

Ena Care Call Limited

# ENA Homecare Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

ENA Homecare Service is a domiciliary care service providing personal care to younger adults and older people in and around Swadlincote. The service currently provides a service for 53 people. 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 and what we found

People were not always protected from abuse and avoidable harm as staff had not always identified all potential safeguarding concerns and taken necessary action to ensure people's safety. There was not always enough staff at weekends to ensure people had their support call at the agreed time and staff rosters did not allow for travelling time. Medicine management systems need to be reviewed to ensure this complies with best practice guidelines; information was not available for people who needed prompting to take their medicines. The provider had systems and processes in place to monitor quality and safety, however these were not always effective as they had not identified these concerns.

Risks associated with people's care needs and the environment had been assessed and planned for. Staff had guidance that was up to date in how to provide safe care and mitigate any known risks. The provider had a system to record and analyse accidents and incidents to help to reduce further reoccurrence. Safe staff recruitment checks were completed before staff commenced their employment. Staff wore personal protective equipment when providing care for people.

People were supported by staff who had received an induction and ongoing training. Competency checks were carried out to ensure staff were carrying out their role effectively. Where people needed support to eat and drink, staff prepared this to people's satisfaction. People's healthcare needs had been assessed and staff monitored this and sought guidance and professional support if people were unwell.

People chose how to receive their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that were kind, caring and who knew them well. People were involved in their care and support which was reviewed to ensure it continued to meet people's needs. People knew how to raise a concern if they were unhappy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was Good (published March 2017)

### Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ENA Homecare Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# ENA Homecare Service

## 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

One inspector carried out this inspection with 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 houses and flats.

The service had a manager who has submitted their application to register with the Care Quality Commission. 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.

#### Notice of inspection

We gave one weeks' notice of the inspection because some of the people using it could not consent to a home visit or a phone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 10 September and ended on 18 September. We visited the office location on 18 September 2019.

#### What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people and nine relatives on the telephone and visited four people with one relative in their home. We also spoke with five staff, the operations manager, and the care coordinator.

We reviewed a range of records which included people's care records and risk assessments. Medicine records and daily log sheets. We also reviewed the records which detailed when people had their support visits, quality monitoring visits and records in relation to the management of the service.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and described how they may recognise possible abuse or neglect and knew what to do if they had any concerns. There was an emergency contact number for people to call the office if they had any concerns. However, where people experienced missed calls and where not able to personally make a telephone call and contact the office, staff were only aware of this when they arrived at the next planned visit.
- We saw one person had not received a call as staff could not locate them in their home. Although this was reported to the on-call person, the provider's procedure had not been followed to ensure they were safe and further checks to ensure their welfare had not been made.
- The provider had not identified these incidents may have resulted in people not receiving their care as planned and had not considered these may indicate a safeguarding concern. Systems were not in place to ensure these incidents had not been reported to the local authority safeguarding team or us.

This evidence demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was not always enough staff employed to meet people's needs at weekends.
- We saw staff rosters did not allow time for staff to travel to people's homes and as a result, staff needed to use the time allocated for their break, to provide people's care.
- We saw that over the weekend, the time people received their call was outside of the agreed timeframe.
- People were not always informed of any delay. One person told us, "I'm a bit frustrated at time, I have to wait for them coming to get me out of bed. They only phone to let me know if they are very late." Another person told us, "I really don't like late calls and also just not knowing what time they will come as you can't plan anything. They never ring to let me know."
- Office staff confirmed the staff roster was organised in this manner as there was a shortage of staff to work over the weekend.

This evidence demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment processes were used to ensure staff were suitable for their role were employed at the service.

### Using medicines safely

- The staff received training to administer people's medicines against the provider's medicines policy. However, we saw the medicines policy did not reflect current best practice guidance in relation to recording the medicines people received when they needed prompting to take these.
- Where people needed to be prompted to take their medicines, information about the medicines were not recorded and medicines administration sheets were not completed to demonstrate people had been prompted to take their medicines as prescribed. This meant all information about how to safely administer and record people's medicines was not completed.
- Where it was agreed that staff were responsible for administering medicines, the necessary information was recorded, and people felt they received their medicines when they needed them.

We recommend that the provider considers current best practice guidance for managing medicines for people receiving social care in the community and take action to update their policy and practice accordingly.

### Assessing risk, safety monitoring and management

- Risks to people were identified and managed. People felt safe when they needed assistance to use equipment to assist them to move. One person told us, "I feel safe. I use a stand aid and they manoeuvre me on it and I have always felt that they know what to do."
- People received support from occupational therapists to ensure suitable equipment was used, and staff received training to know how to use any equipment safely.
- Where people had health conditions, risks were identified and the support plan included information to manage these. For example, care plans provided instructions for staff to check people's skin for any signs of damage daily and report any concerns. This meant staff were well supported to understand risks to people and to mitigate them.
- Staff knew they were responsible for ensuring people's home were secure. Where codes were needed to enter people's homes, the information was stored within the electronic care system and secure arrangements, including password protection was in place to access this information. One person told us, "They use my key safe and there has been no problem." Staff knew the importance of keeping this information safe.
- Care plans contained information on how to manage risks within people's homes.
- The provider had a business continuity plan in place to manage any foreseeable emergencies affecting the delivery of care. This included plans to manage internet system failures and plans to manage calls during periods of severe weather conditions.

### Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was available for all staff to use. One person told us, "I'm happy with the hygiene side and nothing is too much trouble. They have always got gloves and aprons and are well equipped."
- Infection control practices were assessed during competency checks carried out in people's homes.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.
- The new electronic planning system was being reviewed to monitor care and when care was needed.



# 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.

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

- People needs were assessed prior to receiving a service. This information was used to develop a care plan and risk assessments which were agreed with people and their relatives.
- A copy of people's support plans was kept in their home and basic information was included on a secure phone app. The new electronic support plan system also recorded when people needed support and individual staff rosters.
- People were satisfied that their care plans reflected the support that staff provided, and they had access to the information about their care and daily records.

Staff support: induction, training, skills and experience

- New staff completed an induction at the start of their employment which included how to support people effectively and necessary health and safety training. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- People received care from staff who had the skills and knowledge to carry out their roles. People had confidence in the abilities of the staff. One person told us, "They are all good though as I am sensitive to touch, and they are gentle and will pat me dry. I think they get good training for example they are gentle when they put the creams on me."
- Staff received training relevant to the needs of people receiving support. This included, for example, training in dementia, tissue viability and assisting people to move safely.
- Staff received observations on their competency to provide care during unannounced spot checks to ensure they continued to safely support people.
- Staff told us they had the opportunity to speak with the manager and office staff to provide support and received supervision to review their work and discuss their performance.

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

- People were supported in their food choices and had enough to eat and drink. The care plans provided information on any food allergies and people's food and drink preferences.
- Where it had been agreed within the care plan, staff prepared meals for people as needed and encouraged them to have drinks to maintain their health and wellbeing. During our visits, we saw staff asked people what they wanted preparing for their meal and one person told us, "The staff always ask me what I want for my breakfast and they always leave me with a drink."
- A record of food and drink served and left in people's home was recorded to ensure all members of the team supporting them, could monitor this.

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

- People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support.
- People were supported to maintain good health and had access to other healthcare services as required. Care plans recorded where people had visits from district nurses or doctors.
- Where people needed to use new equipment, the staff worked closely with the occupational therapist to ensure they had been assessed to use this equipment. Staff had received the necessary training.
- Where people had specific health conditions their care plans contained detailed information for staff to follow. Care plans also contained information for staff on how to identify changes and any deterioration in people's health conditions and what action they needed to take. One person told us, "The staff are quick to spot anything like that and they follow things up."
- Where changes were identified, the staff raised any concern with health professionals and the staff and management team worked in partnership with them to help ensure each person's needs were identified and met.

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 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.

- People using the service had the capacity to make decisions about their care and told us that staff asked for their consent with care planning and before delivering their care. Staff understood their responsibilities to support people to make their own decisions.
- People confirmed they were involved in their assessment and care planning and were asked about how they wanted to be supported. Where people may be unable to sign, we saw others had signed to consent on their behalf. The provider agreed this form needed to be reviewed to demonstrate agreement to the support provided.
- Where concerns were raised about people's capacity, the management team knew capacity assessments needed to be carried out to establish if people had capacity and what was in their best interests.

# 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 Good.

At this inspection this key question has remained the same. 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

- People felt the staff were kind and caring and had developed positive caring relationships with them. One person told us, "I find the staff are very good and they are always willing to do whatever you want." Another person told us, "They are very kind friendly and helpful"
- People felt staff were respectful of their home. For example, they would wipe their feet before coming in and leave things tidy.
- People were listened to and felt staff understood them. Office staff told us some people called for reassurance throughout the day and we heard people were given this support. When people telephoned the service, all calls were answered promptly, and the office staff knew the people well.
- Staff spent time talking with people and people looked forward to their visit. One person told us, "I am very happy with the staff. They will even do extra little jobs such as if they see any washing on the line, they will get it in for us."

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

- People were asked about the care and the support they needed when they started using the service.
- People received regular opportunities to discuss the care they received, and people felt the staff listened to what they said and acted on their decisions and choices. One person told us, "They are always interested in what I have to say and listen to me when I explain what I want support with."
- The provider had an equality policy and staff understood that people's support was based on their individual needs and people were consulted about their preferences about gender of staff who supported them.
- The management team told us they would signpost people to relevant organisations to access advocates if they needed support with making decisions. An advocate helps a person to express their views and wishes and to stand up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and people were complimentary about how staff provided their support and care. One relative told us, "The staff are very good the way they are respectful with [Name] and they talk to them sensibly and have a laugh."
- We saw when staff entered people's homes, they knocked on the door, introduced themselves and spoke respectfully with people.
- People had their privacy respected and dignity promoted by staff that understood these principles were important to providing good quality care.

- Where personal care was delivered, people told us the staff took time to ensure they were covered and remembered to close their curtains.
- People's retained their independence and staff provided support that enabled people to retain their skills.
- People's care records were held securely in a locked cabinet within a locked office or through a secure internet-based system with password security. Staff understood the importance of ensuring confidentiality.

## 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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- We saw people generally had a small team of staff who provided their care. However, new staff were not always introduced to people, which had an impact on how comfortable they felt with staff. One person told us, "I get all different staff now. I really liked my previous regular staff as they were like part of the family; you make a rapport." Another person told us, "I normally have the same person unless she is off and when that happens I ring them and ask them who is coming so that is ok."
- At the weekend, the current staffing meant that people did not always receive the support call at the time they wanted or when they expected this.
- Where support visits were organised during the week, the staff aimed to visit at the recorded time, however, due to traffic conditions and issues with other support visits, people understood that visits may be within half an hour of the agreed time.
- People were asked whether they would like to receive a copy of the rota of support visits and told us they would generally receive their rota of times of visits, although they were not aware of which staff would be visiting them as this could be changed at short notice.
- The care records included relevant information about how people wanted to be supported, their likes and dislikes and any preferences. Senior staff visited people to ensure people were happy with how they were being supported and to review and any changes. One person told us, "The agency has done a review on the care plan recently and I do feel that they listen to us. They renewed all the paperwork and the carer brought it round. The staff always write in my book after each visit."
- People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home.
- People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

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.

- Information could be provided to be people in different formats including large print or in an electronic format. Some people told us they would prefer to receive information in large print although they had not been asked if this was needed.

- The provider agreed that further information should be obtained during the assessment and review process to ensure that people were consulted about how they wanted to receive information to ensure they could understand the service provided.

#### Improving care quality in response to complaints or concerns

- People had not raised any major concerns but told us they knew who they would speak to if they had a problem. One person told us, that although they hadn't had to complain they have had to ring the office and were very happy with the response.
- There was a complaints process in place and a copy given to all people using the service.
- The provider recognised that complaints were an opportunity to improve the service and welcomed comments from people.

#### End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection.
- Staff explained where they had supported people during the end of their life they had worked closely with nursing teams to ensure they provided the care people wanted. Details of the nursing team were available in people's homes to contact where further support was needed.
- Where people had expressed their views regarding their care towards the end of their life, this was recorded.
- Where people did not want to receive any treatment or to be resuscitated a copy of this information was within the care plan to ensure their wishes were acted upon.

# 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 Good.

At this inspection this key question has deteriorated to Requires Improvement. 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; Continuous learning and improving care;

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

- There was a manager in post who had submitted an application to become registered with us.
- The manager supported our inspection and provided the necessary information we requested. The service had not had a registered manager since 2018 and there had been two temporary managers; staff reported that senior office staff had provided support during this period of time.
- Staff welcomed having a new manager and were positive about how this could promote improved working arrangements. One member of staff told us, "We can now see light at the end of the tunnel. It's been difficult having different managers so it's good that we now have a new manager. They have been open with us and it's good to know what is happening and what they plan to do."
- There was a clear management structure and an on-call rota in place, which gave clear lines of responsibility and accountability. Staff told us this supported them as they could always access support.
- The provider had quality assurance monitoring systems and reviewed how the service was managed. However, these were not always effective as they had not identified that missed calls may have resulted in safeguarding concerns and necessary action had not been taken; the length of time of each call and staff punctuality were reviewed although this had not identified that there was insufficient staff at the weekend and medicine management did not comply with current best practice guidelines.
- The provider's PIR told us about the systems and processes that checked on the quality and safety of the service. These were not always found to be managed well and ensure the provider had effective oversight of the service.
- Accidents and incidents were reported, monitored and patterns were analysed, so measures could be put in place when needed.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that senior staff would support them to do this in line with the provider's policy.
- Staff kept records of the care provided during each visit and these were reviewed to demonstrate people received the care they expected.
- We had received notifications where the provider had identified safeguarding concerns and where people no longer used the service.

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

- There were opportunities for people and their representatives to share their views about the quality of the service provided and were invited to share their views through a survey.
- People were also asked for their views and opinions about the service during care reviews and through spot checks of staff performance.
- Staff meetings were organised to enable staff to discuss important issues, raise concerns and act as an opportunity to develop and maintain relationships.

Working in partnership with others

- Staff knew how to identify when people needed intervention from a health or social care team.
- People's care plans included recommendations made by health and social care professionals and this provided staff with guidance, of how to support people to achieve positive outcomes.
- Relatives told us they valued the support and care staff provided and this enabled their relation to remain living in the community.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively to investigate any allegation of evidence of abuse and safeguarding referrals were not always made.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed each day to provide the service people required.</p>