

Mr Simon McLean

Enhance

Inspection report

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19 December 2016

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This inspection was announced and took place on 19 December 2016. We gave the provider short notice of our visit to ensure that the people we needed to talk to would be available.

Enhance is a very small domiciliary care agency providing personal care and support to people who live in their own homes. The provider managed the service and their spouse provided care for the one person supported by the agency at the time of the inspection.

We found staff provided safe care. Risk assessments were carried out and plans put in place to reduce those risks. Medicines were managed safely. Staff had received training in safeguarding vulnerable people.

People's care and support needs were met and feedback confirmed staff were kind, caring and respectful.

People's care needs had been assessed and care plans were person centred and covered all areas of people's needs.

The staff team were trained to provide them with the knowledge and skills for them to fulfil their role effectively.

The provider had policies in place and was aware of the requirements of the Mental Capacity Act 2005.

People were positive about the standards of care provided and there were complaint systems in place. People told us they were aware of how to make a complaint.

There were systems in place to audit and monitor the quality of service provided to people.

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.

Risks to people were assessed and plans put in place to reduce the risk of harm.

Where people were supported with prescribed medicines these were recorded accurately.

Inspected but not rated

Is the service effective?

The service was effective.

People were confident staff had the right knowledge and skills.

There were policies in place to make sure people's right to make their own decisions were respected.

Inspected but not rated

Is the service caring?

The service was caring.

People found their care workers supportive and respectful.

Care plans and other records were person centred and written in a way that promoted people's dignity and privacy.

Inspected but not rated

Is the service responsive?

The service was responsive.

People received the care they needed with care plans reflecting their individual needs. Plans were regularly reviewed and updated.

There was a complaints system in place.

Inspected but not rated

Is the service well-led?

The service was well led.

The provider sought the views of people to make sure they provided a safe, effective, responsive and caring service.

Inspected but not rated

Enhance

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 was 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.

The inspection took place on 19 December 2016 and short notice was given to ensure the provider would be available. We talked with one person who used the service and also spoke with a family member. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including 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. During the inspection we spent time with the provider to help us understand their service.

We looked at one person's care and support records including their medicine records. We also looked at records relating to how the service was managed. These included training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

People spoke positively about how the skills and knowledge of staff helped them to feel safe.

People were protected from avoidable harm and abuse because staff had been provided with training in adult safeguarding that included knowledge about the types of abuse and how to refer concerns or allegations.

Safeguarding policies were in place, although some of the information about the providers safeguarding responsibilities was incorrect. After the inspection the provider wrote to us and confirmed they had amended the safeguarding policy to ensure staff had access to accurate guidance.

There were systems in place to identify and manage risks so that people and staff were protected from harm as far as possible. For example, risk assessments were undertaken before a package of care was put in place. These included an assessment of the person's home environment and their risk of having a falls.

Records of accidents or incidents included a detailed description of the event and an analysis of any changes required to reduce likelihood of recurrence.

There were medicines care plans in place. These explained how people wanted to be supported, and how their medicines needed to be administered. The member of staff responsible for administration of medicines had been trained in assessing others medicine administration competency. However, they had not received up to date medicines management training. This meant there was a risk their knowledge of best practice may not have been accurate. The provider wrote to us following the inspection and confirmed this training had been updated. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received their medicines as prescribed.

Is the service effective?

Our findings

People we visited told us the staff were competent and looked after in the manner they preferred.

There was a programme of core training, including safeguarding, moving and handling, food hygiene, The Mental Capacity Act 2005, stroke care, medicines awareness and emergency first aid.

We recommend that a system is put into place to ensure the provider is aware of when new or refresher training is required this is easily identified.

Overall, the agency complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 the 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.

People's rights were protected as the staff acted in accordance with the MCA, seeking consent from people about their care and support. People confirmed that they had been involved in care planning and their consent sought on how they were supported.

Where meal preparation was part of a support package records identified what food and drinks had been prepared for the person.

Is the service caring?

Our findings

People commented positively about staff and the agency as a whole. They said staff were friendly and caring and respectful of their choices and preferences.

Care plans included information about people's preferences, likes and dislikes such as their preferred name, hobbies and how they liked to stay in touch with people. For example, during the assessment process staff checked with people what font and type size they needed to make sure they could easily read their care plan, reviews and other records.

People and their relatives confirmed that they had been fully involved in making decisions about their care.

Records were written in a way that paid attention to people's privacy and dignity and people told us staff respected their privacy and dignity.

Is the service responsive?

Our findings

People were positive about the standard of care and support they received and felt the agency was responsive to their needs.

Staff carried out an assessment of needs and completed risk assessments before a service was provided. This ensured that the agency understood what care and support was required. A care plan was then developed with the individual before the package of care was started.

The care plan we looked at was up to date, person centred and clearly written with a step by step description of how care workers should support people at each visit.

The plan promoted this person's independence by recognising what they were able to do independently, and what activities they would require support with.

People had a review of care needs regularly. This ensured that staff had up to date an accurate guidance about how people wanted and needed to be supported.

A complaints procedure, which was clear and detailed, was in place and each person received a copy within the information pack provided at the beginning of the contract. People told us they had confidence they would be listened to and their complaint would be fully investigated.

Is the service well-led?

Our findings

People told us they felt the service was well-managed and that their feedback was sought by the provider.

Systems were in place to monitor and improve the quality of service being delivered. People's experience of care was monitored through regular reviews to check they were happy with the service they received.

The provider understood their responsibility to notify the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The provider tried to keep their knowledge up to date. They were signed up to updates from the CQC and from other social care organisations.