

Enterprise Care Group Ltd

Enterprise Homecare

Inspection report

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Date of inspection visit:

13 September 2019

16 September 2019

17 September 2019

19 September 2019

Date of publication:

14 November 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Enterprise Homecare is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection the service was providing personal care to 163 people living in the Manchester and Stockport areas.

Not everyone who used the service received 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

The service provided a range of care packages. Most people who used the service were happy with the care and support provided by Enterprise Homecare. People and relatives told us they felt safe and staff were caring. Call times were generally reliable. The provider used an electronic call monitoring system to help monitor scheduled calls and to ensure the quality of the service.

Risk assessments identified risks to people. People felt safe and protected from the risk of harm. People told us they received their medicines as prescribed. Staff completed medication training and their competency was checked.

Staff described signs they would look for to identify abuse and records showed appropriate action was taken to safeguard people.

There were sufficient numbers of staff who were safely recruited. They received a programme of support through training, supervision and appraisal.

Care plans were person-centred and contained information about people's life history and their preferences. Staff demonstrated their knowledge of people's care needs and action needed to reduce risks to people.

The Accessible Information Standard was being met. People were supported by staff who met their equality, diversity and human rights. People's communication needs were recorded in care plans.

People were supported by staff to access healthcare services and records. Staff provided good examples of occasions when they recognised a deterioration in people's health.

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.

Recent management changes meant there was no registered manager at the time of the inspection. The provider had promoted the previous deputy manager and they were awaiting registration. The manager completed a range of audits and checks but aspects of good governance were not evident in all areas.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Enterprise Homecare

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.

Inspection team

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. A manager had been appointed who was going through the process of registering with the commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also needed information to help carry out parts of the inspection.

What we did before inspection

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care

provided and visited three people in their own homes. We spoke with 12 members of staff including the nominated individual, manager, care coordinator and nine care workers. We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we asked the manager to send us further information. This was received promptly and considered as part of the inspection.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed.
- People's needs were communicated to staff and guidance on how to manage the risks posed to people. Staff were provided with a mobile phone and could access information via an application on the phones. Any updates to risks and safety were communicated to staff via the application.
- Staff completed training in infection control. Staff had access to aprons and gloves to wear when supporting people with personal care or preparing food. Our visits to people in their own homes confirmed this. These helped minimise the spread of infection.

Staffing and recruitment

- People said regular care workers were on time and stayed for the right length of time. People told us if other care workers were covering, this was not always the case, however they always received a call. The provider's use of electronic call monitoring had improved.
- Most staff we spoke with said call times were of sufficient length and they supported the same people. One care worker said, "I have my regular clients and I know what they like. It works better for them and for the staff."
- Safe recruitment processes were followed. The provider tried to match people with staff depending on their needs and the skills of staff.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service they received was safe. One person said, "Care workers are very welcoming. They make me feel safe; [I have] no worries at all."
- Staff had received safeguarding training and had a good understanding about the ways they could raise concerns.
- The manager was proactive in responding to any safeguarding concerns and took appropriate action.

Using medicines safely

- People we spoke with spoke positively about the support they received with their medicines. One person told us, "Medication is always given to me by the care workers [and] this is done on time."
- People were receiving their medicines as they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- Medication administration records (MAR) were taken from people's homes and checked by staff at the office. Senior staff also carried out spot checks on staff and observed medicines being given.

Learning lessons when things go wrong

- Systems were in place to analyse accidents and incidents and to look at ways of preventing a re-occurrence.
- Safeguarding incidents were investigated and action taken when necessary, such as retraining of staff.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff we spoke with considered training was thorough and provided them with the skills to undertake their role. One care worker told us they were given useful information and shown best practice examples during their training, for example how to accurately complete a medicines administration chart.
- We reviewed the training matrix for the service which showed staff were up to date with mandatory training. The provider used a range of methods including face to face training and e-learning and employed a part time trainer.
- Spot checks on staff were undertaken by supervisors on a regular basis. Spot checks are when a senior member of staff calls at a person's home during a visit by a care worker, so they can observe them and check they are working to the required standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before being offered a service.
- People's care plans described the support required for each call and reflected their personal choices and preferred routines.
- Staff considered care plans to be clear and informative about people's needs. Care plans were updated if people's needs changed. The service was pro-active in contacting health and social care professionals when a reassessment of need was considered a priority, for example when people's mobility deteriorated.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and met by the service where this was an identified need.
- Where people needed support with meals we saw their preferences were recorded. People were positive about the support they received and said, "The staff have always provided me with good meals which I enjoy" and "Yes, they do support me well; they make the meals I like."
- Care plans contained good detail about people's likes and dislikes and the level of support they required with the preparation and serving of meals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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 service had not needed to make any referrals to the court of protection for people who used the service.
- Where people lacked capacity to make specific decisions we saw the service had followed best interest decision principles. They informed other health and social care professionals if they noted a deterioration in a person's capacity.
- People we spoke with said they had been involved in their care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives said people's health needs were supported.
- Staff had an understanding about how and when to contact other agencies, for example when they considered a new moving and handling assessment was necessary. They maintained a timeline of such contacts for each person and followed outstanding actions up.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- We received a range of positive comments from people and relatives. Comments included, "They are brilliant" and "Staff are wonderful; they are kind and caring." Staff we spoke with and observed demonstrated caring qualities. They knew people well and their choices and preferences.
- People with regular care workers told us they had formed good relationships with their staff. One person told us, "My care workers are aware of what I like and dislike; we have an excellent relationship." Staff understood the importance of establishing effective relationships with people and knew how to communicate and support people in ways they understood.
- The provider told us they welcomed and promoted the diversity of people receiving a service. Staff told us they would provide care to people without any discrimination and support them to meet their individual needs. A diversity board in the head office indicated specific dates and events in the calendar were acknowledged and celebrated by staff, in line with people's faith, culture and beliefs.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a respectful and dignified manner. Staff knew how to promote people's privacy and dignity whilst providing care and support. One person told us how staff made sure they were covered up when providing personal care, which helped maintain their dignity.
- People were supported to maintain their independence and were encouraged to use the skills they had. Staff described to us ways in which they did this, for example if people were safe to self-medicate. Checks were still done to make sure people took their medicines as prescribed.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in reviews of their care, for example during spot check visits or more formal reviews. One person told us, "Yes they [staff] do come. We have been through the plan and we do update it as and when."
- People said they felt listened to and had been involved in their care planning. We saw evidence of people's views being recorded and changes made to care plans where needed or requested.
- Care records outlined how staff should offer people choices in a way they would understand, so they could make decisions about their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People and relatives said person centred care was provided.
- Care plans were reviewed regularly and there was evidence of people's involvement and updates made to reflect changes to required care and support.
- The service was responsive and flexible to people's needs. Two care workers we spoke with confirmed how they supported people with the same culture. One member of staff prepared and cooked culturally specific meals for a person, as per their preferences. Another person had an earlier visit on a Sunday morning so that they could attend church.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the requirements of the AIS. The service identified people's communication needs during the initial assessment. Any changes in these were identified by staff and communicated to management.
- Care plans provided people with information and the most effective way to communicate with people with a hearing or sight impairment.
- Staff were aware of different ways of communicating with people, for example via pictures, using pen and paper. Staff recognised the importance of giving people time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had established links with a befriending agency in the area. People were signposted to the agency if this was of interest to them.
- The service attempted to match people up with similarities or shared interests. For example, some staff shared the same language as the people they supported. They were able to communicate with them in their first or preferred language. Others shared the same culture. Staff told us this helped them build good relationships with people.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The information was used

to understand how they could improve and what they were doing well.

- The manager had responded promptly to complaints that had been made or if information of concern had come to light, for example as a result of a safeguarding concern. Meetings had taken place with people and their relatives to discuss the concerns.
- The manager took action with staff when required. For example, a recent concern had highlighted the need for staff to receive medicine refresher training. The provider responded to complaints and saw them as an opportunity to improve the quality of care.

End of life care and support

- Staff undertaking the Care Certificate as part of their induction completed the end of life care element. One member of staff told us they had received training in a previous role in using specialist equipment, such as cough assist and ventilation and would share this knowledge.
- Some care plans included basic details about end of life plans, if people had expressed these wishes.
- Staff had responded well to emergency situations that had arisen and had provided vital first aid for people on occasions. Staff had also extended help and support to family members when this was necessary.

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 key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in place at the time of the inspection. The previous deputy manager had been appointed to the post of manager and had submitted their application to register with CQC.
- The manager completed a range of audits and checks but aspects of good governance were not evident in all areas. Records were not always collected on a regular basis from people's homes which meant errors or omissions in daily notes, or on MARs, were not identified in a timely manner. Records in relation to the application of creams were not consistent. We brought this to the manager's attention and they told us timescales for the collection of paperwork would be more frequent. We will check progress on this on our next inspection.
- 'Champion' roles were in place and allocated to individual staff, for example for equality and diversity and safeguarding champions. These were not fully embedded at the time of this inspection.
- The manager was aware of their regulatory requirements, for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

Continuous learning and improving care; Working in partnership with others

- At the time of this inspection the service was expanding into other areas due to commissioning changes implemented by the local authority. There was limited partnership working with the local authority and with new providers of care. This was an uncertain period for people receiving support and this was reflected in feedback we received. One person told us, "It is confusing and stressful as I am not getting the right story."
- There were mixed views about the provider from the professionals we contacted for feedback. Feedback we received from one local authority was positive and noted the service was pro-active, engaging in provider forums and events.
- The provider had developed good working relationships with other professionals and agencies involved in people's care, for example social workers and community nurses.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 electronic call monitoring system was not being used by all staff. Timesheets were being submitted by

some staff. We noted that the visit times input on to the system did not always match those on timesheets. We made the manager aware of this internal error.

- Care staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.

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

- The provider engaged with staff, held regular meetings and recognised their achievements with 'Carer of the Month' awards.

- The manager had systems to gather the views of people who use the service and their relatives. People we spoke with and their relatives confirmed they had been consulted. Although staff had not received a survey, staff we spoke with felt fully supported, especially during times of personal stress.

- The manager was in regular contact with members of staff either face to face, on the telephone or via mobile phone apps. The manager addressed any concerns identified with staff. Staff told us they felt well supported and respected by the new manager.