

Enterprise Care Support Ltd

Barnet Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Barnet Office is a home care agency which provides personal care to people living in their own homes in the community. At the time of our inspection this agency was providing a home care service to 20 people living in the London Borough of Barnet.

People's experience of using this service and what we found

The service did not always assess risks to people's safety. Where risk assessments had been carried out, these lacked instructions for staff on how to keep people safe. People experienced several missed visits due to poor staffing arrangements. The service did not ensure people's medicines were always managed appropriately and we found numerous errors with documentation.

We recommended the provider to improve their recruitment practices and ensure all checks are performed as per requirements.

We found a lack of management oversight. Systems were not robust enough to monitor the quality of service delivered to people.

People's capacity was not clearly documented and assessments did not take place. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; policies were in place but procedures in the service did not support this practice.

People and relatives were not always satisfied with how their complaints were handled. While they were able to express concerns, some relatives felt these were not dealt with satisfactorily by the service. We recommended that the provider reviews its procedures for managing complaints.

While people's needs were assessed, these were not always documented accurately. Care plans lacked details on how people's health and medical conditions impacted on the way they received care.

We have made recommendations around ensuring care plans are person centred and reflective of people's assessed care needs.

Staff followed infection control and prevention measures and people told us they felt safe. One person told us, "The carers do wear all their gear (Personal Protective Equipment) and the disposal of it afterwards is good."

People and relatives told us staff were caring and preserved people's dignity. People were able to express their views and staff maintained good working relationships with them.

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

Rating at last inspection

This service registered with us on 9 February 2021 and this was their first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about some specific areas including management oversight, medicines and risk assessments. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to assessing risks, medicines management, staffing and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Barnet Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to people using the service and their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including the registered manager, care co-ordinator and field supervisor.

We reviewed a range of records which included six people's care records, medication records, staff induction and supervision records and management information. We also looked at five staff recruitment files.

After the inspection

We spoke with six people who used the service and five relatives by telephone about their experience of the service. We also spoke to a further six care staff. We continued to seek clarification from the registered manager and spoke with the operations manager for more information. We requested further information to be sent for review including training data, quality assurance records, meeting minutes, policies and procedures. We continued to communicate with the local authority to share information.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service did not always identify risks associated with people's safety, health and care needs. For example, the registered manager did not ensure people who had health needs, such as diabetes, had risks from COVID-19 assessed.
- Where individualised risks were identified, the service did not record the risks and guidance on how to manage them. For example, a person who had swallowing difficulties and been referred to speech and language therapy for a swallowing assessment, did not have a risk assessment in place to ensure care staff were aware of those risks.
- Where the service did identify and assess certain risks, these contained no dates and/or did not provide any guidance for staff on how to safely manage those risks. For example, the risk assessment for someone who had high mobility needs did not contain any directions for staff to know how to use the hoist and what type of sling to use. This placed people at risk of harm.

Using medicines safely

- We were not assured people received their medicines safely and as prescribed. Medicines Administration Records (MAR) were inconsistent, lacked details and were not audited for errors.
- Care plans and assessment records did not provide clear information on who were supported with medicine administration. For people who received support with their medicines, three out of four care plans did not contain details of their medicines. Where people received medicines as and when required, directions were not in place to guide staff on how and when to administer these medicines.
- MARs contained a range of discrepancies including unclear staff initials, lack of instructions on medicine administration doses and insufficient personal details. Some MARs were signed but contained no information on what the medicines were. We also found MARs signed for 31 days for the month of February. This meant that the records did not match what happened in practice.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines and risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff who administer medicines had been trained and had their competence assessed by the registered manager.

Staffing and recruitment

- People and their relatives told us about several occasions when care workers did not attend to them as expected. This meant people were left at risk of harm and neglect. One person told us, "I didn't get anyone come to me on Tuesday or Wednesday this week, so I couldn't shower or put my shoes on, and one time a few weeks ago when I had a call missed without explanation." A family member told us, "Since the end of May, there have been four or five no shows, but eight overall since the service started." Another relative said, "About 3 months ago, [person] didn't get her morning call until 11am on a Sunday morning, so missed her pills."
- We looked at staff rotas and found on several occasions, staff were expected to visit more than one person at the same time as care visits overlapped from one person to another. This meant staff did not have enough time to travel from one person to another which resulted in people not receiving their specified hours of care, although most people told us staff usually phoned them if they were running late.

Whilst we found there was no evidence that people had been harmed as a result of the issues identified above, systems were either not in place or robust enough to demonstrate adequate staff deployment within the service. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the registered manager who said they were working on producing a revised roster to ensure people received their agreed hours of care. They also told us missed visits mostly happened when their electronic call monitoring system was down and they were addressing this by implementing additional systems such as timesheets and sending staff their work schedules by messages.

- The service carried out the required recruitment checks before employing staff to work with vulnerable people. Pre-employment checks included staff interviews, confirmation of identity, conduct in previous employment and criminal records.
- However, we found staff references from previous employment contained limited information and the service did not explore those further. Also, most of the references we saw on staff's files were from organisations not listed on their application forms. The registered manager told us they had to seek references from other sources when some employers did not meet their requests, but this was not evidenced. On a few occasions, we found staff to have started work before their Disclosure and Barring Service checks had been carried out.

We recommend the provider consider current guidance on following effective recruitment procedures to ensure persons employed meet the required conditions.

- People and relatives expressed concerns about some of the staff who could not speak English adequately to understand them. A family member told us, "One or two of the ladies [staff] really can't speak any English so it's impossible to communicate what I want." Some staff struggled to understand the questions we asked.
- We raised this with the registered manager who told us they were looking at making changes to their staffing arrangements and supporting staff with their communication needs.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe when receiving care. One person told us, "So far, I trust them. No one shouts at me or anything nasty." Another person said, "I've got confidence in them. They're quite discreet and obviously experienced. I can't manage without their help and it's working out quite well."
- Staff had received training in safeguarding people and knew how and when to raise any concerns. One staff member told us, "If I notice something suspicious, I ask them [person] first. If the person has dementia, I

inform the next of kin. I then inform office and call for ambulance or police if needed."

- The registered manager understood their responsibilities to ensure people's safety and report concerns to relevant authorities.

Preventing and controlling infection

- The provider adhered to current guidelines to ensure people were protected from infections. Policies and procedures were in place to support this.
- All staff confirmed they had enough Personal Protective Equipment (PPE) to carry out their work safely. People also confirmed their support workers wore face masks, aprons and gloves, and disposed of them appropriately after use.
- The registered manager ensured all staff had access to regular COVID-19 testing in accordance to government guidelines.

Learning lessons when things go wrong

- The service held regular staff meetings where the team discussed anything that went wrong and what they could do to make improvements. Staff told us they had the opportunity to share feedback and make suggestions.
- Staff reported and documented accidents and 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs initially assessed by a member of staff at the start of their care. Assessments covered areas such as personal care, health, emotional well-being and nutrition.
- The service produced a care plan for each individual highlighting what their needs were and how to support them. A care supervisor reviewed people's needs as and when needed.
- However, we found instances where assessments were not dated and did not contain clear information on people's actual needs. For example, information found in people's care plans did not always reflect initial assessments carried out by the funding authority, or if there had been changes to people's needs, these were not clearly documented. For example, a person who was diagnosed with Alzheimer's disease, had anxiety disorder and displayed verbal aggression, as assessed previously, did not have any of these mentioned in their current care records.

We recommend the provider ensures people's needs and changes identified during reviews are clearly reflected in their care plans.

- The registered manager assured us they were in the process of reviewing the effectiveness of people's care plans to ensure they were accurate and up to date.

Staff support: induction, training, skills and experience

- The provider was equipped to deliver training internally and staff told us they received training regularly. One person said, "I would say most of them [carers] know what they are doing, but some are more effective than others."
- New employees told us they went through an induction process at the start of their employment, comprising of shadowing shifts, completing mandatory training and having their roles and responsibilities explained. However, induction records were unclear and training matrices did not show when staff training needed to be refreshed.
- Staff told us they were supported through regular supervisions. One staff said, "I feel supported by them [management], they don't disturb you at all as long as you do your work. They always answer to calls and emails." However, staff supervision records did not support this as these were only documented as checklists and did not contain full accounts of any discussions or development plans. This meant supervisors would be unable to monitor progress accurately to ensure staff were given the right support.
- We discussed these with the registered manager who explained they were working on implementing new and better ways of recording and presenting information.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans contained information on their food preferences and allergies. For example, one person only ate Kosher food and chose not to eat certain foods, which were clearly listed.
- Most people, or their families, arranged their own healthcare appointments. Staff told us they would contact the office, who would then liaise with the relatives, if people were unwell.
- The registered manager told us they maintained a good working relationship with social workers and GPs. While the service did not keep records of meetings with other agencies, the registered manager showed us interactions with professionals in the form of e-mails.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We were not assured the service fully understood and worked within the principles of the MCA. We found inconsistencies around how people consented to their care and people's capacity were not always clearly documented.
- No capacity assessments or best interest decisions were recorded for people who had been previously assessed as lacking capacity. We discussed this with the registered manager and they assured us all care plans would be reviewed and updated to include appropriate assessments and information on people's capacity.
- Staff received training in MCA and demonstrated an understanding of the subject. They spoke to us about how they obtained consent from people and how they engaged in conversation with them while providing care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Most people and their relatives spoke positively about the caring nature of the staff team. A person told us, "We have a routine and she [carer] knows what to do, she's nice. They're nice people, I feel at home with them, kind and chatty."
- Staff respected people's differences and supported them according to their individual needs. The service ensured people had the choice to be supported by male or female care workers. A relative told us, "[Person] is a bit deaf, but most of them [care workers] persevere and have got to know her."
- Care staff spoke to us about how they maintained a respectable and amicable relationship with people and their relatives. A care worker told us they treated people the same way they treated their own families. A relative said, "The carer is very kind. Today she noticed that [person] was running out of milk and bread, so offered to get some and bring it to the next call as she knew I was not going to be visiting her today. She leaves the receipt and I leave the cash. It works well."

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

- Care supervisors carried out regular visits to people's homes to seek feedback on their care. We saw records of discussions around matters such as independence, complaints, safety, care workers, dignity and respect, punctuality of carers and expectations.
- The registered manager told us they phoned people regularly to obtain their views on the care they receive. People we spoke with confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us how care staff respected their privacy and dignity. One person said, "They're quite discreet and obviously experienced, they help me maintain my dignity even with the intimate nature of the care they give."
- Care staff explained to us how they remained patient and calm even when people became agitated and offensive. They also told us how they promoted people's independence by allowing them to do things for themselves if they can. For example, one person who struggled to open their medicines' box told us how their care worker offered them minimal support so they can then take their tablets by themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most care plans lacked individuality and did not highlight people's preferences such as routines and things important to them.
- Some care plans and assessments lacked specific details on how staff should support them with daily tasks such as moving and transfers, personal care and eating and drinking. People's daily notes did not provide a clear description of their moods and wellbeing, or the type care they received, as these were in a checkbox form.

We recommend the provider seeks guidance and advice from a reputable source, in relation to person-centred care planning.

- We discussed this with the registered manager who acknowledged what individualised care meant. The registered manager assured us they were in the course of reviewing people's care plans to make them more personalised.
- We saw examples of referrals made to different agencies in response to people's changing needs. Staff told us how they supported people according to their individual needs and knew so by communicating with them and their relatives. A relative told us, "The carers have built a rapport with [person]. They have also got to know her ways because she is partially blind and can be a bit frosty and particular until she gets to know you."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans and assessments did not always contain information about people's communication needs. This meant staff were not provided with clear information on who needed support with communication and how to support them.
- The registered manager gave us an example of a person who had a hearing impairment and where some staff would reinforce communication with them by writing. However, this was not documented in their care plan for the entire staff team to be aware of. There was also no evidence that alternative methods of communication were explored to support this person more effectively.
- We discussed this with the registered manager who said they were in the process of reviewing care plans to include up to date details on people's communication needs.

Improving care quality in response to complaints or concerns

- We were not assured processes were efficient enough to ensure complaints were recorded, investigated and outcomes communicated accordingly, in line with the organisation's policies and procedures.
- Relatives spoke to us about the number of occasions they have complained but not heard back from the service. We reviewed the complaints log but only found one entry which meant records were inconsistent with what relatives told us. One relative said, "I've made several complaints. So far, not got anything other than 'just give it another go'."
- The service provided people with sufficient information regarding how to make a complaint, including relevant contact details. People told us they have a number to call if they need to make a complaint.

We recommend the provider reviews its procedures for recording and acting on complaints.

End of life care and support

- The registered manager confirmed the service was not providing end of life care to anyone at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found a lack of quality monitoring systems to ensure care was delivered effectively and in line with standards. Care supervisors carried out spot checks to people's homes to assess the care and treatment they received but these were not sufficient to identify issues with risk assessments and medicines management. Systems were not robust enough to recognise issues with staff rotas, record keeping, care planning and recruitment.
- We were not assured about the management structure of the service. Management oversight was poor which meant staff were unclear about their responsibilities. For example, it was unclear whose responsibility it was to notify CQC of certain events, and no systems were in place to monitor these.
- People and their relatives told us about an instability within the staff team. A family member said, "They seem to have quite a staff turnover, even at the office. [Management staff] resigned 2 weeks or so ago and was supposed to be calling me back about the problems we were experiencing. She just disappeared."
- The service did not keep clear records of missed visits and the number of these were unaccounted for. People and their relatives raised concerns about missed visits and told us how they found the provider's responses to be unsatisfactory. One person told us, "I didn't ring to complain when they didn't come this week as I know they have been short staffed so just thought they didn't have anyone to send me. Nobody called from the office to explain."
- Records such as care plans, assessments and care notes were not always signed and dated. There was no evidence that these records were being checked for quality assurance.

Whilst we found there was no evidence that people had been harmed as a result of the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the registered manager who told us they were working on improving their documentation and have sent us a schedule of quality assurance checks they were planning to implement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received mixed feedback from people and relatives regarding how they feel about the service. Some

felt unsure about the quality of care they received and management presence. One person told us, "It would be nice to get to know them [carers] more, but they change all the time, so that doesn't really happen." A family member said, "I have never met, nor have any knowledge of the owners, but my confidence is very shaky at the moment and I am concerned for mum's wellbeing."

- Other people told us they trusted the staff and a family member said, "The regular carer has got to know Mum and seems to enjoy her job, so it's nice having her around I think."
- Most staff told us they felt supported by the management team and felt able to express their views.
- The registered manager understood their legal responsibility to be open and honest with people, families and professionals when issues arose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We found a lack of diversity within the staff team which did not reflect the cultural needs of people using the service. The registered manager acknowledged this issue and told us they were reviewing their current staffing arrangements to promote equality and a fair culture for everyone.
- Most people and relatives told us they were regularly contacted for feedback on the service. One person told us, "The manager phones quite regularly. We've had several visits to check how things are going. They are supporting my application to move to sheltered housing." A relative said, "I believe the office have rung home before now to ask if everything was ok."
- The service held regular team meetings and staff told us they communicated frequently with the office and with relatives to discuss people's care and needs. One staff told us, "They [office staff] always answer to calls and emails. I have seen supervisors at clients house, asking questions about their care."
- The service worked in partnership with other professionals and agencies, such as social workers, GPs and community nursing team.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure risks relating to people's health and welfare were properly assessed and documented. Clear guidance was not always available for staff to support people safely. The provider did not always ensure people's medicines were safely managed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff were deployed effectively to meet people's needs as expected. Training and induction records were not clear.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place or operated effectively to ensure: quality and safety of services provided were assessed and monitored; risks relating to the health, safety and welfare of people were properly assessed, monitored and recorded; records in relation to people's care, treatment and medicines were clear and accurate; recruitment procedures were fully complied with; staffing arrangements were effective to meet people's needs. This placed people at an increased risk of harm.

The enforcement action we took:

We issued the provider with a warning notice and a period of 60 days to ensure all issues identified and highlighted in this report were fully addressed.