Enterprise Care Group Ltd

Enterprise Homecare

Inspection report

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Date of inspection visit:
21 March 2017
24 March 2017

Date of publication:
12 July 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an inspection of Enterprise Homecare on 21 and 24 March 2017. The first day of inspection was unannounced.

Enterprise Homecare is a domiciliary care service providing personal care and support to people living in their own homes. The length of visits for care and support vary depending on the assessed needs of people with calls ranging from 15 minutes or more. Some packages of care involved assistance with medicines.

At the time of the inspection the service was supporting 269 people within local communities of Manchester. We last inspected the service on 9 and 11 August 2016 and we judged the service to be inadequate overall.

There was a registered manager in post. 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.

The overall rating for this service is 'requires improvement' however the service remains in 'special measures' as there is still a rating of inadequate for the well led key question. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At the last inspection we saw that risk assessments were recorded on a basic, generic document completed for all in respect of moving and handling, environment, medicines and mobility. Some improvements were noted at this inspection in relation to risk assessments personal to individuals, for example those with high mobility needs detailed any equipment they might need to use to reduce the risks of falls. Identified risks were input onto the computer system. These then appeared as notes on care schedules which were distributed to staff electronically on a weekly basis so that staff were aware of risks posed to people.
We identified delays in the formulation of risk assessments for a new support package. We saw that an individual's particular condition was identified and documented in the care plan but there was not yet a risk assessment in place to assist staff with this.

We saw that people weren't always protected from avoidable harm. During the inspection we checked to see how the service protected vulnerable people against abuse and if staff knew what to do if they suspected abuse. There was an up to date safeguarding vulnerable adult's policy in place. However we witnessed delays in the office staff reporting a safeguarding concern raised by a care worker at the time of our inspection and the manager had not been made aware of a potential financial abuse concern raised with the agency prior to this inspection .

Staff received training in the administration of medicines during induction. Packages of care focused on staff prompting people with medicines, however we identified occasions when staff administered medicines. The registered manager recognised that the company policy needed to be updated to fully reflect this.

The service was working to the principles of the Mental Capacity Act, 2005 and staff received formal training on MCA during their induction and with refresher training. Staff understood the need to seek a person's consent prior to carrying out care tasks.

The service had robust recruitment processes which included the completion of pre-employment checks prior to a new member of staff working at the service. This helped to ensure that staff members employed to support people were suitable and fit to do so. We saw evidence of the induction process and staff were complimentary of the training they received.

Information recorded in the care files provided minimal information about the person. They lacked details about the person. All the care files had the generic outcome noted as 'to be clean, comfortable and safe'. There were no personal profiles on the files we looked at but we saw evidence of people's interests and social activities recorded in care plans.

People told us they were given choices and were involved with planning their support. The service was able to offer gender-specific choices for personal care and support and we saw care plans with people's preferences documented.

The registered manager told us there were plans to introduce life histories paperwork that would provide care staff with a brief history about the person's life, including things that were important to them.

Feedback with regards to the consistency of staff was varied. People we visited who were on regular runs told us that the staff team was consistent, particularly during the week but less so at weekends.

The service had a complaints policy in place and we could see that most people we spoke with using the service were aware of how to make a complaint. People we contacted as part of the inspection process did not feel that their complaints were acknowledged properly or always dealt with effectively. One person provided feedback about a complaint made to the service that had not been acknowledged. This person was not included on either of the complaint logs we were sent following the inspection. The service had received compliments from people which had been raised direct with the service and in reviews undertaken by commissioners.

People were critical about how the office was run and told us that communication could be better. Staff were complimentary of the manager but less so about how the service was run. Staff working evening shifts considered there was little support provided out of hours.

The service distributed feedback questionnaires. Feedback from people using the service showed us that

the service could demonstrate some improvements since the last inspection but there were still areas of service delivery that required improvement.

During this inspection we found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

Staff were able to describe the action they would take to protect people at risk of harm or abuse. Not all practices safeguarded people from abuse and improper treatment.

Some improvements had been made with regards to the usage of the electronic monitoring system. Care was inconsistent at weekends.

Medicines were being administered and recorded safely, however the medicines policy needed to reflect that staff were not just prompting but were administering medicines on occasions.

Recruitment processes were robust. All pre-employment checks were undertaken including DBS checks.

Is the service effective?

Requires Improvement

The service was not always effective.

People identified problems once regular care workers were off for any reason and during the weekends.

Supervisions were carried out regularly for all staff.

Staff were pro-active and acted in people's best interests to help them maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring

People and their relatives considered regular staff to be caring. Some practices of the service and staff were not always caring.

Care workers we spoke with demonstrated their understanding of how to maintain people's dignity.

People were encouraged to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints and concerns had been investigated, but not always dealt with effectively. People were not always satisfied after making a complaint.

Care workers were more consistent during weekday visits. People told us that weekend support was not as consistent.

People told us that they had reviews of care and were involved in this process. It was not clear if the care plans we looked at had been reviewed.

Is the service well-led?

Inadequate

The service was not well led.

There were systems in place to monitor the quality of the service and to drive further improvements; however we found a continued breach of regulation 17 and some audits were not always effective.

We identified rota issues with the provision of care and support particularly during the weekends

People were critical about how the office was run. Staff were complimentary of the registered manager but less so about how the service was run.

People received questionnaires asking for their feedback. Comments on these demonstrated some improvements since the last inspection.

Enterprise Homecare

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.

This inspection took place on 21 and 24 March 2017 and the first day was unannounced. The inspection team consisted of two inspectors on the first day of inspection. The inspection included visits to the home care agency's premises and to people in their own homes. Two experts by experience contacted 16 people, eight relatives and seven staff by telephone and spoke with them to obtain feedback about the quality of the service. An expert-by-experience is a person who has personal experience of using services or caring for someone who uses this type of care service. The previous inspection took place in August 2016 and the service was rated as inadequate.

Before the inspection we asked the provider to complete 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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We spoke with commissioners of the service to gather their views of the care and service and contacted health care professionals who had had recent involvement with the service.

During our inspection we spoke with the registered manager, two care co-ordinators, a training and recruitment officer and four care workers. At the time of our visit the service was providing personal care and support to 269 people. There were 81 members of staff employed by the company at the time of our inspection. This number included five members of staff who were not employed in a caring role and three new members of staff currently going through the induction process.

We spent the first day of the inspection at the provider's registered address speaking with staff and looking at records. These included five people's care records, five staff recruitment files, staff training records, supervision records, various policies and procedures and other documents relating to the management of

the service.

On the second day of inspection we visited five people who used the service in their own homes and spoke with four relatives; one visit included meeting two staff who were there to provide support for a person. We looked at paperwork relating to people's care after obtaining the individual's permission.

Requires Improvement

Is the service safe?

Our findings

We asked people using the service and their relatives whether they felt safe when the care staff were visiting. We received positive comments about the service. People told us, "I have never felt unsafe with the carers. When they are here they seem to know what they are doing"; "Safety is fine – I always feel safe in the presence of care workers"; "I feel very safe" and "My [relative] is safe; they always send two to hoist them." A relative we spoke with did express that they were happy with the safety element but added, "I have other issues. I am not happy."

We received a variety of feedback about the reliability of calls. People we spoke with were less happy with the service during the weekend period or when regular carers were off, due to sickness or when staff were on holiday. One person told us, "On weekends it's not as good and I never know who is coming." This was supported by what staff we spoke with told us. One person said, "They over load staff who work at the weekend. It's not fair for the service users."

Electronic call monitoring was being used by the service at the time of our inspection. At our last inspection we identified that staff were not always using this system correctly and people were not receiving the allocated amount of time for the majority of visits. This was not good practice as the electronic call monitoring system could not be relied upon to help monitor the safety of people who used the service. The provider could evidence some improvements that had been implemented regarding the usage of the electronic call monitoring system since the last inspection and other mechanisms that were to be introduced to ensure the safety of people using the service.

The service had allocated each care visit to a particular 'run' based on a number of factors, for example geographical location and single or double support needs. This had provided some consistency for people receiving the service as staff were allocated to particular 'runs.' This was confirmed when we visited people on one particular run. People told us, "It's the same carers mostly unless they're on holiday"; "We know their names and everything" and "Yes [the care workers are] regular at the moment. I've had them a while." This meant that people were likely to know their care workers well and that could potentially affect how safe they would feel.

We saw evidence that care workers on particular runs during the week had been allocated an amount of travel time between calls. Some visits on the electronic monitoring system included a five minute gap between calls to enable staff to travel to the next person and log into the system. People on a set run were complimentary of regular care workers and told us they were usually on time and stayed for the expected length of time. One relative told us, "Sometimes they can be a bit late depending on what's happened. If they're late they let us know."

This was not reflected in weekend call logs however, as there were no gaps between weekend visits on the electronic logs we looked at during and after the inspection. People we spoke with expressed concern about care provided at weekends or when regular care staff were off. One person told us, "During the weekday, no problems. Weekends they can come all different times." The service had identified the need for additional

senior support and at the time of the inspection were in the process of recruiting four senior care workers. The registered manager told us these additional staffing resources would be on stand by at weekends and available to provide personal care to people, allowing people to receive timely care. Whilst we could see that the service was taking action to increase the availability of staffing resources at the weekend this had not been achieved within acceptable timescales. It had been seven months since the last inspection when we had identified the need for additional staff. The implementation of this had been delayed and we concluded this demonstrated a continued breach of Regulation 17, Good governance; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the care workers we spoke with to describe the forms of abuse people using the service might be vulnerable to and they could. Care workers also said they would report any suspicions of abuse to their managers. One care worker told us, "There are different types of abuse, some are easier to spot than others. I've never had to deal with anything like that yet but if I did see anything, or suspect anything, I'd alert my line manager straight away."

Care workers did report concerns they had about the people they supported to the registered manager and this was witnessed during our inspection, when a member of care staff came into the office and spoke with a care co-ordinator about a concern. A person they supported had reported to them that they weren't happy with a situation that could potentially put them at risk of harm. The staff member advised us they had shared the information earlier that day with a senior care worker at Enterprise Homecare and also with the warden where the person lived. No immediate response had been taken by office staff, so we advised that this was a safeguarding matter and needed to be reported immediately. We heard the care coordinator attempt to contact the person's social worker, however they were not available. A message was left for the social worker but at no point was it mentioned that this was a safeguarding referral, nor was the potential urgency of the situation highlighted. It was only when the registered manager became aware of the situation that this was properly addressed. The registered manager instructed office staff to report it as a safeguarding concern through the appropriate channels. We were confident that care workers were vigilant in terms of identifying and reporting any concerns they had regarding the people they supported. As outlined in the company procedures we saw, staff were expected to have an awareness of the local authority's safeguarding processes and to document and follow through all safeguarding concerns. We were less confident about whether office-based staff were aware of these reporting processes, due to the lack of priority given to reporting this safeguarding concern raised by a care worker.

We were informed by a person's representative we spoke with about the potential theft of money from a person. This had happened a couple of weeks prior to the inspection. The representative told us they had reported this to the agency and said, "We've not heard anything back about the missing money – whether they [the agency] were looking into it or not." We brought this to the manager's attention as part of the inspection feedback. They told us they were not aware of the incident. As this safeguarding concern had not been reported to the manager no action had been taken to investigate the matter and people had potentially been at risk of financial abuse.

Some people who used the service lived alone and staff required the use of a key to access their house. We saw that keys were appropriately stored in a 'key safe' outside one house we visited and the majority of the people we spoke with were satisfied with the way this was managed. One person however told us, "Some agency staff do not know the key safe number to get in. They shout for me to tell them the number. I do not feel safe to shout the number out and I tell them to ring the office." The provider needs to ensure that all staff are provided with the necessary information so that they can access the property and provide appropriate care and support.
The lack of understanding displayed by office staff in relation to reporting safeguarding concerns to the local

authority, the omission in reporting a safeguarding concern to the registered manager and the improper use of the key safe placed people at risk of potential harm. We concluded this demonstrated a breach of Regulation 13 – Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection in August 2016 people had been approached to consent to care workers using the call monitoring facility in their homes. The benefits of allowing staff to use the person's telephone to do this had been explained in detail. Consent forms were on file and had been signed by people or their representatives to say they had no objection to staff using their telephone to log in and out at the start and end of visits. The service explained they were in the process of introducing new handheld mobile telephone for all care workers so there would be no need to use people's personal telephones to log in and out of calls. We were provided with evidence that telephones were on order and a meeting with staff had been arranged during April 2017 to implement the new system. This would increase the usage of electronic call monitoring help to keep people safe and assist the registered manager to drive up the quality of the service.

We saw evidence that the service had refused packages of care offered to them by commissioners. The registered manager told us that if the service did not have the resources to undertake all visits as per the care plan then these were declined. This gave us some assurances that the service was prioritising the safety of people and declining packages of care if these could not be managed.

At the last inspection care plans we looked at contained information in relation to risks that had been identified for individuals, however we found there was not enough information made available to care staff to fully outline what actions carers could and should take to reduce the risks posed to individuals. At this inspection we found improvements had been made in this aspect although there was still an omission in the identification of risk with a new package of care we looked at.

Care plans we looked at contained information in relation to risks that had been identified for individuals for example in relation to mobility, nutrition, the administration of medicines and in the event of a fire. At the last inspection we saw that risk assessments were recorded on a basic, generic document completed for all in respect of moving and handling, environment, medicines and mobility. Some improvements were noted at this inspection in relation to risk assessments personal to individuals, for example we saw that risk assessments for those with high mobility needs detailed any equipment they might need to use to reduce the risks of falls. Identified risks were input onto the computer system. These then appeared as notes on care schedules which were distributed to staff electronically on a weekly basis. We saw examples of three printed care schedules. One visit alerted care workers that a person used a zimmer frame to mobilise around the house. Staff were to ensure that this was left within the person's reach before they left each call. This note appeared on each separate visit for the individual in question so that all staff undertaking those visits were aware of the risks and what to do to reduce them. Other examples included repositioning a person on each visit due to having pressure sores and making sure people were left wearing their pendant alarms so that help could be called in the event of a fall or emergency.

We looked at a relatively new support package. During the pre-assessment it had been identified that a person had diabetes, a hip replacement and a diagnosis of alzheimers. and we saw this recorded in the care plan. With regards to the person's diabetes condition there was not yet a risk assessment in place for this and no information on the computerised system to inform staff what signs or symptoms to look out for if the person was becoming unwell. We spoke with the registered manager about providing staff with the information in a timely manner to ensure they were provided with enough information on how to mitigate any risks posed to individuals.

Some of the people using the service were supported with their medicines. We saw in files kept at the office that a detailed list of people's medication was gathered during the assessment process. This was done for everybody using the service not just for those people requiring assistance with medicines, which was good practice. However we did not see this list of medicines replicated on support plans in people's homes who required assistance with medicines. We brought this to the registered manager's attention who told us this would be put in place. We will check on this at our next inspection.

Staff had received training on how to support people to manage their medicines. Staff supported people by prompting or reminding individuals to take their medicines and commissioned care plans indicated that only prompting was required by care workers. However we identified some packages of care that required staff to administer medication and people and staff we spoke with confirmed this. When we visited a person in their own home we looked at their care plan, after being given permission to do so. We saw that tablets were blister packed and were being administered by staff. Staff were recording on the combined medicine administration records (MAR) and daily notes document that blister packed medicines had been administered. We discussed with the registered manager how the medicines policy could be more robust and the manager assured us that the medicines policy would be re-visited and updated to reflect that staff were administering as well as prompting. We will check on this at our next inspection.

We checked the service's recruitment procedures to see if staff employed in the service were suitable to work in the caring profession. We looked at the recruitment records for five care workers. The personnel files we looked at contained appropriate documents in relation to the recruitment process including the original application form and written references.

Proof of identity was obtained from each member of staff, including copies of passports and evidence of the right to work in the uk where necessary. We saw that company policies contained telephone numbers of organisations that could verify this if the provider felt it necessary to check
All files we checked had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. We were told that a recent new recruit had completed their induction training but were still not yet allowed to complete the shadow shift to be assessed as competent in the caring role. This was because the service had not yet received a second reference for the member of staff, which was being followed up during our inspection. This showed the service carried out the necessary checks on staff to make sure thay were suitably trained and safe to work with vulnerable people.

All the people using the service received assistance from care workers with their personal care, for example, with washing and dressing and continence. We asked people and their relatives if care workers used personal protective equipment, such as gloves and aprons, when assisting with personal care. All of the people we spoke with said that care workers did use gloves and aprons. One person we visited told us, "They always wear gloves. That's the first thing they do when they come in." Staff we spoke with confirmed they always had access to personal protective equipment and we saw members of staff collecting supplies from the office during our inspection. We were assured that staff were aware of infection control and took measures to prevent cross-infections occurring.

Requires Improvement

Is the service effective?

Our findings

People we visited and their relatives told us that they considered the service to be effective; they trusted the care staff and told us that they had the right skills and attitude for the caring role. People we visited told us, "I have marvellous care workers"; "They have the right skills" and "They're very good."

However this was not always the case with the people we spoke with as part of the inspection process. People identified problems once regular care workers were off for any reason and during the weekends and said, "The regular person doesn't clock watch. She's excellent [but] it's not the same when she's off"; "They never come on time, particularly at tea time"; "Skills do vary at the weekend, weekends are a problem." Staff we spoke with also felt pressurised at times and told us, "I don't think there are enough staff," and "Due to the rushed rotas [it's] hard to build up a relationship with the service user on a weekend – quality is really affected." This meant that at times the service was not always effective in meeting people's needs.

Successful recruits were provided with an induction workbook at the start of their employment. Elements within this related to priciples of care, safeguarding, promoting independence at meal times and the expectations of a support worker. Once completed and signed off these were retained on the staff personnel files. We saw new recruits undertaking an induction session on the day of our inspection and viewed a completed workbook at the end of the session. Staff we spoke with were complimentary of the induction and on- going training. Staff told us, "My induction was much more thorough than I expected" and "I had training with different types of equipment like hoists, rotundas and lifting belts." We were confident that staff received a robust induction prior to providing personal care.

We saw a training matrix which outlined all training staff had undertaken to date and this was colour coded to indicate when refresher training was due. We saw that all staff had completed medication principles and safeguarding training which was currently valid. We spoke with the registered manager about the medicines training given that staff were not only prompting but also administering medicines. We looked at a new member of staff's induction booklet who had completed medicines training on the day of the inspection. We were assured that the current training programme covered aspects of medicines administration and saw the workbook included a sample Medicines Administration Record (MAR) for staff to complete during induction so that competency in recording could also be verified.

Staff received supervisions twice a year as well as an annual appraisal. One of the supervisions was completed as a 'spot check' visit with a person they support. This meant a senior member of staff would observe them in their caring role, which allowed them to address any concerns with regards to the way in which they provided care and support. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting.

The service provided care and support to people who sometimes lacked capacity to make certain decisions

for themselves. We looked at what consideration the service gave to the Mental Capacity Act 2005 (MCA) and checked whether the service was working within the principles of MCA.

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.

Family members must have 'lasting power of attorney' for health and welfare decisions before they can consent for the person. When this is in place it indicates that a person has delegated the responsibility to their relative to act on their behalf. This information is essential to ensure that decisions made on behalf of people are lawful.

At our last inspection we identified that training on the Mental Capacity Act (2005) was limited. We noted that the provider had made improvements and staff we spoke with told us they completed MCA training in their induction and as annual refresher training. We saw signed consent forms on care plans in relation to medicines, provision of care and the use of the home phone for electronic call monitoring purposes. Care workers told us they understood the need to seek a persons consent prior to carrying out care tasks and said, "I wouldn't do anything without asking (the client) if it was okay and then I explain what I'm going to do." People we spoke with confirmed they were kept informed when personal care and support was delivered.

As part of the inspection process we visited five people in their own homes and spoke with individuals and any relatives present at the time. A relative informed us that care staff had identified that a person was experiencing stomach pain and had suggested a GP visit might be beneficial. This had been arranged and the person was waiting for a GP home visit at the time of our arrival. Whilst on site at the office we heard one care worker reporting concerns to the supervisor that they were having difficulties getting a person up in a morning due to mobility issues and the person refusing aspects of personal care. One staff member we spoke with told us, "You get to know the regular people and you can see if they're not too well." This showed us that staff were vigilant, raised concerns were appropriate and supported people to maintain their holistic health.

Requires Improvement

Is the service caring?

Our findings

People were complimentary about the care and support they received and spoke very highly of the caring nature of staff, particularly their regular care workers. People told us that the care workers were kind and compassionate and observed their rights and dignity. This was very much in respect of regular care workers whom people said knew them very well. When asked if care workers were kind one person told us, "Definitely, very kind. I'd be the first one to tell you if they weren't kind."

People told us, "I'm really happy with the regular carer. She always stays the full time and spends time talking to me about family and things like that" ; "I'm generally very happy. They are often very late coming but I don't mind really. They [the carers] are very understanding as well" and "The carers are nice people and look after me well." People we spoke with were less happy with the care provided at the weekend as they considered this to be 'rushed'. Care workers we spoke with were conscious that the caring role wasn't easy at times due to the amount of visits they were asked to do. One staff member said, "I think most of us feel very pressured. I really care about my clients and do everything for them that they need [but] sometimes I feel we can't deliver quality."

One person told us some care workers were rude to them. Feedback on a questionnaire we saw returned to the office said that a care worker used a mobile phone whilst attending to the patient. This showed us that not all staff displayed a caring attitude all of the time.

Care workers we spoke with recognised the need to treat people as individuals and how important the caring role was. They told us, "Everyone is different. I treat people how I want to be treated. I feel I go above and beyond what I need to do, I encourage the service user [and] support them."

We saw on one visit how two care workers responded to a person they were supporting during a lunch time visit. They announced their arrival to the person and their relative and spoke to the person directly, "Have you eaten? Don't you feel like eating?" They had raised concerns at an earlier visit and had suggested a GP visit would be beneficial.

Another care worker we spoke with told us, "It can be a worry when they say they're not hungry and things like that. If it only happened one day I'd note it in the folder but if it happened again the next day and I couldn't persuade them, then I think I'd notify the office and family as well." This demonstrated that staff were caring and recognised the need to raise concerns when warranted.

Care workers treated people with dignity and respect. Staff we spoke with provided us with examples of how they maintained a person's dignity and offered respect. They gave us examples of practices that promoted the dignity of individuals and talked of closing curtains and doors before providing personal care and making sure people were covered up as much as possible whilst personal care was provided. One care worker we spoke with told us, "When I'm helping somebody to wash or shower I try to keep them as covered as I can. Nobody wants to sit there naked. I wouldn't like it so I don't do it to them." This showed us that care workers appreciated the need to preserve a person's dignity and took steps to ensure this was done. One

person we visited confirmed this and told us, "They never leave me exposed" and a relative we spoke with said, "I'm very happy with the respect and dignity they give to my relative." During one of our visits to a person's house we heard carers putting dignified care into practice prior to carrying out care and support.

People told us that care workers supported them and encouraged them to be as independent as possible. One member of staff indicated that they would always ask the person if they needed help. "I always ask if they need help. They might want to do something themselves ." One person we spoke with told us, "They will encourage me to do things but I like that I can make my own decisions." Another person told us they were able to wash their own arms and face and carers watched them doing this, "I like to do it so I'm doing something."

As part of our inspection we visited the offices of Enterprise Homecare. We found that electronic and paper documents were stored securely and the appropriate checks were in place to ensure that confidentiality was maintained for people using the service. One care worker told us, "Confidentiality is important. I would never gossip about any of my clients because I treat people how I want to be treated." This meant that staff valued people's privacy and took steps to safeguard this.

Requires Improvement

Is the service responsive?

Our findings

The care co-ordinator or the registered manager of Enterprise Homecare undertook visits to people prior to them receiving a service and carried out an intial assessment of need. We could see that information had been gathered from a variety of sources including the individual, relatives and commissioners of care. This was to ensure the service would be able to meet the person's needs.

We viewed four care plans at the provider's office and also looked at a care plan in a person's home after obtaining their permission. Information recorded in the four care files we looked at on site provided minimal information about the person. They lacked details about the person and their wishes. We saw in one of the files they had recorded the person wanted/ preferred male carers. We contacted the person's relative who confirmed they were sent male care workers. All the care files had the generic outcome noted as 'to be clean, comfortable and safe'. This meant that outcomes were not person-centred or tailored to individuals as they were all the same.

There were no personal profiles on the files we looked at, however we saw evidence of people's interests and social activities recorded in care plans. Personal profiles provide staff with information about the person, their interests, whether past or present, and could result in more meaningful care and support being provided. The registered manager told us there were plans to introduce life histories paperwork that would provide care staff with a brief history about the person's life, including things that were important to them but these were not yet in place.

Support plans were completed when people started with the service. Care files stated that reviews should occur six weeks after initial assessment, then three monthly unless a need arises for a re-assessment. It was company policy to undertake a face to face monitoring visit at least once every six months. It wasn't clear from the files we looked at whether reviews of care had taken place however people told us that they had reviews of care and were involved in this process, but they were unsure of the timings of reviews.

Care workers we spoke with also stated that reviews were carried out and told us they would make management aware if they felt someone needed a review sooner. One care worker told us, "If I feel that somebody's needs are changing then I'd get on to the office and ask for a new review of them. I wouldn't let it go until that had happened." This meant that staff were vigilant in people's changing needs and took appropriate action informing the office however there was a lack of evidence to assure us that reviews of care had taken place in line with company policy.

We also identified a new package of care that did not have an appropriate risk assessment in place for a specific condition. We saw at the time of our inspection there was no start date for the package entered on to the system, however Enterprise Homecare were providing support and we spoke with a relative who confirmed this. It is imperative that individual needs, including risks, are contained within the care plan and are communicated to staff before the package commences This then ensures that people receive care and support appropriate to their needs.

People did tell us that they were able to make choices about how their care was provided and delivered and that staff respected their decisions. For example one person preferred male care workers and told us this choice had been respected. One person had contacted the office about a weekend call that was being done too early and told us, "They do listen. I spoke to the office about coming early on Sunday, the care workers do not come early [now]." Another person said, "If I don't feel like getting showered sometimes then they don't insist." A relative we spoke with told us, "If ever my relative has said that she doesn't want a particular carer it's never been a problem. They stop sending that person and send somebody else." This showed us that the service could evidence it was responsive to people's preferences and specific care requests.

The manager told us that the service did not take on packages of care until adequate resources could be identified and the particular needs of the person could be safely met. Packages of care had been refused in the past given the issues the service had with the recruitment of staff and we saw email evidence to this effect that had been sent to commissioners.

Feedback with regards to the consistency of staff was varied. People we visited who were on regular runs told us that the staff team was consistent, particularly during the week. We saw a relative's comment to this effect on a questionnaire returned in the new year which said, "We are very happy with the care and support. We are glad that [our relative] has the same regular carers as he would be distressed with unfamiliar faces." Other feedback we saw was not as complimentary and stated that the service was not as reliable at weekends. A relative commented, "Absolutely brilliant Monday to Thursday [but on a] Friday and Saturday, we don't know who's coming."

People told us the service was able to respond to requests they made to vary or alter the timing of the visits, for example if they had a prior engagement or other appointment. One person we spoke with told us how they were able to change the days or times of support when attending regular hospital appointments. This showed us the service was flexible and responsive to people's individual requests when this could be accommodated.

The service had an up to date complaints policy and procedure which encouraged people to raise any concerns they may have about the service. The complaints process was contained in the service users handbook and signposted people and their relatives to the local authority, Care Quality Commission and the ombudsman. Most people we spoke with told us that they knew about the service's complaints procedure and would use it if required.

We saw that the registered manager was dealing with a recent complaint around the administration and recording of medicines. The formal complaint expressed concern about the actions and behaviour of a member of staff and requested that the carer did not provide personal care for their relative again. We saw that the provider had started to take action in relation to the complaint, having done initial investigations and had formally interviewed the member of staff. We saw emails that had been sent to the complainant informing of actions taken and the care worker had been removed from future visits to that particular person.

We saw examples of complaints received from the local authority, as people had raised the complaint through the commissioner. These were contained within the provider's complaints log. This information wasn't always clear as to who had raised the complaint and the timescales for a response. We saw that responses in relation to these complaints had been returned to the local authority. Good practice would be to contact the local authority to see if it was acceptable to contact the complainant and acknowledge receipt of the complaint.

People we contacted as part of the inspection process did not feel that their complaints were acknowledged properly or always dealt with effectively. We were told that when they made a complaint they did not get any feedback from anyone. One person told us, "When I've complained about it [late calls] all they say is 'we'll sort it out.' They never apologise either." We saw in a feedback questionnaire returned to the office a person stated they knew who to complain to, had rang in the past to make a complaint and been told the manager would be in contact. They added that this had been several weeks ago and the manager had not been in contact. We spoke with the registered manager about managing complaints, who agreed that in the future all complainants would be acknowledged, contacted and responded to. As a result of our feedback the complainant who had submitted the feedback questionnaire was contacted by the registered manager, who arranged to visit them on Thursday 23 March 2017.

We were sent two copies of the complaints log electronically following the inspection. The later version was an improved version but contained three more complaints than the first. However the person who had provided the feedback about the complaint not being acknowledged was not included on either of the complaint log spreadsheets. We were not assured that all complaints were being logged, therefore any complaints not logged would not be addressed or resolved.

We could not be certain that people's complaints were being dealt with appropriately due to the lack of overview for all complaints and the delays in dealing with complaints.

The registered provider did not have effective systems in place to log and analyse complaints and concerns to enable lessons to be learnt. This constituted a breach of Regulation 16 (1) (2) Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw examples of compliments received by the service. One had come from the commissioners as they had received positive feedback from an individual at a recent review of the package. The person had gained confidence due to the support and was doing well. The service had moved the morning call forward at the request of the client and was thanked for doing so.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. We saw evidence of improvements that had been made to the service since the last inspection and positive feedback provided by people and their relatives. However we also received a number of negative comments about the management and leadership of Enterprise Homecare.

At our last inspection in August 2016 we identified issues with the consistency and quality in audits at the service which constituted a breach of the regulation relating to good governance. During this inspection we looked at the audit systems that were in place to ensure the quality and safety of the service was maintained and improved.

At our last inspection we identified incorrect usage of the electronic call monitoring system. We saw that the service had made some improvements in this area and that the use of the electronic system had been promoted to people using the service. At the time of this inspection the company was investing in mobile telephones for all staff. This meant that staff would no longer need to use people's personal telephones for the call logging process.

We checked a selection of electronic call logs and identified two weekend call logs for 4 March 2017 with commissioned calls of 30 minutes each but with call times for both manually input to reflect visit times in excess of two hours. These had not been call logged by the care worker, nor had they submitted time sheets to claim for these visits. We saw from the timings of other correctly logged calls that the care worker was not physically able to undertake both these calls for the length of times shown. We brought this to the attention to the registered manager. The inspector was told that these call logs had not been input by staff but were the company accountant's errors which would be reversed and rectified. We saw from evidence we were provided with that these errors had been made on 7 March 2017, two weeks before the inspection, but there were no systems in place to identify these and any other errors that might have occurred with visits incorrectly input manually.

We identified rota issues with the provision of care and support particularly during the weekends, which confirmed what people and staff were telling us. Staff we spoke with said, "[The] office needs to be realistic, rotas are a major issue. They need to look at rotas [and] listen to care workers." This indicated that the registered manager did not have oversight of the service given that rotas were considered to be unrealistic. We judged that rushed care would have a negative impact on people.

We asked staff what they thought of the registered manager; they told us they felt supported and could go to the manager at 'any time.' Comments from staff included, "I do feel supported" ; "The manager is very approachable and does listen to any concerns I have." There were less complimentary comments from people and staff we spoke with about how the service was run. They said, "We really need stronger management" ; "I have a criticism about communication and the way the office is run. Sometimes it's really difficult to get through to the office. Messages don't get passed on" ; "Communication is difficult. They [the office] don't pass on messages and then my other clients get really angry with me" and "There are constant

changes in the office staff so we don't build up any good relationships." Due to the issues with the number and timing of calls, staff recognised that the quality of the service suffered which had a negative impact on the people receiving care and support.

We asked the registered manager what actions were being taken to improve the quality of the service for people and reduce the pressure felt by staff. They had identified the need for additional senior support and at the time of the inspection were in the process of recruiting four senior care workers. These additional staffing resources would be on stand by with two seniors each working alternate weekends and available to provide personal care to people when necessary. The need for additional staff had been identified at the previous inspection undertaken in August 2016. The delayed implementation of increased staffing resources at the weekend meant that action to improve the quality and safety of the service provided had not occurred within given timescales.

At the last inspection we identified that the service was not always reporting safeguarding incidents to CQC. At this inspection we saw that this had improved, as safeguarding incidents reported to the local authority by the registered manager had been communicated to CQC. We were not assured however that the established systems and processes in place operated effectively to prevent potential abuse of service users. We discussed with the manager the advantage of having other staff trained up in the process of completing and submitting safeguarding referrals to the local authority and statutory notifications to CQC so that this could be addressed in their absence without delay.

We requested and were sent by email a copy of the provider's complaints log on 23 March 2017. On the 5 April 2017 we were sent an updated version based on feedback given after the inspection. We saw that this improved version included three new complaints that had not been on the original copy. One of these complaints was from 2016 and was therefore wrongly included, however the other two had been raised with the service in January and February 2017, prior to the inspection. The second spreadsheet showed that the registered manager had responded to both these complaints which were now resolved. Given that there were two versions of the complaints log, containing different information, we were not assured that the registered manager had oversight of all complaints and judged that these systems needed to be more robust.

We spoke with the registered manager at the time of the inspection about the company's medicines policy which focused on staff prompting people with their medicines. We identified that some packages of care required staff to administer medicines, identified that staff were trained to do this and were correctly recording this on the appropriate paperwork. After the inspection we received an email from the provider informing that the policy we saw on inspection was an old one and not the one currently adopted by the provider. The current policy supplied to us still focused on prompting with added information on assisting people with medicines. Policies should be checked and reviewed regularly to ensure they reflect current practice. We were not assured that this was being done.

Although we found there had been some improvements at the service, we still found inconsistencies within auditing systems in relation to safeguarding, care planning, deployment of staff, aspects of the call monitoring system, monitoring and review of policies and practices and the clear recording of and dealing with complaints .

We found a continued breach of Regulation 17 where the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place.

Staff meetings were held and were well attended. Staff told us they felt they were able to put their views across to management and we saw examples of this from minutes of meetings. A staff member told us, "We do have staff meetings and I do think everybody is listened to. That is definitely good." We saw that two staff meetings were arranged for April 2017 to discuss the changes to the electronic call monitoring system and to distribute new mobile telephones to staff. Other types of meetings included one to one supervision sessions with members of staff. Staff told us they felt comfortable raising any personal issues or concerns in these sessions.

Audits of the service were carried out on medication sheets, visit record sheets and the usage of the electronic call monitoring system, including responding to alerts. During the inspection on site at the office an alert sounded when a care worker had not logged in to the call. The person in the office contacted the care worker to check on the delay. The care worker was at the call but had not logged in electronically. They were reminded to log in and out of the call to stop the alert. We were assured that alerts were followed up on by office staff and checks were made as to the reason for the missed or delayed calls, providing that the call was a recognised electronic log in visit.

To improve communication within the office team, weekly meetings were in place to discuss issues, actions and processes. Office staff had been instructed in a meeting held on 20 March 2017 to let clients know if care workers were going to be a little late and that a mileage bonus had also been introduced for staff able to drive who took on additional calls. It was minuted that the company might explore buying bicycles for staff who currently walked to calls. We will check at our next inspection if the quality in the delivery of the service has improved due to the additional staffing resources and the changes to the electronic call monitoring system.

People we visited and spoke with told us they did receive questionnaires from the service to ask for their feedback, although not all were sure of the frequency of these. One person told us there had been 'three at least' in the past year. We saw feedback responses in the office. These responses could be filled in anonymously by the client or their representative and we saw some people chose to do this. The service had documented the run that clients were on prior to sending out the questionnaires. The registered manager told us this helped the service identify geographical areas that had particular issues or concerns, for example late calls or poor care. They could then address this with care workers on that specific run or in the area.

The service had scored good results in feedback for privacy and dignity; trained staff and infection control however people identified areas for improvement, such as the length of visits, timing of calls and increased visits from supervisors. Comments on feedback forms included, "They need more observations on care to customers" ; "Only major fault with service is with weekend care" ; "Time keeping has been good this year. Service has been much better since the new year" and "I am partly satisfied. Keep it up." This feedback showed us that the service could demonstrate some improvements since the last inspection but this was a work in progress.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The lack of understanding displayed by office staff in relation to reporting safeguarding concerns to the local authority, the omission in reporting a safeguarding concern to the registered manager and the improper use of the key safe placed people at risk of potential harm. Regulation 13 (1) (2) – Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The systems in place to log and analyse complaints and concerns to enable lessons to be learnt were ineffective. We could not be certain that people's complaints were being dealt with appropriately due to the lack of overview for all complaints and the delays in dealing with complaints. Regulation 16 (1) (2) Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

governance

There were inconsistencies within auditing systems in relation to safeguarding, care planning, aspects of the call monitoring system, monitoring and review of policies and practices and the clear recording of and dealing with complaints. The provider had failed to act on these within given timescales to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place.

Breach of Regulation 17 (1)(2)(f) - Good governance