

Ensure Care Ltd

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Inspection report

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Date of inspection visit:
01 July 2016

Date of publication:
29 July 2016

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

This inspection visit took place on 1 July 2016 and was announced. The provider was given notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in April 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Ensure Care is a domiciliary care agency providing care for people in their own homes. Most people who used the service received support through several visits each day. The agency specialised in supporting people whose first language was not English. On the day of our inspection visit the agency was providing support to 25 people with 17 members of care staff.

The service had a registered manager who was also the provider. 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. We refer to the registered manager and provider as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough care staff to deliver the care and support people required. People told us care staff arrived around the time expected and stayed long enough to complete the care people required. People told us care staff were caring, kind and knew how people liked to receive their care.

Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care staff had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff during their working hours. The manager understood the principles of the Mental Capacity Act (MCA), and care staff respected people's decisions and gained people's consent before they provided personal care.

Staff, people and their relatives felt the manager was approachable. Communication was encouraged and identified concerns were acted upon by the manager. People knew how to complain and information about

making a complaint was available for people in the service user guide each person had in their home. Care staff said they could raise any concerns or issues with the manager, knowing they would be listened to and action would be taken. People knew how to make a complaint and provide feedback to the manager, which was acted on.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and staff, surveys, spot checks on care staff and a programme of other checks and audits. Where issues had been identified, the manager acted to make improvements.

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 felt safe with care staff. People received support from staff who understood the risks relating to people's care and supported people safely. Care staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough care staff to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care staff respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink during the day and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People's care needs were assessed and people received a service that was based on their personal preferences. Care staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a

complaint. The management team responded to feedback and acted to improve the service.

Is the service well-led?

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work and felt able to raise any concerns with the manager. The manager provided good leadership and regularly reviewed the quality of service provided.

Good ●

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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.

The inspection visit took place on 1 July 2016 and was announced. This service was inspected by one inspector. The provider was given notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the agency.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection visit we contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They told us they had no concerns about the service. Before the inspection 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. We found the PIR reflected the service provided.

We contacted people who used the service and their relatives to obtain their views of the care they received. We contacted four people (or their relatives) via email. We received one response. We spoke by telephone with two relatives and two people who used the service.

During our inspection visit we spoke with the registered manager. We later contacted ten care staff via email and telephone to gather their feedback about the service, we received eight responses.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe with care staff who visited them in their homes. Comments included: "Yes, staff are very good", "I'm happy", and "I feel very lucky to have them."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. One staff member said, "If I am concerned about someone, I would raise it with the manager first. If I am not satisfied with the outcome then I would inform the Care Quality Commission the local authority or the Police." The manager told us there had been no safeguarding concerns to report. However, we confirmed with the manager they understood their responsibilities and they had a procedure in place to refer information to the local safeguarding team and the local authority where required.

The provider's recruitment procedures checked staff were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their support. Risk assessments were up to date, were reviewed regularly and included instructions for staff on how risks to people could be minimised or managed. For example, in one person's risk assessment it detailed how they needed to be supported to move around safely. Two staff members were needed to assist the person, and specialist equipment was in the person's home to support with this. The risk assessments gave staff clear instructions on how to use the required equipment. The person's relative confirmed, "There are always two members of staff sent to help move [Name]."

People told us there were enough staff to meet their needs as staff always attended their scheduled calls. Everyone we spoke with told us staff arrived on time and stayed for the right amount of time. One relative told us, "[Name] has two carers four times a day and they always turn up, are punctual, undertake their tasks within the time allowed, leave on time and provide [Name] with the support they need."

The manager and care staff confirmed there were enough care staff to cover all the calls people required. The manager told us they monitored staff arrival times through a range of quality assurance techniques, by speaking to people who used the service, frequent spot checks and through monitoring where company vehicles were through a tracking system. The manager provided staff with company cars to attend calls, which ensured staff arrived together for people who required two members of staff to support them. The manager explained staff were given travelling time between each scheduled call to reduce the risk of staff

arriving late. We saw rotas gave staff the correct time allocated on each care package. These measures helped to ensure people received their scheduled calls at the right time.

We looked at how medicines were managed by the agency. Some people we spoke with administered their own medicines or their relatives helped them with this. People who received support with medicines told us they received their prescribed medicines safely. One person said, "They are very good with giving me my medicines. Their timings are very good."

Only staff who were trained in the safe administration of medicines assisted people with taking their medicine. We received feedback from two members of staff who administered medicines to people in their own home. Staff told us they administered medicines to people as prescribed. They received training in the 'effective administration of medicines'. This included checks by the trainer on staff's competency to give medicines safely. Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care staff during visits and by the manager during spot checks. Completed MARs were returned to the office every month for auditing. These procedures helped to ensure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us care staff had the skills they needed to support them effectively. One relative told us, "The care staff are well trained."

The provider had a recruitment process in place to recruit staff who had the right skills and values to support people. Care staff told us they received an induction to the job when they started work. This included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. One member of staff gave examples of the type of training they received to prepare meals saying, "I had food hygiene training and infection control training." Another member of staff described their induction saying, "After my interview I did moving and handling training, then shadowed an experienced member of staff and completed the other induction standards." The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care staff in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

The manager told us in addition to completing the induction programme; staff had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. This included spoken and written English skills, as this was a second language for some members of staff. Records confirmed care staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, safeguarding and medicine administration. Care staff told us they were also encouraged to complete a qualification in care. We reviewed records which confirmed six members of staff were currently undertaking a national qualification to support their professional development.

Care staff told us and records confirmed, they had regular meetings with their manager to make sure they understood their role and spot checks (unannounced visits) to make sure they put their training into practice safely. Staff told us the manager operated an 'open door' policy where they could request a meeting with their manager at any time. The manager told us, "Staff are regularly spot checked, we also meet with staff when needed, as well as conducting yearly performance appraisals. These meetings are used to discuss staff performance and development."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The manager understood their responsibilities under the MCA. They told us the agency supported people who could not make all of their own decisions, as well as some people who had the capacity to do so. There were processes in place to assess people's capacity to make their own decisions where necessary. Care records showed where people had consented to their own care and support. We saw where some people lacked the capacity to make certain complex decisions, for example how they managed their finances, people had somebody who could support them to make these decisions in their 'best interest' such as a relative.

Care staff we spoke with had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. One person told us, "They respect my decisions and ask before doing things."

Most people told us, they, or their relative provided their meals and drinks. However, those people who were reliant on care staff to assist them with meal preparation were satisfied with how this was provided.

Care staff and people told us Ensure Care worked well with other health and social care professionals to support people. Most of the people we spoke with managed their own health care appointments and organised care and support from other authorities when it was needed. However, they described staff helping them to contact health professionals or other organisations where this was required. One staff member said, "If I am concerned about someone's skin for example, I make sure it is recorded in the care plan and inform the manager and the district nurse."

People told us Ensure Care staff also offered them advice to improve their independence or their care. One person told us, "They help me with advice if needed." A relative said, "I have found this company proactive with regard to [Name's] care. As they have deteriorated physically they [Ensure Care] have raised concerns about how to improve their care e.g. additional lifting equipment, as a result I have been able to resolve problems of this nature as a matter of course."

Is the service caring?

Our findings

All of the people and their relatives told us staff treated them with kindness, and staff had a caring attitude. Comments included: "They all seem genuinely to care about [Name]", "We were very grateful for their care."

People and their relatives were involved in the care planning process and, making decisions about their care and support needs. People also told us they were involved in frequent meetings or reviews about their care, which was confirmed in the records we reviewed.

Staff told us they assisted people in a way that supported them to maintain their independence. Staff told us, "To maintain people's independence we encourage them to do as much as they can for themselves and involve them in making choices for example, regarding food they like to eat, clothes they prefer to wear and activities they enjoy. We also involve their families and friends who know them well."

Care staff had a good understanding of people's care and support needs as these were expressed in care records. People told us they had the same care staff visit them regularly who understood their needs. Care staff also told us they supported the same people regularly so they knew people's likes and preferences. One relative commented, "The best thing seems to be continuity of care, we have the same staff. Care staff know what they have to do." They added, "They know how to communicate with [Name], they use language they understand."

People told us Ensure Care met their individual diverse needs because staff were matched with them through a matching process. For example, some people required care staff that spoke a different language to English to meet their communication requirements. The agency employed care staff who spoke several languages and matched staff accordingly. This ensured staff understood people's verbal responses and wishes. Some people also required care staff who understood their cultural background to assist them with their religious or cultural preferences, for example when preparing food.

People told us staff treated them with respect and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. One person commented, "They always respect my decisions."

Staff respected people's privacy and dignity. One person commented on how staff ensured their privacy and dignity was maintained during personal care routines saying, "They ensure my privacy by shutting doors and curtains."

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the agency began supporting them. Their care package was based on their individual needs, choices and preferences. For example, information was included on which food people enjoyed, whether they enjoyed watching television or sitting in a certain place. The care records we reviewed provided care staff with information about how people wanted to receive their care and support. For example, when people wanted to be supported by staff of a specific gender. Records confirmed staff of a specific gender were assigned to support people where this was requested.

Care staff told us they had an opportunity to read care records at the start of each visit. They said the records provided them with the information they needed to support people effectively. People told us staff kept up to date records in their home. The care records included 'handover' information from the previous member of staff which updated the following member of staff with any changes since they were last in the person's home. One member of staff said, "We write down everything in the care log so the next member of staff can read it." Care staff explained the daily records supported them to provide effective care for people because the information kept them up to date with any changes to people's health or care needs.

Care staff told us they referred any changes to people's care to the office staff or managers, and plans were reviewed and updated so they had the required information to continue to meet people's needs. One member of staff confirmed, "Any changes would be reported to the manager." Another member of staff said, "All the records are updated, there is always a care plan in each person's home with all the information I need."

People told us they knew how to make a complaint if they needed to. The complaints policy was contained in the service user guide each person had in their home. However, people told us they never needed to make a complaint. One relative commented, "Each week I always check with [Name] that all is as it should be, they are extremely pleased with their care. They would be the first to let me know if this were not the case."

The manager confirmed through the PIR and verbally during our inspection visit the service had not received any complaints. We saw there were procedures in place to monitor and track compliments and complaints. Compliments information showed people were satisfied and happy with their care. Where people had raised any concerns regarding their care the manager had responded to these in a timely way. One relative confirmed they had not raised a complaint, but had raised some minor issues with the manager. They said, "I have contacted the manager and they have dealt with the matter promptly."

Is the service well-led?

Our findings

People we spoke with told us the care they received from Ensure Care was excellent and the manager and staff were responsive to their feedback. Comments included "Brilliant" and "Exceptional." One relative told us, "From the outset they have been most professional. The manager and staff are extremely approachable.there is always someone available at the end of the phone even out of hours."

Care staff said they enjoyed working for Ensure Care and it was managed well. None of the care staff we spoke with could think of anything that could be improved and said the service worked well. Comments included: "I am really enjoying my job", "Best employer in my life", "I get all the support I need", "I can visit the office or see the manager whenever I need."

Staff were supported by a management team which consisted of the registered manager and a deputy manager. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. The managers kept in touch with what was happening within the service because they completed some care shifts themselves. Care staff were able to access support and information from a manager at the times they worked as the agency operated an out of office hours' advice and support telephone line, which supported staff in delivering consistent and safe care to people. One member of staff told us, "I can call the office anytime 24/7."

The manager told us they kept their skills up to date by attending a range of different workshops and seminars. The information they learnt was cascaded to staff at the service. For example, the manager attended local authority forum meetings to keep up to date with local developments in the sector. The manager was also taking a national vocational qualification at Level 5 to ensure they continued to have the right skills to support their staff team.

People, their relatives and staff were asked to give feedback about the quality of the service they received through a range of different routes. People were visited in their home by managers who conducted 'spot checks' on the work of care staff. This was also confirmed in the information we received from the provider in the PIR. One relative confirmed, "Yes the manager visits regularly and I have an on call number I can ring." The manager also contacted people regularly by telephone to ask them about the service they received and to gather their feedback. People were also sent quality assurance questionnaires when they left the service, or on a three monthly cycle. People told us that where issues or concerns were identified the manager acted immediately to respond.

Staff were able to provide feedback to the manager on the quality of the service and put forward ideas for improvements or changes. Staff meetings were held monthly or when required. Staff told us the manager also operated an 'open door' policy which meant they could visit the office or have a meeting with the manager whenever they requested. One staff member said, "The 'open door' policy means we can contact them any time."

The manager used a range of quality checks to make sure the service was meeting people's needs. The

manager completed audits in a number of areas including care records, medicines management and staff timekeeping. Where issues were identified actions were taken to immediately address any problems. The manager said, "Quality is the most important thing to us. We are a small agency that specialises in supporting people whose first language is not English. We want to continue to provide a good quality service, putting people's needs first. We don't have any plans to expand in the near future."