Enterprise Care Support Ltd

Enterprise Care Support Limited

Inspection report

Mitcham Parish Centre
Church Path
Mitcham
Surrey
CR4 3BN

Tel: 02086408081
Website: www.enterprisecaresupport.org.uk

Date of inspection visit:
01 November 2016

Date of publication:
12 December 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 1 November 2016 and was announced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out on 6 August 2015 when we rated the service as 'Requires Improvement'. We also imposed three requirement notices for breaches of regulations that we checked during a focused inspection on 1 December 2015. We found the provider was meeting the regulations we looked at, but we did not amend our rating of the service as we wanted to see consistent improvements at the service.

Enterprise Care Support Ltd provides personal care to people living in their own homes. They currently provide a service to 47 people who live mainly in the London Boroughs of Camden, Merton and Lambeth and to people in Middlesex and Surrey. The provider specialises in providing a service, although not exclusively, to people who speak a range of Asian languages.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

During the inspection we found the provider was not following best practice guidelines for the recording of the administration of medicines. This meant it was unclear if people had received their medicines and if they had, who had administered them.

A number of people we spoke with told us care workers were often late for their calls. We were told that as a consequence care workers were often rushed in completing tasks. People also told us they sometimes felt care workers did not understand their needs. People said if they raised the issue with office staff they were not confident they would be listened to.

Additionally the provider was not displaying their CQC rating from an inspection completed in August 2015 at their premises or on their website, according to legal requirements. This meant people may have not had a full picture of the service prior to requesting care.

We identified a breach of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. This was in relation to the provider was not displaying their previous rating. You can see what action we told the provider to take at the back of the full version of this report.

The provider tried to match people's preferences for care workers with staff they had working for them to enable caring relationships to develop between them, but on some occasions this did not work very well. Once matched, the provider tried to ensure people had continuity with their care worker. Where the matching process worked people felt care workers understood their needs.

The provider completed recruitment checks to ensure only suitable people were employed. There were policies and procedures in place to safeguard adults at risk of abuse or harm. Staff were familiar with these and had received training and their knowledge was refreshed regularly to make sure they knew how to keep people safe.

Possible risks to people's health were identified and there were guidelines to care workers outlining what action should be taken to minimise risks, this included infection control measures. People were encouraged to do as much as they could for themselves, in this way their skills were maintained.

People's health was monitored. This included contacting healthcare professionals when it was necessary and making sure people had enough to eat and drink.

Care workers received support from the provider to ensure they had suitable skills to complete their work through training which was refreshed regularly. In addition, care workers were supported by their managers and peers to share information and discuss issues affecting their work practice.

Care plans were specific to the person which meant people received care that was individualised and met their needs. People told us care workers sought their permission before providing care, in this way care was generally in line with their wishes.

People told us care workers knew how to maintain their rights to privacy. This included making sure people's confidentiality was maintained when required.
The provider undertook some measures to ensure the quality of the service. This included the use of spot checks on carers and the use of an annual survey to people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. This was because the records of the administration of medicines did not always show when or if people had received the medicines prescribed to them.

Staff had received training about keeping people safe from harm. They knew what action they should take if they had concerns about people's safety.

There were appropriate recruitment checks in place to ensure only suitable people were employed by the service.

The provider had assessments and management plans in place to minimise possible risks to people, this included infection control measures.

Is the service effective?

Good

The service was effective. Care workers were trained to undertake their roles. They received support from their managers and peers.

Care workers were prompted to seek consent from people prior to providing care. In this way, care was provided in line with people's wishes.

People were supported with their health and nutritional needs to help ensure they stayed healthy.

Is the service caring?

Requires Improvement

The service was not always caring. This was because the provider was not enabling a caring relationship to develop between people who used the service and care workers by an appropriate matching process.

People felt care workers understood issues around confidentiality and promoted this.

People were encouraged to be as independent as they could. There was consistency of care workers so people felt their needs were being appropriately met.

Is the service responsive?

Good

The service was responsive. People's care plans were specific and personalised to them.

The service tried to match people's needs with their preferences. The provider had a complaints policy and people told us they knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider had not displayed their rating from the previous CQC inspection.

Feedback we received from people and relatives showed that office staff were not open and approachable, and people did not feel their views would be listened to.

The provider had systems in place to monitor the quality of the service people received, although they were sometimes ineffective in identifying shortcomings.

Enterprise Care Support Limited

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 checked 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.

This inspection took place on 1 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by an inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's office and spoke with two members of staff including the registered manager. We looked at care records of six people who used the service, and looked at the records of five staff and other records relating to the management of the service.

After the inspection we spoke over the telephone with five people who received a service or with their relatives. We also had telephone contact with an independent freelance trainer who works for the service and a care worker. We talked with or received information from quality monitoring teams from three separate local authorities.

Requires Improvement

Is the service safe?

Our findings

People said they received their medicines as necessary. However, we found shortfalls in the records of the medicines administration record (MAR) which indicated that people might not have received their medicines as prescribed to them. The provider was only able to supply evidence of two completed MAR records as others could not be located at the time of the inspection. Both sets of records stated all prescribed medicines in dispensing box were given, rather than identifying each individual medicine given. Additionally one set of records had a number of gaps which therefore meant it was an incomplete record. This was not best practice as it did not provide for a clear record and accountability as to the process that was followed by staff for the administration of medicines to people. This meant people were at risk of not receiving the medicines as they had been prescribed.

We discussed this with the registered manager who told us relatives sometimes administered medicines. However, as care workers had not used the coding system to indicate if medicines had been given by relatives or had been refused, it was unclear if they had been administered. The provider had also not identified this issue themselves.

The provider had measures in place to help protect people from potential harm. We saw evidence care workers had been trained in safeguarding adults at risk and that this topic was discussed at team meetings. The care worker we spoke with knew what action they would take if they considered someone was at risk of harm. The registered manager was able to tell us how they would escalate any concerns they had regarding individuals to the local authority.

We checked records relating to the employment of staff to make sure that as far as possible only suitable people were employed by the service. The records we looked at showed completed application forms, two references, evidence of identity and address, criminal records checks and declaration of health and medical fitness forms. The provider had a policy which stated criminal records checks should be completed every three years and the documentation we saw reflected this timeframe.

The provider continued to take measures to minimise the risk of the spread of infection. The registered manager told us appropriate personal protective equipment (PPE) such as plastic gloves and aprons were available to care workers in the local hub offices. People we spoke with confirmed the use of PPE and we saw the registered manager checked their use when they undertook spot checks of care workers.

People using the service were assessed for risks to their physical and mental health and medicines management. For example, we saw for one person who was at risk of falls there were clear instructions to care workers regarding action they were required to take in order to minimise the risks including identifying and minimising possible slip and trip hazards. In this way the provider was promoting people's safety whilst maintaining their independence. The registered manager told us they kept a log of accidents and incidents so they could monitor and analyse these and take precautionary measures when necessary.

Good

Is the service effective?

Our findings

The service provided opportunities to care workers for training. We saw evidence of an induction process during which care workers shadowed senior staff and were told about their responsibilities and the providers' systems and policies. We saw the provider had identified a number of mandatory training courses which included moving and handling and dementia awareness. These courses were undertaken by an external qualified trainer over a two day period. We spoke with the trainer who was able to tell us how they checked care workers knowledge and understanding of the training through a variety of methods after the sessions. This included the use of knowledge tests, but also one to one sessions with care workers, if necessary. We saw the provider kept a record of the training undertaken so it could be renewed in a timely manner.

We saw care workers had opportunities to meet with their peers and managers on a regular basis for support and information sharing. Minutes of team meetings were made available to us, the last meeting being held in September 2016 and covered topics ranging from reminders about time sheets and signs and symptoms of possible abuse. Team meetings were held every three months. We also saw evidence that care workers had opportunities to meet with their managers individually every two months to discuss issues relating to their work.

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.

At the last full inspection of this service in August 2015 we found the registered manager had no knowledge or understanding of MCA and how it may have impacted on people who used Enterprise Care Support. Since that full inspection we carried out a focused visit in December 2015 and saw the registered manager had attended a local authority course which covered the principles of the MCA.

At this inspection we talked with the registered manager who had an awareness of the MCA and the possible implications on their work with people who used their service. Care plans guided care workers to seek permission from people prior to providing care. Although we did note that whilst some care plans were signed by people to show they had agreed to these, many were not. .We discussed this with the registered manager who told us they would remind staff responsible for initial assessments about the importance of getting people to sign documentation to indicate their agreement with the package of care to be provided.

With regard to supporting people with their nutrition, the registered manager told us families tended to take responsibility for this themselves. They said care workers helped people by making them sandwiches, and by warming up microwavable meals and providing hot and cold drinks.

We saw the provider worked in conjunction with professionals to best meet the health needs of people. For

example, we saw a copy of a recent moving and handling assessment completed by an occupational therapist which outlined how best to support someone and included specific instructions about the use of equipment. The registered manager told us care workers were clear about what constituted a health emergency and what action they should take. The registered manager told us their role was often to monitor people's health condition and if they had concerns to raise them with office staff or the person's family who would then contact the appropriate healthcare professional to ensure people's health needs were met.

Requires Improvement

Is the service caring?

Our findings

People told us generally care workers were respectful and treated them with dignity. However, feedback from two relatives showed that the provider did not enable caring relationship to develop between care workers and people who used the service because the provider did not ensure care workers were appropriately matched to people. The relative of a person gave us an example where there was an issue regarding communication because the provider had not considered the needs of a person and ensured that a suitable care worker was placed to care for the person. As a result the person could not communicate with the care worker and make their needs understood. This meant the person and the care worker could not establish a caring relationship. The relative told us they discussed this with the provider who took appropriate action by replacing the care worker and the issue was satisfactorily resolved. We were given another example, where a relative told us about the conduct of two care workers in the person's home which was not appropriate. The relative had felt unable to raise this issue with the provider because they did not feel the provider would take the concerns seriously.

On other occasions the service tried to match people's preferences with care workers who could meet their specific and/or cultural needs. For example, the agency had a number of care workers who were able to speak other languages and they were therefore primarily placed with people who spoke the same languages. The service was able to respond to requests for gender specific care. Some care workers were also able to prepare culturally appropriate meals if requested to do so, such as vegetarian or halal meals.

We checked records to see if care was consistently provided to people by the same care workers. The records we looked at showed there was consistency for people. In one example, a person needed support from two care workers. The agency was able to provide the same primary care worker, but the additional worker was sometimes different. This meant people received care from workers they knew and who understood their needs.

The service promoted people's independence as far as possible. For example, in one care plan in relation to personal hygiene it stated, 'the care worker needed to be present to give the person confidence whilst they had a shower themselves.' We saw there were other prompts within care plans to remind care workers about the tasks people could complete themselves with encouragement so people were supported to complete these rather than care workers doing these for people.

People told us that care workers ensured their privacy when providing personal care. They also told us they felt confident care workers understood issues relating to confidentiality. We saw care workers received training about confidentiality and that people's personal information was stored in metal cabinets within the office, both of which were locked when not in use.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection of this service in August 2015 we found people's care plans contained very little information, and nothing that was personalised and specific to the individual. This meant people were at risk of receiving inappropriate care from care workers who may have been unaware of their needs.

At this inspection the care plans we viewed were more comprehensive and contained information that was specific to the individual. The provider had gathered information from a range of sources including the person themselves and healthcare professionals involved with them. Within a care plan we saw for example, a person's preferences for breakfast included 'cereal in the mornings with hot milk and sugar and coffee with sugar'. In another care plan it stated the person liked 'Indian tea' (which is made with hot milk and spices). We saw evidence that care plans were being reviewed at least annually and more frequently if necessary.

People told us they had a copy of their or their relatives care plan which outlined what care should be provided and how it should be undertaken. A care worker said they received sufficient information about a person and the care they required prior to them having to provide care to the person.

The provider was flexible and supported people to access their local community. The registered manager told us they could accompany people to their local shops or to health appointments if requested to do so. This practical support gave confidence to people and helped to reduce the risks of social isolation. The registered manager told us they also recognised the importance of a companionship role.

At the last full inspection of this service in August 2015 we found the provider did not have an up to date complaints procedure, nor did they readily make it available to people who used the service. We saw at our follow up inspection in December 2015 that the complaints policy had been revised and updated and each person using the service had received a copy of the complaints policy so they aware. We saw at this inspection that this had continued to be the case. The provider kept a log of complaints although we noted only one documented complaint had been received during 2016.

Requires Improvement

Is the service well-led?

Our findings

The service was not always as well-led as it could have been. At our last full inspection in August 2015 we rated the service as 'requires improvement'. Prior to this inspection we checked the provider's website and during the inspection we checked the premises and noted the CQC rating was not displayed on either the website not the agency's offices. In addition to not meeting a statutory requirement, this meant people seeking a service may not be in receipt of all the information they require prior to making a decision about who they receive care from.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We raised this with the registered manager who was unaware they had a performance rating and they had a legal requirement to display the rating. During the inspection, the registered manager printed the previous CQC report and displayed it in the office. They also contacted their web designer and instructed them to include the rating on the provider's website.

The provider did not have a system to monitor and ensure that people using the service were receiving their visits at the time planned for them. We received mixed feedback from people about the time-keeping of care workers. Whilst one relative told us, "They come on time. Let my mum know if they're going to be late." The majority of people we spoke with told us there was an issue about timekeeping. One relative said "Late coming in. Then they don't make up the time and so rush things," another relative said, "Timekeeping not good. So sometimes only one carer when there should be two."

We subsequently discussed this matter with the registered manager who told us this was an issue they had also identified through their spot checks. They reported they were considering a system of call monitoring. This requires the care worker to contact the office when they enter and leave a person's home. In this way the provider can identify if a care worker is late and if the person is at risk of not receiving a service, so they could make alternative arrangements for the person to receive care

Three people we spoke with did not think office staff were open and approachable. Comments we received about them included 'argumentative' and 'defensive'. One relative told us they had made a complaint and it had been listened to and acted upon. However two other people said although they had received the complaints policy and understood the process, they did not feel their views would necessary be listened to and taken seriously.

We saw within people's care plans there were completed annual satisfaction surveys all of which were positive. The registered manager told us people were given the opportunity to raise issues anonymously if they wished, by the use of postal questionnaires. The registered manager also told us that many questionnaires were completed over the telephone or whilst on home visits to people.

The provider had some measures in place to monitor the quality of the service. The registered manager told

us, and we saw evidence that each care worker had a spot check every three months. This meant senior staff could observe care whilst it was being provided to people. Senior care workers were able to ascertain if care was being provided in line with the care plan and address any shortcomings. Senior care workers were also able to identify if other protocols were being followed such as infection control, food hygiene and that care workers were wearing their identity badges. The registered manager told us about other audits such as care plans and medicines administration audits although we noted the provider had not always identified shortcomings in the service.

The service had a registered manager in post who was aware of their responsibilities. They knew when they had to notify the CQC of significant events that had taken place within the service in line with legal requirements. The registered manager was working with other professionals to improve practice within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider did not display on their website or at their premises their performance rating. This meant people might not have the information they required before making a decision to use the service. Regulation 20A (2)(3)