Enthuse Care Ltd

Enthuse Care

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

This inspection took place on 1 August 2018. We gave the provider 24 hours' notice of the inspection to make sure the registered manager would be available to speak with us.

At our last inspection on 3 March 2017, we found a breach of regulation relating to guidance available to staff about how to support people safely. We found improvements were needed in a total of three key areas. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question effective to at least good.

At this inspection we found improvements had been made in all key areas, and the provider was meeting the fundamental standards required by regulations.

Enthuse Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to people with a range of social care needs. These include older people, younger adults, and people living with dementia, mental health needs, physical disability and sensory impairment.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and in line with their agreed care visits. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to protect people from risks associated with the management of medicines and the spread of infection.

Care and support were based on detailed assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Where appropriate, people were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs.

Care workers had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment, and their views were listened to. Staff respected people's independence, privacy, and dignity.

People's care and support took into account people's abilities, needs and preferences, and reflected their physical, emotional and social needs. The provider arranged events for people at their office which kept

them in touch with the wider community. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The provider had a clear vision and strategy, which was shared with staff. Systems were in place to make sure the service was managed efficiently and to monitor, assess, sustain and improve the quality of service provided.

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.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure prescribed medicines were administered safely and in line with people's choices.

Is the service effective?

Good

The service was effective.

People's care and support was based on detailed and up to date care plans and assessments.

Staff were supported by training and supervision to care for people according to their needs.

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were supported to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their physical, mental, emotional and social needs and took account of their preferences and wishes.

There was a complaints procedure in place, and complaints were dealt with professionally.

Is the service well-led?

Good

The service was well led.

Management systems and processes were in place to monitor and assess the quality of service provided.

There was a friendly, empowering culture in which people were treated as individuals and could speak up about their care and support.

Enthuse Care

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.

This inspection took place on 1 August 2018. We gave the provider 24 hours' notice of our visit so we could be sure the registered manager would be in the office.

The inspection team comprised 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.

We reviewed information we had about the service before the inspection. This included previous inspection reports, notifications and information the provider sent us in the Provider Information Return. 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. Notifications are information about certain events providers are required to tell us about by law.

We spoke with five people who used the service or their family members. We reviewed feedback from a questionnaire we sent to people, their families and involved health and social care professionals.

We spoke with the owner, the registered manager, the business manager, and six members of staff.

We looked at the care plans and associated records of seven people, including their medicines administration records and client visit logs. We reviewed other records, including the provider's policies and procedures, meeting minutes, internal checks and audits, quality assurance survey returns and reports, induction, training and supervision records, and recruitment records. We saw records of spot checks, safeguarding referrals, complaints and compliments.

Good

Is the service safe?

Our findings

When we inspected Enthuse Care in March 2017 we found the provider had not always provided guidance to staff which took into account risks to people's safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and was now meeting the standards required by the regulation.

People and their family members told us staff supported people safely. One family member said, "They transfer him from his chair really carefully and use his frame if they need it." Another said, "They are skilled at what they do which makes us feel safe with them."

Since our inspection in March 2017 the provider had rewritten all assessments, care plans and risk assessments. They had undertaken a comprehensive audit of all the new records, and updated care plans and risk assessments where the audit had identified shortcomings.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with their home environment. The provider used checklists to identify risks affecting the safety of both people and their care workers. Where necessary there was guidance in place for care workers to manage and reduce the risks.

Risk assessments were in place for individual risks such as those associated with people's medical conditions, moving and positioning people, and behaviour that challenges. Where people were at risk of falls, the risk had been assessed, and there was appropriate guidance for staff in the person's care plan. Where a person was at risk of self-neglect and poor nutrition, their care plan included signs and indications staff should look out for. One person was at risk of skin infection, and their care plan had actions for staff to reduce and manage the risk.

Where people had long term health conditions, there was information about these in their care plans. Examples of these included the signs of high blood pressure and actions for staff to take, including how to recognise the signs of a stroke. There was guidance for staff on how to monitor for changes in people's conditions, and explanations about how a person's learning disability might affect their behaviours. If people had a diagnosis of diabetes, there was an appropriate risk assessment in place. If people were living with epilepsy, there was guidance what to do in the event of a seizure. Guidance was in place to help staff support people safely.

The provider made sure staff were aware of their responsibilities to protect people from the risk of abuse and to report any concerns. The staff induction pack referred staff to the provider's safeguarding policy which described their responsibilities towards people made vulnerable by their circumstances. Staff training included the types of abuse, signs to look out for, how to report concerns, and sources of support available to staff if they had concerns. Staff told us there was an "open" organisation with respect to reporting concerns, and they would "never be shy" to make a report if necessary.

There were sufficient numbers of suitable staff to meet people's needs. The provider had a "retainer" contract with the local authority which enabled them to have enough staff available to provide care packages for people in an emergency or at short notice. The provider had flexibility to manage absences because the management and office staff were trained care workers and could provide cover if necessary.

At our inspection in March 2017 we found some recruitment records were incomplete and did not contain all the information required to show staff were suitable to work in a care setting. The provider resolved these concerns immediately after that inspection. Since then they had audited all recruitment records and put in place random spot checks to prevent the same thing happening again.

Records in place at this inspection contained all the necessary information, including records of checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had a policy of renewing DBS checks every three years.

The provider had a robust recruitment process which included an application form, telephone interview, face to face interview, and induction followed by a period of shadowing with experienced colleagues. During the induction period, the in-house trainer acted as a "buddy" to the new staff member and had regular checkpoints with them to track their progress. There was a thorough induction and shadowing assessment with formal sign-off. People were supported by staff who were suitably prepared to support them safely.

At our inspection in March 2017 we made a recommendation to improve the standard of medicines recording. At this inspection we found improvements had been made. Instructions and guidance for staff were thorough and comprehensive, and clearly stated if the person took responsibility for their own medicines, if this was done by their family, or if the care worker should "prompt and witness" people taking their prescribed medicines. One person told us they were happy with the support provided around medicines. They said, "They pull it all out for me and I take it myself."

People's medicines administration records were checked and audited regularly. If the auditor identified gaps in the records, they cross referenced the person's daily care log for evidence they had taken their medicines. Where necessary, concerns were followed up with the individual care worker and action taken, such as additional training or supervision.

All the people we spoke with were satisfied their care workers followed hygiene guidance designed to protect people from the risk of infection. This included wearing appropriate protective clothing such as gloves, aprons, and shoe covers while they were in the person's home.

The provider had processes in place to learn from experience, incidents and accidents. All incidents were logged and analysed for trends and patterns. In one case, this had led to a person returning to being responsible for their own medicines. This was beneficial to their independence and dignity, and showed the provider used lessons learned to improve people's experience of care.

Good

Is the service effective?

Our findings

People we spoke with and their families confirmed that people's care and support was based on assessments and care plans. One person's family member said, "Yes, we had an assessment and they listened to us. They told him what would be happening, and they were very good."

All assessments and care plans had been updated since our last inspection. They included assessments of people's general needs, mental capacity, personal care, and support with moving and positioning. They covered people's needs with respect to any sensory impairment, medicines, diet and nutrition, and desired social outcomes. People's medicines care plans included body maps to show exactly where creams and ointments should be applied.

Assessments included any risks associated with supporting people in their own homes, and covered individual concerns if the person's circumstances made them particularly vulnerable. Where the provider was contracted to support people at short notice, they put in place an emergency care plan which was then refined and developed as the care package was extended and staff got to know people's needs and preferences better. People's care and support was based on thorough assessments and detailed care plans.

The provider supported staff with suitable training and supervision to deliver effective care. New staff received an induction and initial training, which was in line with the Care Certificate. This is a nationally recognised set of standards health and social care staff must meet to demonstrate they are competent to deliver safe, effective and compassionate care. The provider's induction pack for new staff included a first aid guide, staff handbook, equality and diversity statement, whistle blowing policy, and guidance on the use of computers, email and social media to protect people and their information.

In-house training was supported by a training workbook, and included first aid, confidentiality and data protection, equality and diversity, dementia awareness, fire safety, health and safety, infection prevention and control, medication, mental capacity, nutrition and hydration, pressure injuries, and safeguarding. Where people had specialist needs, the provider sourced training to help to give staff the skills and knowledge to work with them. Examples of this were support for people with feeding tubes and catheters.

The provider had a system of computer records and paper reports which showed staff were up to date with training the provider considered essential. People were supported by staff with the necessary skills and knowledge appropriate to their role.

Where appropriate, the provider supported people to eat and drink enough, taking into account their choices and preferences. One person said, "They help me with my meals, I can't stand for long you see. I choose what I would like to have, and they do it for me." Another person's family member told us, "They prepare his meals, and make sure he gets his medicines on time."

Where people were at risk of poor nutrition, staff kept records of their food and fluid intake. Where people had difficulties swallowing, their care plan included instructions for staff to thicken their drinks as prescribed

by their GP. Arrangements were in place to manage and reduce risks around food and drink.

Staff supported people to have access to other healthcare services when needed. Records showed the provider contacted people's GPs or, in an emergency, paramedics if there were concerns about their health and welfare.

The provider had met with a local GP to start a dialogue about shared concerns and expectations. This had led to a better understanding of when it was appropriate for staff to make a referral to the person's GP. The provider worked in cooperation with other healthcare providers to meet people's wider needs.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act.

Staff were made aware of their responsibility to make sure people had consented to their care and support, and the principles to follow where they were assessed to lack capacity to do so. Mental capacity training was included in the induction pack for new staff. Staff assumed people had capacity, which was in line with the legal guidance. Care plans showed clearly where people were able to make choices about their care. Where people had been assessed as lacking capacity, the provider worked with local authority commissioners and people's GPs to make sure their best interests were considered in decisions about their care and support. People's human rights were protected where they lacked capacity to make decisions themselves.

Good

Is the service caring?

Our findings

When we inspected Enthuse Care in March 2017 we found the provider was meeting the fundamental standards in this area. However, a concern was raised that the provider did not always respect people's preferences for a male or female care worker. At this inspection we found people were satisfied their wishes and preferences in this area were respected.

Staff treated people with kindness, respect and compassion. One person told us, "All the carers I have had in three years have been very kind. They are respectful and have a bit of banter with me, which I like." People's family members described how staff respected their relation's independence. One said, "They are very kind and treat him with dignity. They encourage him to do things for himself but understand each day is different with his condition. I cannot fault them." Another said, "They knock before they enter, which is very respectful. They encourage him to be independent as much as they can, but sometimes he just won't want to…"

Thank-you cards the provider had received from people's family members described care workers as "kind and patient", and referred to their "support, confidence, enthusiasm and hard work". Another card stated, "You were really wonderful with Dad."

Staff had time during care visits to engage with people and have general conversations with them. One person's care plan included suggestions for conversation topics if they appeared to be "shy" with staff. People's care reviews showed that peoples' relationships with their care workers improved as they got to know each other better.

Staff supported people to be involved in their care and to make relevant decisions. The provider had found many people did not respond to quality questionnaires which they sent out twice a year. In order to understand people's experience of care, the provider increased the frequency of personal and individual contact via care reviews. These covered areas such as people's satisfaction with their care service, care plans and medicines. Where people raised points about their care and support the provider used this to make changes to their care plans. If there were negative points raised, the provider fed them into the complaints process.

A quality survey from October 2017 showed people were satisfied with the service they received, with some concerns raised about the punctuality of their care workers. The registered manager told us they had addressed these concerns and increased the frequency of their audits of daily care logs to check that care workers arrived on time and stayed for the correct duration of visit. When people raised concerns about their service the provider listened and took action.

At the time of our inspection, none of the people using the service had been identified as having individual communication needs. The provider's assessment process was designed to identify these, and to identify where people needed spectacles and hearing aids to enable them to understand information. Where people did not have English as their first language, there were always family members available who could translate

and make sure their wishes and preferences were known and taken into account.

People's care plans were written with the goals of "personalisation and independence" and included guidance for staff on how to support people in a way that respected them as an individual. Guidance showed what people could do themselves, and how staff could support them to be independent. For example, one person could take drinks independently provided staff gave them their drink in a two-handled cup.

Where the provider used social media for communication with and between staff, measures were in place to protect people's personal data. Social media groups were password protected, and policies were in place to make sure staff did not use people's full names. When staff left the company, they were removed from the social media groups. The provider had appropriate social media policies in place to make sure media were used appropriately.

Good

Is the service responsive?

Our findings

People's care and support was based on assessments and care plans that took into account a range of physical, mental, emotional and social needs. People using the service included people with a physical disability, mental health needs, learning disabilities and substance misuse. Care plans took their needs into account, and included how people preferred to be supported. Care plans included guidance for staff on how to support people to be independent.

Care plans included information about people's interests and life history. This meant staff could have meaningful conversations with people about things other than their immediate care needs. The provider also invited people and their families to events at their office linked to national events such as Macmillan coffee morning, Children in Need, and Red Nose Day. There were also events to publicise cancer research and Parkinson's disease awareness. People had opportunities to take part in activities that involved them in the wider community.

The provider had an arrangement with the local authority to support people who needed care at short notice. There was a pool of more experienced staff available to deliver the care needed in these circumstances. They had the skills and knowledge to assess people's needs quickly and deliver responsive care in what were often short-term arrangements.

The provider had processes in place to check people's care and support were in line with their assessments and care plans. There were regular spot checks and staff supervisions. Staff maintained daily logs of people's care, which were checked every month by senior staff. Anomalies and discrepancies in the care logs, including the start and finish times of care visits, were followed up with the staff concerned. People received care and support that met their needs and reflected their preferences.

The provider had a complaints policy and procedure in place. This was included in the information file given to people who used the service. People knew how to make complaints and raise concerns, and found they were listened to. One person told us, "The office is easy to contact and try to sort things out as much as they can." Another person said, "They resolve problems quickly."

Complaints were logged, reviewed and followed up using records including staff statements and on-call records. There was a process in place to make sure complaints were managed professionally and used to review and improve the quality of service people received.

At the time of our inspection, there was nobody being supported in the final stages of their life. The provider was aware that the local authority retainer scheme meant they could receive an end of life care package at short notice. They had experienced staff available to respond if this should happen.

Good

Is the service well-led?

Our findings

When we inspected Enthuse Care in March 2017 we found the provider was meeting the fundamental standards in this area. However, people did not always know which care workers would be calling on them, and there were concerns about the punctuality of care calls. At this inspection we found improvements had been made. The provider issued weekly rotas where people requested them, so they would be aware of who was planned to call. We received a small number of complaints about the timeliness of calls, but the majority of people and their families told us they found the service was well led. One person's family member said, "Yes the service is well led. There is a book at Dad's which gets written in every time the carers make him something to eat, wash him, get him changed and things. They log everything for us. The communication is good." They went on to say the office staff were "good", and, "If there are any changes, they let us know."

There was a registered manager in post. They worked closely with the owner and the business manager to deliver the provider's vision of personalised care to support people to be as independent as possible. There was a consistent focus on making sure all the provider's clients had good quality care while the provider made "slow and steady" business growth.

The provider had a clear organisation in which staff understood their roles and responsibilities. The care teams were managed by a care manager, care coordinator, three supervisors and four senior care workers. The "back office" was responsible for administration, recruitment and training under a full-time in-house trainer. The provider demonstrated a belief in developing and advancing staff member's careers. Two members of the management team had started as care workers and been promoted internally.

There were processes and procedures in place to monitor, assess and improve the quality of the service delivered. These included spot checks on the care people received in their homes and supervision meetings with staff. There were regular audits of staff files, people's care plans and "live files", which contained recent records of care delivered, including medicines administration records.

People who use services and others have a right to know how care services are performing. To help them do this, the Government introduced a requirement for providers to display our ratings in their office and on their website. The provider had complied with this and other regulatory requirements, such as notifying us of certain events and incidents.

The provider had a number of measures designed to engage staff and make sure they were felt involved in the success of the service. These included a summer barbecue, and a Christmas club and Christmas bonus. There was a care worker of the year award, which was voted for by both staff colleagues and people who used the service, with a substantial prize of a holiday.

During hot weather the provider looked after staff members' wellbeing by making sure they had bottled water available. There was a buddy system which allowed staff members to support each other and reduce the impact of lone working. The provider took steps to make sure people were supported by staff who were

motivated to do a good job.

The provider had worked in partnership with the local authority and technology suppliers to investigate and assess how new technology could be used to improve the running of the service and to enhance the experience of people. This partnership working demonstrated a desire to innovate and become a leader and role model in the home care sector.