Enthuse Care Ltd

Enthuse Care Bournemouth

Inspection report

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31 May 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Enthuse Care Bournemouth provides personal care for people in their own homes. The service provides support to older and working age adults, including supporting people who are discharged from hospital and are awaiting a permanent care package. At the time of our inspection there were 250 people using the service.

Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The registered manager promptly addressed incomplete risk assessments for people who used bedrails to prevent falls from bed, when drawn to their attention. We have made a recommendation regarding the falls policy taking account of people on anticoagulant medication.

Whilst audits highlighted areas for improvement, they had not identified the issues we found. The registered manager and their team were receptive to issues we raised and rectified them promptly. The service was overhauling its audit processes.

There had been recent management changes and reorganisations within the management and office team in response to feedback from staff. We have made a recommendation about registered managers' access to correspondence with statutory organisations.

People and their relatives were given details of how to raise complaints and concerns. They told us they could easily contact the service if there were issues with the care provided.

People and relatives were pleased with their or their loved one's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring towards people and their families. People with a permanent care package usually had regular staff. People's preferences regarding their care were known and respected.

People and relatives were confident in the ability of staff to provide safe, effective care. Staff were supported through training, supervision and informal contact with the office team. The service only took on new ongoing care packages when staffing levels meant there were vacancies to provide that care.

Managers and staff understood their responsibilities for identifying and reporting concerns about possible abuse. The management team was working cooperatively with the local authority in response to

safeguarding adults enquiries.

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

Rating at last inspection
This service was registered with us on 16 February 2021 and this is the first inspection at which we have rated the service.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was not always well-led.

Details are in our well-led findings below.

Enthuse Care Bournemouth

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 Health and Social Care Act 2008.

Inspection team
The inspection was undertaken by two inspectors 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. There was also a registered manager who had recently left but had not yet applied to cancel their registration.

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

Inspection activity started on 25 May 2022 and ended on 23 June 2022. We visited the location's office on 25 and 31 May 2022.

What we did before the inspection
We reviewed information we had received about the service since it registered with CQC. We sought

feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 12 people and six relatives on the telephone, eight care staff and six office-based senior staff and managers, including the registered manager. We viewed seven care records, six staff files and various records relating to the management of the service, such as accidents, incidents and quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- There were individualised assessments of risks to people and to the staff supporting them, including risks associated with people's health conditions, such as assistance needed with moving and handling, and environmental risks in people's homes. The risks assessed were managed through people's care plans, with instructions for staff about how to support the person safely.
- However, risk assessments were incomplete for people who used bedrails to prevent falls from bed. As bedrails sometimes cannot prevent falls and can cause injury if used inappropriately, it is important to assess the risk of using bedrails for each person using them. The registered manager arranged for all people who used bedrails to be reviewed and risk assessments undertaken where needed.
- Falls risk assessments should reflect where people are taking anticoagulant medicines to prevent blood clotting, as medical attention may be needed when someone falls to reduce the likelihood of serious harm from bleeding. One person's falls risk assessment did not include that they were taking a blood-thinning medicine, nor did the provider's falls policy address the issue of blood-thinning medicines. The registered manager ensured the falls risk assessment was updated when we drew it to their attention and staff were reminded of the need for medical advice if anyone on anticoagulant medicines fell over.

We recommend the registered manager and provider review and update their falls policy in the light of current national guidance for the use of anticoagulant medicines.

- There was a contingency plan covering circumstances that might affect the safe running of the service, such as adverse weather or staff sickness.
- Staff reported accidents and near misses. The management team reviewed accident reports to ensure all necessary action had been taken for people's safety and health, such as seeking medical attention or making a safeguarding adults referral. They were developing a system for analysing trends that might indicate further action was needed for safety.
- Learning was shared with staff as appropriate through communication updates and individual meetings. If necessary, such as following a medication error, staff had additional training.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt they or their loved one were safe with the staff who supported them.
- Staff had training at induction about safeguarding people from harm, and this was refreshed at intervals through the service's update training. Staff understood their role in protecting people from abuse.
- The registered manager understood when and how to raise safeguarding concerns with the local authority.

● The management team had worked cooperatively with the local authority to address safeguarding enquiries. They continued to make changes in response to learning from those safeguarding enquiries.

Staffing and recruitment

● People and relatives were confident in the ability of their care staff to provide safe, effective care that met their needs. A relative commented, "They are well trained (and I watch them with [person])."

● Staff had the training they needed to be able to work safely and effectively.

● The service only took on new ongoing care packages when staffing levels meant there were vacancies to provide that care. The rostering system showed when there were vacancies for new care packages. For rapid hospital discharge care there was a dedicated team of staff, which allowed the service to take these packages on at short notice.

● Staff were recruited safely. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before they supported people in their homes. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Care plans specified any support people needed with their prescribed medicines and whether people, their families or care workers were responsible for this. There were clear instructions about which medicines were due when.

● Where care workers were responsible for assisting people with medicines, including topical creams, people received them as prescribed. The electronic care recording system alerted office-based senior staff when a medicine had fallen due but had been missed. The office staff followed up each of these alerts and, where there was no good reason for the medicine to be missed, ensured it was administered.

● Care staff communicated changes to prescribed medicines to the office, and managers identified through medicines audits where particular medicines might no longer be required. Office staff communicated with pharmacy and health professionals, updating medicines administration records (MAR) and care instructions as needed. Updates to MAR were communicated to staff using an encrypted messaging app.

● Medicines information, including MAR, was recorded on the computerised care record system. However, each person's file in their home had an emergency paper version of the MAR to use if staff were unable to access the electronic care system.

● Staff who gave medicines had completed training about handling medicines and had their competency checked regularly.

Preventing and controlling infection

● People and relatives told us care workers cleaned their hands and wore PPE. For example, a person who uses the service said, "Everyone wears the protective stuff."

● Staff confirmed PPE was readily available for them to collect from the office, and that the office did spot checks to see they were using it correctly.

● The service followed current government guidance in relation to testing staff for COVID-19.

● Staff had training in infection prevention and control and about COVID-19.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People and relatives were pleased with the quality of their or their loved one's care. A relative explained, "They [staff from the service] are brilliant. They have improved person's life, my life as well... They take the pressure off me and I can go away for a weekend without fear."
● People receiving ongoing care had an assessment before their service started. This included their individual circumstances, preferences and religious and cultural requirements, as well as their care and support needs. For people receiving rapid hospital discharge care, hospital professionals provided discharge to assessment information instructing the service as to the care required.
● Care plans were developed from these assessments. Assessments and care plans were updated as people's care needs changed.
● Care planning and recording were computerised. Information on the computer system was kept up to date. Staff had ready access to this information via a secure app on their mobile phones.

Staff support: induction, training, skills and experience
● Staff were supported through training, supervision and informal contact with the office team.
● New staff had an induction and were expected to attain the Care Certificate if they were new to care work. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Thereafter, there was regular refresher training in essential topics such as moving and handling, safeguarding, medication and food hygiene.
● Staff told us of being supported to develop in their career and that they were able to request additional training if needed. Staff commented: "Support is quite good, always rooms if you want to try anything new or any training - you can progress… Does show if you put in the work you are rewarded", "I had a really smooth transition from [role] to [more senior role] through wanting to progress and asking for more responsibility on my supervision. The office staff are very nurturing" and "There is really good training and the office staff are very supportive."
● A member of staff described how they felt about their individual supervision meetings: "They are quite good to have, get to voice your opinion, feel listened to."

Supporting people to eat and drink enough to maintain a balanced diet
● People who received assistance with eating, drinking and meal preparation were satisfied with this aspect of their care.
● People's dietary needs and any support they required with eating and drinking were set out clearly in their

care plans. Staff assisted people to eat and drink in line with their care plans. If people did not need assistance with eating and drinking, their care plans stated this.
● Care plans highlighted any risks associated with eating and drinking, such as swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care plans included any support people needed to manage their health. Care records contained contact details for their health and social care professionals.
● The service worked collaboratively with the local authority in managing the rapid hospital discharge scheme, providing temporary packages of care at short notice while a permanent care provider was sought. The management team had made efforts to improve communication with the local authority about this.
● Other stakeholders in a person's care, such as social workers, health professionals and other care agencies, had secure access to a person's electronic care records by using a QR code in the person's property. Office staff were alerted every time electronic care records were accessed in this way and checked the person reading them was authorised to do so.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● The registered manager and staff had training about the MCA. They recognised people, including people who lived with dementia, had the right to make their own care decisions unless they lacked the mental capacity to do so.
● People's or their representative's consent to their care was recorded in their care records.
● People's care records showed if they had a representative with the legal authority to make decisions about their care. The service checked that lasting powers of attorney had been appropriately registered and were active.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People and relatives described how staff had a kind and caring approach. Comments included: "I would say that they are very understanding and engage in conversation with him without it 'being staged'", "They are really lovely people", "They are all very nice and they always ask [person] what she/he wants them to do" and "They are kind, courteous, considerate and well, they are friends, yes, they are friends."
- People and relatives said staff did not rush care. People explained: "I have one carer a time, they do support me when I need and stay however long is required - mostly 30 minutes but they don't rush and ask if there's anything else that needs doing" and "There's no rush with staff, they stay the correct amount of time."
- People and relatives valued having support from a regular team of staff who they felt knew them well. Their comments included: "Most times we have regular [staff], which is nice to see people that [person] already knows", "I'm quite happy with the regular ones [staff], I don't mind the odd different one",
- Care plans set out clearly people's preferences and what was important to them, including protected characteristics such as religion where these were relevant. People and relatives confirmed staff understood their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them and their homes respectfully. For example, a person said, "They respect my home and always ask if there is anything more that can be done."
- People could specify whether they wished for staff of a certain gender to provide their care. The service accommodated these wishes as far as possible. In the event of sickness or other staffing constraints that meant the service was not able to meet this preference, they were asked if they were happy to have staff of another gender before providing their care. The service was aware of individuals' specific cultural or religious needs that meant only staff of the specified gender should work with them.
- Access to people's computerised care records was password controlled. Only staff involved in a person's care had access to their care records. When professionals and relatives logged into a person's care records, office staff were immediately alerted so they could check the access was genuine.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

● People and their relatives were given details of how to raise complaints and concerns when they first started to receive care from the service.

● People and relatives told us they could easily contact the service if they were unhappy or concerned about their or their loved one's care and were confident the service would take appropriate action. For example, a relative commented, "There are no problems whatsoever, we are confident to raise concerns, complaints."

● The provider's complaints procedure wrongly advised people they could escalate their complaint to CQC if they were unhappy with how the service had addressed the complaint. However, apart from complaints related to the Mental Health Act, CQC does not have powers to investigate complaints, although it welcomes hearing from people about their experiences of care services. The registered manager agreed to update the procedure to reflect the correct statutory agencies to receive complaints that had been escalated beyond the service.

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

● People and relatives were positive about the care provided meeting their or their loved one's needs. Comments included, "They understand what's wrong with me and do what is necessary to help", "They all know now what to do… they are patient and methodical and clean", "The carers look after me really well", "The support is very good, very helpful, very polite" and "They even blow dry [person's] hair, put them in their wheelchair PROPERLY, which is excellent. I'd definitely recommend as I can now go on a respite break without worry now."

● Most care plans were clear and up to date, reflecting people's individual needs. One person's care plan said they lived with dementia but had little information about how this affected the person in their daily life, although staff were able to describe this. The management team promptly updated the care plan when we drew this to their attention.

● People and relatives, with the person's consent, had access to their computerised care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were set out clearly in their care plan. This included any impairments that

could affect communication, how they preferred to communicate and the support they needed from staff with this. However, care summaries did not include this information. The registered manager accepted this would be useful, as care summaries are what staff might turn to first and what might be shared in event of a hospital admission.

● Documents could be provided for people in accessible formats, such as large print, voice recording or having a staff member visit the person and read through them.

End of life care and support

● At the time of the inspection, the service was not supporting anyone who was anticipated to be approaching the end of their life.

● However, the service did sometimes support people who were dying, usually through the rapid hospital discharge service. The service worked in consultation with health professionals, such as GPs and district nurses, as necessary to provide end of life care.

● People had an opportunity to discuss their preferences for end of life care if this was likely to be an issue for them and they felt comfortable to talk about it.

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- There had been recent management changes and reorganisations within the office team. One of the registered managers had recently left, although was still registered with CQC, and an internal auditor had been appointed to work across the provider. The staff in the reorganised office team understood their roles. A member of staff commented that there was "more of a settled team now".
- The quality assurance system included audits of various aspects of the service, such as medicines, recruitment files, care plans and observed practice of staff. Whilst audits highlighted areas for improvement, they had not identified the issues we found with risk assessments and a care plan. The registered manager and their team were receptive to issues we raised and rectified them.
- The service was reviewing its audit processes, including what audits were needed and how often. They anticipated the remodelled management and office team, together with the revised quality assurance processes, would enable the service to identify issues proactively in future.
- Although the office was open seven days a week and there was an on-call system operating when it was closed, we heard that alerts from the computerised care system were not always checked at the weekend, presenting a risk of not identifying a missed visit or key care task. The management team undertook to ensure alerts were checked routinely at weekends.
- Care staff understood their roles and responsibilities. Managers and supervisors reviewed information about staff members, including their daily notes, before supervision meetings so they could discuss quality. Supervision was sometimes themed, for example discussions centred around infection control or safeguarding.
- The registered manager had, within limitations outside their control, met legal requirements such as notifying CQC of significant incidents and events. However, they were not able to access copies of notifications submitted by the other registered manager.

We recommend the service updates its procedures such that all registered managers can see correspondence with statutory organisations, including CQC.

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

- People and relatives expressed confidence in the management of the service. Comments included: "The office - they're very nice people and let us know what's going on", "The managers are on the ball keeping everything in place to ensure everything is fine" and "If I need anything or extra help, I know I can turn to

them."
● Staff were positive about their work and how they were managed. A member of staff commented, "Always been extremely supportive and that comes from [a manager] and that filters down from the top, culture. [That manager] would bend over backwards to help
you if they could. Always been supportive… Good team. We get on well." Another member of staff said of the registered manager, "I love [registered manager], she is amazing. She is always there when you need her, she is in the corner somewhere there when you need her, lets you get on with it because she knows you can do it but is there if you ever need anything."
● A recent reorganisation of the management and office team had addressed concerns raised by some staff about the culture within the service and difficulties communicating with the office team. A member of staff commented the office was "more relaxed and efficient since the office changes". Their colleague spoke of teamwork: "It doesn't feel like just my job. We work as a team and help each other out and when we need to. It does get hard, we just run it past everyone, and it is a great day."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood the requirements of the duty of candour, in the event they needed to exercise this when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others
● Staff said communication with them had improved in recent months. For example, a member of staff told us, "Sometimes there have been ups and downs with the rota, but they have gotten much better recently."
● People and relatives had opportunities to give their views about the service and their or their loved one's care. These included an annual service quality questionnaire for people and relatives, as well as periodic care plan reviews. The service had acted on issues raised
● The service worked in partnership with health and social care professionals and with commissioners, to promote positive outcomes for people.