

Ency Care Limited

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Inspection report

Cavendish House
Plumpton Road
Hoddesdon
Hertfordshire
EN11 0LB

Tel: 07438103862

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ency Care Limited is a domiciliary care agency providing personal care to two people in their own homes at the time of the inspection.

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

People's relatives told us they felt their family members were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were completed. Medicines were managed appropriately, and staff knew how to report any concerns about a person's safety or welfare. People told us staff arrived when they should, stayed for the required time and did not miss visits.

Staff received relevant training for their role and people felt they had the right knowledge and skills. Staff felt supported by the management team. People told us staff respected their preferences and choices. People were asked for their consent before receiving support and the principles of the Mental Capacity Act were followed.

People's relatives told us staff were kind and caring. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. Care plans included information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, relatives and staff were asked for their views about the service and felt listened to. There were monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 was registered with us on 28 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ency Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 July 2022 and ended on 4 August 2022.

What we did before inspection

We reviewed information we had received about the service since their registration. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We received feedback from two relatives about their experience of the care provided to their family members. We received feedback from three members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were safe receiving support from the service.
- The registered manager knew safeguarding incidents had to be reported when needed. However, at the time of the inspection, there had not been any safeguarding incidents.
- Staff were aware what abuse might look like and knew how to report any concerns they had within the service or externally. Staff told us they could raise any concerns with the management team.

Assessing risk, safety monitoring and management

- People's relatives told us staff worked safely.
- People's individual risks were assessed. These were reviewed and updated following an incident, for example a fall, or change in needs.
- Staff told us that the management team was regularly checking they were working safely. The manager worked alongside staff members to help cover visits to people when needed.

Staffing and recruitment

- People's relatives told us there were enough staff available to meet their family member's needs. They told us there had not been any missed care visits, did not cut visits short and records showed that staff provided people's care within agreed timeframes. A staff member said, "There are enough staff. If there are delays from one client to another, the client's relatives are contacted by my manager to let them know. We have never missed calls."
- The service had a recruitment process which included checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people. One staff member said, "I did my application forms and sent my documents through to process my recruitment. I had an interview, had my references checked. Had DBS (criminal record check) done by Ency Care. I completed my COVID-19 vaccination. I had my training and induction."

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments.
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed.
- The management team carried out spot checks and audits to help ensure medicines were managed safely.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance. People told us that staff used their personal protective equipment (PPE) and washed their hands when they arrived.
- Staff told us they had access to a regular supply of PPE. They were clear on what was needed to promote good infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly.

Learning lessons when things go wrong

- The provider had systems in place to help ensure learning from events, incidents or accidents.
- The learning from these events was shared with staff during training and meetings. One staff member said, "I am always kept up to date about changes to policies and procedures or legislation. I do get information about how to report any safeguarding or accidents or complaints but have not had any."

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People's relatives told us the service was well prepared to meet their needs.
- A member of the management team remained in contact with people and their relatives to ensure the planned care package was working well.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained and knowledgeable for their role. One relative said, "The carers are all experienced and well trained and have been very happy to show me the best way to help [person] especially when we all decided to [change the care visits]."
- Staff received training in areas relevant to their role. Staff had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt supported. One staff member said, "I have enough training and support. I have had competency checked. I do have regular supervision with my line manager."
- New staff had a full induction. This included training, shadowing experienced staff members and reading the care plans of people they would be supporting, as well as getting to know them.

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

- People's relatives said staff supported them well with eating and drinking when needed.
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately. One staff member said, "I do support the clients with eating and drinking and make sure they are sitting upright."

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

- Staff supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support. One staff member said, "I will take action depending on their condition at that moment. Will either report to the manager at once, or his/her GP/district nurses. I can call the ambulance service if it is an emergency before calling others,

including the next of kin of the client."

- We were told by relatives that the management and staff team managed health needs well. One relative said, "They are very conscientious about keeping health, attendance and medication records."

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.

- People's relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan.
- People had mental capacity assessments completed when needed. Where relatives had power of attorney, a copy of this was sought by the provider to ensure they had the appropriate authority to make decisions.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. One staff member said, "I have done Mental Capacity Act training. I assume everyone has capacity unless I am informed by health professionals that the person does not have capacity."

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

- People and their relatives told us that staff always treated people well and they felt respected. A relative told us, "The carers have built a very close relationship with [person] and they always respond to whatever they want or need." Another relative described the service as, "Personal and friendly."
- People were supported by staff who had taken the time to get to know them well.
- Staff told us they were encouraged to get to know people and what was important to them. The support was tailored to meet changing needs and help people and their family in the way that which suited their lifestyles, preferences and wishes.

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

- People and their relatives told us they were involved in decisions about their care. One relative said, "We have both always been involved in any decisions regarding reducing the care arrangements."
- People's care plans included a record of people's involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People's relatives said that staff promoted people's privacy, dignity and independence.
- Staff supported people to maintain and improve their independence. One relative said, "They have helped them to recover to the extent that they now only require help three times a week."

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 good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were happy with the care they received and felt they were supported in their chosen way, that promoted their wellbeing. One relative said, "Ency Care started helping [person] to shower and dress but after a stay in hospital required 24-hour care. Ency Care were outstanding in providing, a live-in carer for four months plus four daily visits with two people at a few days' notice. This enabled person to come home."
- Care plans were detailed and gave information to staff so they could support people safely and appropriately. Staff told us they felt the care and support they provided was tailored to individual needs. One staff member said, "I have confidence that we provide person centred care to our clients."

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.

- When the care plan is developed at the start of supporting a person, they discuss any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People's relatives told us that staff communicated well and in a way that met their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We were told that staff spent time chatting with people and got to know their family members too. The registered manager told us staff were encouraged to spend time getting to know what people enjoyed doing to help support them with this.

Improving care quality in response to complaints or concerns

- People's relatives told us they had not had any complaints, but all said they would be confident to do so if the need arose.
- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved.

End of life care and support

- The service had not yet needed to support people at the end of their life. However, the registered manager

and staff engaged with visiting healthcare professionals so this would help ensure their needs were met should it arise.

- Staff were not yet trained in how to support someone at the end of their life, but the registered manager had this planned through a local care providers association. In addition, staff knew people and their relatives well so this would support people during a difficult time.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said the manager was approachable, friendly and accommodating.
- Feedback about the culture and approach of the service was very positive. A relative said, "We consider ourselves extremely lucky that we got in touch with [registered manager] and their team of cheerful, proficient and friendly carers and would not hesitate to recommend them."
- Staff told us the service had a person-centred approach and they enjoyed working for them. A staff member told us, "I do find the service runs smoothly and get good support from the team. I do feel I can easily approach my line manager for help and am happy to improve my learning. I am happy to continue working for Ency Care and have nothing else I think that could be better at the moment."

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

- The registered manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their feedback. One staff member said, "Ency Care being a small care company is run with good attention to detail, both towards the clients and the staff. I can say the managers look after the carers well. They want the carers to grow with the company so it will be better if the company increase their call hours with more clients for us to look after."
- The registered manager supported care staff with visits to understand what service was provided and to help ensure people knew they could speak with them.
- The registered manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable. One staff member said, "The service runs strictly on guidelines and the managers always carry out spot checks by walking into calls at random."
- There were audits across all key areas of the service. For example, COVID-19, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.

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

- People's relatives were positive about how the service engaged with them and they felt their views were listened to. One relative said, "We have a close relationship with the manager, and they have always been

extremely helpful and visits regularly and we discuss the best way forward on a regular basis." Feedback about this was positive as allowed for effective communication, helped to develop relationships and they felt listened to and included in their care.

- People's feedback was sought through quality assurance calls or visits with the management team. The feedback was collated so any actions could be developed. One relative told us, "The manager has visited several times to ensure service is good and we have spoken on phone."
- Staff feedback was sought through surveys and observed practice sessions with the manager. Staff were positive about the service and the management team. One staff member said, "My opinions are taken and discussed whenever I present them. I get asked questions often."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were providing opportunities for further training for staff to help build their knowledge and skills. The registered manager was hoping to start making contact with the local authority.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. This included district nurses, speech and language therapists and physiotherapists.
- The registered manager said they discussed people's progress with the professionals and family members as appropriate to help ensure they continued to meet people's needs appropriately.