needed. They wanted to know what I could do and what they could do for me. I don't feel like they take over. They do enough so I can get up and about and I like that."

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

On our previous inspection we identified that people were not receiving their support visit when this was expected and the staff rota did not allow time for staff to travel to people's homes. We saw on this inspection that people now generally received their support visit when this was expected.

People received support that was individualised to their personal preferences and needs. The service was flexible and the provider was responsive to changes and staff had time to travel to their next support visit. One member of staff told us, "Most of the rotas are organised so the calls are near to each other. We now get time to travel to each call and I'm happy with the time we get." The time of each visit and punctuality of staff was reviewed by the provider and the commissioning team. People understood that staff may arrive within 30 minutes of the planned call and told us when they were late they generally received a call to inform them of these circumstances. One member of staff told, "If anything happened, then we contact the office staff and they will let people know or rearrange the calls." One person told us, "The staff usually come when I expect them, it's not often they are late and they'd let us know."

People were involved with the assessments that had been undertaken to determine whether the service could support their needs. People had been asked how they wanted to be supported and individual care plans had been written from this information. One person told us, "They asked me what I wanted when I started using them. I'm happy that I get what I asked for." Where people's needs had changed, support plans were reviewed to ensure this reflected their needs. Where people went into hospital, a further assessment was made to ensure the provider could still meet their needs. People consented to their support and family members were given the opportunity to contribute and agree with the plan. Family members continued to support people and one relative told us, "[Person who used the service] has a care plan that has just been reassessed. I was there too and we all agreed a new plan."

The care plans included personal information and a brief history about people's life and why they wanted the support. There was detailed information about how to provide support and what people expected from the call. People were able to choose when to have their support and had opportunities to change the times. A person told us, "I have to cancel sometimes and the staff in the office are lovely and friendly." One relative told us, "If they have helped [Person who used the service] in a chair and they want to go back to bed, I just ring them and they come and see to them. I think they are very flexible."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. People felt they could speak with the staff and one relative told us, "If there is something I am unhappy with I would say at the time to the carers." We saw complaints were recorded and investigated and one person told us, "I have rung several times about things and been very satisfied." A relative said, "I would contact the manager I have her card. I feel she would listen and sort any problem out."

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out; for example when shopping. During these support visits, personal care was not provided and therefore this support is

not regulated by us.

Is the service well-led?

Our findings

On our last inspection we found that improvements were needed with how the service reviewed quality in relation to medicines and with how people received their care. We issued a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw that improvements had been made.

Quality monitoring systems had been reviewed to ensure that when people needed support to take their medicines, the medication administration forms identified when people had taken their medicines. Where there were omissions, these were investigated to ensure people had taken these as prescribed. An electronic system was used to evaluate and monitor how care was delivered and ensure people received the support that they expected. Checks to assess and monitor service standards were completed. These covered key aspects of the service such as the support people received, the accuracy of people's records, the management of medicines and staff training and support. These checks were all documented along with any actions taken by staff to remedy any shortfalls or issues they identified.

People were able to share their views and the provider took action to improve their experience of the service. The quality assurance system included asking people, relatives and staff about their experience of the service in the form of a satisfaction questionnaire. We saw the results of the survey had been analysed and people were provided with the survey results. The provider recorded where improvements were needed and how they were planning to resolve any issues. For example, people expressed they were pleased with the service provided and this gave the provider an opportunity to thank staff for the work they completed. The results also identified that people wanted more consistency with the staff that supported them. People had mixed views about the consistency of the staff and would have liked regular staff who they knew well. The survey results confirmed this and the provider reported how they work trying to recruit more staff to enable people to have consistent support from staff and to improve on punctuality.

The provider and staff were proud of the service and the quality of the service provided and one member of staff told us, "We are a good team and work well together. I really enjoy my work and I'm happy to be here." People generally spoke positively about the service provided. Comments included, "So far they couldn't be better I would definitely recommend them." and "I think it is well managed, I would recommend it." One relative told us, "We have used other companies and the ones we have now are very good."

There were arrangements in place to provide support to people and staff through an on call arrangement. One relative told us, "If I've contacted the office, they are there and will listen to what I have to say." One member of staff told us, "If we need any support then all we have to do is call the office. If it's out of hours then it goes to the on call phone so we can get support at any time."

Staff were confident that where they had any concerns they understood their responsibility with regards to whistle-blowing. The staff said they felt comfortable raising concerns with the registered manager and would contact external agencies if they needed to. One member of staff told us, "We have to speak up for people as some people don't have family around and we need to make sure they are safe." This showed that

staff knew how to act if they had concerns or witnessed bad practice and had the confidence to report them to the registered manager.

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office.