Enthuse Care Ltd

Enthuse Care Portsmouth

Inspection report

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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

We undertook an announced inspection of Enthuse Care Ltd on 13 September 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection 64 people were being supported by the service.

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.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Enthuse Care Portsmouth

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 13 September 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector and an Expert 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 16 people, one relative, three care staff, the head of recruitment, the managing supervisor, the registered manager and the provider. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service. We also contacted the local authority commissioner of services for their views.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I feel safe". One relative commented, "My dad [person] has dementia, and it's getting worse, but the one person he is pleased to see is his regular male carer, he feels really safe and happy with him".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would report concerns to my superiors. I can also call CQC (Care Quality Commission)" and "I'd call the supervisor, my line manager and social services". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person mobilised independently but was at risk of falls. Staff were guided to 'ensure all pathways are clear of obstacles, correct footwear is worn and walking frame is used'. Another person was at risk of asthma attacks. Staff monitored this person's breathing at every visit and were provided with detailed guidance on what emergency action to take in the event the person suffered an attack.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "There is plenty of PPE. I have also read the policy" and "We are all trained and we use the PPE provided".

There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were punctual and they experienced no missed visits.

Staff told us there were sufficient staff deployed to support people. One staff member said, "Oh we have enough (staff), we're a good team". Another said, "Yes we have enough staff here".

The registered manager monitored care visits. Data from the monitoring system was analysed to look for patterns and trends and allowed the registered manager to adjust travel times for staff enabling them to remain punctual. We saw where visits were missed the registered manager investigated the circumstances and took action to prevent reoccurrence. For example, four visits were recorded as 'missed' for one person in one day. However, the investigation identified the person had been discharged from hospital early and the service had not been informed. The registered manager contacted the hospital to resolve this issue.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff

worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. One person told us how staff supported them to keep their medicines safe and secure. They said, "I always insist they (staff) lock away my medicines, and money too, so I can't be tempted".

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "I do help people with their medicine. I've had the training and I get regular spot checks. I also apply creams, we have body maps for this to show where to apply the cream, very useful".

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, if people fall they were referred to an occupational therapist (OT). Following an OT assessment people were monitored and if required further healthcare professionals were consulted.

Good

Is the service effective?

Our findings

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards. Staff training covered all aspects of care and included; safeguarding vulnerable adults, moving and handling, infection control and medicines. Staff also had further training opportunities. For example, one staff member told us they had just completed a national qualification in care.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan. The service worked closely with healthcare professionals, GPs and social workers and ensured people had good access to services to meet their healthcare needs.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. One staff member said, "I am supported, I get supervision. The training is quite good and really keeps me up to date".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This protects people's decisions and their ability to make them. I assume they have capacity but I always work in their best interests".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. One person told us, "There are charts on the fridge so they check if I drink enough, otherwise I forget". People either bought their own food or families went shopping

for them. People had stipulated what nutritional support they needed. For example, one person was at risk of choking. Staff were provided with guidance on how to effectively support this person safely. One staff member said, "I prepare meals but no one I care for needs assistance with eating".

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, opticians, dentists, NHS Trusts, social services, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. Information was provided, including in accessible formats, to help people understand the care available to them.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Carers have been wonderful", "All my people (staff) are wonderful, I love them all", "We have a laugh and joke together, I look forward to him coming each time" and "They are like family".

Staff spoke with us about positive relationships at the service. Comments included; "I love the purpose of my job, that's helping people" and "I just love helping these people so they can remain in their own homes. That's what we do".

Staff were supported by the service to provide emotional support for people. Daily notes evidenced staff interacted with people beyond physical support. For example, one person's daily notes recorded 'fine on arrival, had a good chat and a cup of tea'. One staff member spoke with us about providing emotional support. They said, "One lady I visit is very sensitive. I talk softly to her and remember she can become easily upset. I use a gentle manner which works for her".

We asked staff how they promoted, dignity and respect. One staff member said, "I ask for people's consent and I let them know what's going on. I keep care private, I shut doors and draw curtains. I am respectful". Care plans reminded staff to 'treat people with dignity and respect at all times". When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this culture was embedded throughout the service.

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were held in people's care plans. Where there were any changes to scheduled visits, people were informed. One person said, "They bend over backwards to do whatever I need them to do".

People had been involved in the creation and updates of their care plans. Staff met with people and their families and sought their input into how care plans were to be created and presented. People's opinions were recorded and incorporated into the care plans. For example, people provided personal information for their personal profile section of the care plan.

Care plans supported staff to promote people's independence. One care plan noted, [Person] is able to wash independently with support from the carer'. Staff were further guided to only support the person 'where required'. One staff member spoke about promoting independence. They said, "I give choices and encourage them to do what they can. I would never take away their independence".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Good

Is the service responsive?

Our findings

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "I supported one client who was not English, he knew some words and phrases and by using body language and hand gestures we communicated easily. I just learnt his way of communicating".

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. Records showed staff had received training in equal opportunities and diversity.

People had access to information. Care plans highlighted people's preferred method of communication and any impediments to accessing information. For example, if the person wore glasses or if they had short term memory loss. Staff told us how they supported people to access the information they needed. One staff member said, "I clean people's glasses for them and make sure they wear them. I also support them with their hearing aids and ensure they are working". Another staff member said, "I often explain care plans and procedures so they (people) understand. I know we've used large print in some cases and we also provide audio books if people struggle".

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. One person's needs changed due to their condition and were prescribed new medicine. The care plan reflected this person's current needs and new medicine was being administered.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I'd ring the office and they would deal with it". The services complaints policy and procedure were held in people's 'service user guides' in their homes. The service had three complaints recorded for 2018. All complaints had been dealt with in line with the complaints policy. The registered manager said, "We tend to deal with any small issues long before they become a formal complaint".

The service also recorded compliments. We saw numerous compliments praising staff and thanking the service for care provided.

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. We saw the survey planned for 2018 was being prepared to be sent to people and their relatives.

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

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.

People told us they had confidence in the service and felt it was well run. One person said, "I was a nurse so I know how things should work, and am very independent, and I made an excellent choice with Enthuse". Another person said, "I can't speak too highly of them and I ring the agency to say how good they are".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "The manager is great, very approachable and supportive. There is not a feeling of them and us", "It is well run here. Very responsive to client's needs" and "The manager is good, supportive and she listens. It's a well-run service".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the franchise support manager and the registered manager spoke openly and honestly about the service and the challenges they faced.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following one audit, it was identified some staff were not completing documentation relating to medicines. Action was taken and we saw medicine records were complete, accurate and up to date. Another audit identified issues with the recording of staff employment histories. Investigation confirmed this was a procedural problem. The recruitment process was revised and job application forms were updated to resolve the issue.

Staff told us learning was shared at staff meetings, supervisions and through text messages. People's care was discussed and staff could make suggestions or raise issues. One staff member said, "I think communication here is good. In fact, I'd say I feel comfortable communicating here".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services.