

Enham Trust

Enham Trust - Care & Support at Home

Inspection report

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Date of inspection visit:
12 September 2022

Date of publication:
10 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Enham Trust - Care & Support at Home is a registered to provide and support to people living in their own home. At the time of the inspection 10 people were using the service.

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

People and relatives told us the service was understaffed. The provider acknowledged the need to employ additional support workers and were in the process of recruiting. The provider was using agency staff to fill vacancies and permanent staff were working overtime.

The registered manager and management team informed us a number of their policies and procedures were being reviewed and updated to reflect the needs of the service and to ensure they related to homecare provision.

People who used the service said they felt safe. Staff were recruited safely and there were enough staff to provide people's care. People confirmed PPE was always worn by staff when delivering their care.

Staff were aware of their responsibilities regarding safeguarding and knew how to report any concerns. Staff had received training in safeguarding and had confidence management would investigate any concerns appropriately.

Appropriate assessments were in place for managing risk and records showed these were reviewed with input from people and professionals.

People were supported to take their medicine where required and governance systems were effective in identifying any errors or concerns.

The provider had effective arrangements in place to obtain feedback from people and their family members. People were mostly satisfied the care and support they received.

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

Rating at last inspection

The service was previously inspected on 9 July 2019 and was rated good.

Why we inspected

The service was inspected because we identified concerns relating to another registered location under the provider. We needed assurances the service was safe.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

See our detailed findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

See our detailed findings below.

Requires Improvement ●

Enham Trust - Care & Support at Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection with the support of 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.

Service and service type

The service provides care and support to people living in their own home. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a registered manager and a manager in place.

Notice of inspection

This inspection was announced.

What we did before inspection

We looked at information we held about the service including notifications they had made to us about important events. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed information of concern, which was provided to us by the general public, professionals and relatives. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the manager and a consultant. We obtained feedback from four members of staff and spoke with eight people and two relatives. We reviewed care records, complaint reports, accident and incident records, various audits and action plans.

After the inspection

The provider sent us additional information which was analysed and used as evidence to support our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always safe and were at risk of avoidable harm.

Staffing and recruitment

- Improvements were required in relation to staff deployment. People and relatives highlighted concerns about the number of staff employed. Comments included, "They have to use a lot of agency workers that means I keep having to explain my care every shift", "A few late calls. If the carer is 15 minutes late there is an on-call number, he can call, and they chase it up. They usually phone. He gets a bit cross", "About two weeks ago where I was waiting for my lunch call. I gave it 15 minutes and rang on call to find out where the person was. They told me the person hadn't come to work. They sent someone eventually" and "They have a lot of agency workers that are not local" and "There isn't always enough staff to meet my needs".
 - Comments from staff included, "Staffing levels are a major problem as there's only two full time carers and the other three have limited availability so the two full-time carers end up having to pick up extra hours which sometimes means working on days off" and "I feel that even though we cover the support calls with regular staff and agency that we need more regular staff as I do feel sometimes that I have more time at work than I do in my home life".
 - The registered manager was in the process of recruiting one full time member of staff and two part time members of staff and had told us they had block booked staff from an agency to promote consistency of care. The manager said, "We have staff working overtime at the moment and I help with care calls if needed too" and "We are doing what we can to recruit into the roles".
 - Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
- As part of the providers factual accuracy submission they commented "All agency staff are supported to get to know service users (people) by being allocated to attend calls requiring two people initially so that they get to know the people we support. They are inducted and asked to read all care plans so that there is consistency of care".

Systems and processes to safeguard people from the risk of abuse

- The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in

place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

- A staff member told us, "Safeguarding means protecting a client with their health, wellbeing and finances so they can carry on living the life they want to live, also making sure they are not harmed from others or being left neglected and have the right to speak of what they believe and not? just shut down, if I saw anything when I was out supporting our clients and I felt like they was being abused, neglected, financially being abused whether that was by clients friends family or a staff member I would report it straight away and wouldn't be scared to whistle blow". People told us, "Yes, they know what to do and I feel safe in their hands" and "Yes I do feel safe when I'm with the carers. They come in and greet me and make me feel comfortable. They do my care confidently and don't rush me" and "Yes, I do because they look after me very well and I feel safe when they are doing my care and supporting me".

- As part of the providers factual accuracy submission the provider commented, "We are seeking to re-enable people to feel confident and safe to access the wider community post covid lockdown as some of those we support are now reluctant to go out and about" and "we seek to allocate drivers for those with cars who receive social support in the hope that we can build confidence to go back out".

Assessing risk, safety monitoring and management

- Whilst risks associated with people's needs were assessed and reviewed, further development with some care plans was required to ensure best practice was consistently applied. The registered manager acknowledged this and was in the process of making the required changes. Staff were knowledgeable about how to deliver safe care. Staff received training in relation to epilepsy, moving and handling and safeguarding. This helped to ensure they were able to manage and respond to risks.
- The manager and registered manager had sufficient arrangements in place to ensure risks associated with peoples care and support were properly monitored.

Using medicines safely

- Medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Accurate records were maintained and any administered medicines were recorded in people's medicine administration records (MAR).
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of these were in place. Staff ensured medicines were reviewed with people's GP's when required.

Preventing and controlling infection

- The service managed the control and prevention of infections well.
- Staff received infection control training.
- Staff had access to, and used, appropriate personal protective equipment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this was rated good. At this inspection the rating has deteriorated to requires improvement. This meant there were shortfalls in leadership which resulted in a failure to ensure there was a consistent level of high quality care.

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

- Audits had been undertaken and identified areas that required improvement. Actions plans were in place which highlighted that various policies and procedures required updating to reflect best practice. A member of staff said, "We need to change some of the policies to reflect homecare as some of them (policies) refer to the care home". Other areas of improvement included the requirement to improve staffing levels, have more regular team meetings, develop care plans and improve risk assessment templates. We were satisfied with the actions being taken by the management team, but additional time was required to fully embed the planned improvements.
- The provider had other arrangements in place for monitoring the quality of care provided. These included conducting spot checks, medicines management checks, health and safety checks, COVID checks and feedback questionnaires. We were satisfied these arrangements were assisting with improving the quality of care provided.

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

- The provider had arrangements in place to obtain feedback from people and their relatives about the quality of care provided. The most recent survey conducted in June 2022 found people were satisfied with the care provided, however, feedback provided to us highlighted concerns regarding staff deployment.
- Staff provided mixed feedback about their involvement in the service. Comments included, "Management for care at home is amazing, if (manager) can help she will and always has an open-door policy for when we need. I feel very happy within my job and feel I can go to her about anything and it would be resolved if I had any issues", "(Manager), our general manager is ok but higher management don't have any contact with support staff", "When (manager) was on holiday I didn't feel I had support from any other management or the office in the resource centre", "I feel management could be improved. Staff and client opinions matter. More support needs to be given to staff".

Planning and promoting person-centred, high-quality care and support with openness;

- There was an open and transparent culture within the service. The previous inspection report and rating was displayed on the providers website.
- The provider notified CQC of significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

Continuous learning and improving care

- The registered manager told us lessons had been learned from the inspection we carried out in relation to the provider's registered care home. At the time of this inspection the provider was working in partnership with an external organisation who were in the process of assisting Enham to make improvements.
- How the provider understands and acts on their duty of candour responsibility.
- The provider had a Duty of Candour policy to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

Working in partnership with others

- We were satisfied the provider worked in partnership with various external organisations including the local authority, the clinical commissioning group, the family and friend's group and local services such as the GP and the dentist.