

Enabling Care For You Limited

Enabling Care for You Limited Head Office

Inspection report

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Tel: 01732240794

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Enabling Care For You Limited Head Office is a care at home service that provides personal care support in people's homes to people with dementia, physical disabilities, sensory impairments, mental health, people who misuse drugs or alcohol and end of life care. At the time of the inspection there were 91 people using the service.

Not everyone who used the service received support with their personal care needs. 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. 79 people were in receipt of personal care at the time of our inspection.

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

Risks were not always assessed, monitored or managed safely. Important information was missing from people's care plans. The registered manager took immediate action to update care plans accordingly. Although medicine audits were completed, they did not maintain good oversight to identify errors so patterns and trends could be identified. Important information about when and how medicine required as and when (PRN) should be administered was missing from people's care plans. We received mixed feedback from people and staff about the timing of care calls. Calls to people were planned in a way that did not account for travel time and overlapped. We found no evidence people had been harmed due to calls running late or being cut short. Staff had been recruited safely. People told us they felt safe and were able to report any concerns which they felt confident would be listened to. There were effective infection, prevention and control measures to keep people and staff safe.

Audits did not maintain a good oversight of all aspects of the service delivered to people. We received mixed feedback from staff about the culture and management of the service. The registered manager understood their responsibilities and reviewed information about the service so improvements could be made. The provider had a clear vision of providing high quality, person centred and responsive support. Staff and management worked in partnership with other professionals so good outcomes for people could be achieved.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 December 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

The last rating for this service was requires improvement (published 09 December 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive

inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 27 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good governance.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained 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 Enabling Care For You Limited Head Office on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk and medicine management, staffing and how the service is checked for safety and quality at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Enabling Care for You Limited Head Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave a short period notice of the inspection because we planned to inspect using remote technology.

When we inspect using remote technology the performance review and assessment is carried out without a visit to the location's office.

What we did before the inspection

We reviewed information we received about the service since the last inspection including things the provider must notify us about, for example, accidents or safeguarding concerns. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. Inspection activity started on 2 March 2023 and ended on 28 March 2023. We spoke with 11 staff which included the registered manager and care co-ordinator. We spoke to 6 people and 2 relatives. We received feedback from 8 professionals who were involved in supporting people who used the service. We also received feedback from 19 staff by email. We viewed 9 people's care plans, 3 staff recruitment files and other records relating 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had not done all that is reasonably practical to assess and mitigate risks to people or manage medicines safely. This placed people at risk of potential harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Risk continued to not always be assessed, monitored or managed safely. Care plans continued to lack important information and guidance for staff to refer to when supporting people with specific health needs such as diabetes, epilepsy, and catheter care. Information about people's health conditions was not person specific. Although the staff we spoke to had a good understanding of how to support people, there was an increased risk people would not receive appropriate support if new staff or staff unfamiliar with the person had to cover calls.
- Information was missing from care plans about people's holistic needs which could impact their mental health and wellbeing. Some of the information in care plans was inaccurate and contradictory, for example, one person's care plan stated they did not like to be called a certain name but other parts of the care plan referred to the person using this name.
- Medicines were not always managed safely. There were gaps in people's medicine administration records (MAR). Although we could see there were reasons for the gaps by cross referring to other documentation this was not a safe way to maintain good oversight of people's medicines.
- Important information about when and how medicine required as and when (PRN) should be administered was missing from people's care plans. PRN was not administered in a consistent way and would depend on which staff member was supporting the person, this had not been identified in audits.

We found no evidence that people had been harmed. However, the provider had not done all that is reasonably practical to assess and mitigate risks to people or manage medicines safely. This placed people at risk of potential harm. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider responded immediately during and after the inspection. They confirmed care plans had been

updated and medicine audits were now improved.

Staffing and recruitment

- Staff were not well deployed to meet the needs of people. Calls to people were planned in a way that did not account for travel time and overlapped. Staff said, "I was running from one to another, driving like a maniac to get there.", "I do not feel we have enough time between calls. The calls are often overlapped and can often be 3 in the same hour time slot. No calls are missed but some of them are often late due to having so many to fit in to a small gap." and "No, don't get enough time to visit people. Some are at the same time as each other. Not enough travel time."
- Records confirmed calls to people overlapped and planning needed to improve. The registered manager said, "This is poor planning. We have taken on another care-coordinator (to manage rotas) at the moment it's left up to the staff to decide who they do their calls to first. There is time within their 12 hours to do travel time and to have breaks, but I can see this is poor planning and should be better planned and documented. If a person had a shorter call one day they would get more time the next time but I can see it's not documented or planned well."
- We found no evidence people had been harmed due to calls running late or being cut short. People and relatives said, "Sometimes fine but other times can be very late due to traffic/illness. A couple of times been very late", "Call times never missed and times okay they suit him. He pays for 45 minutes but doesn't always get that." and "Staff don't turn up on time if other people ill. My early morning call is later, it should be earlier."

We found no evidence that people had been harmed. However, the provider had not ensured sufficient numbers of staff were deployed to meet the needs of people. This placed people at risk of potential harm. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff received training to complete their roles. We received mixed feedback from staff about the training and support they received. Some staff were happy and raised no concerns, others said training needed to improve as it was mostly eLearning (computer-based learning) and they would prefer more practical training. Training records showed most training was up to date and people told us they felt staff supported them well.
- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Managers acted to ensure people were safe and repeated incidents were minimised. The management team met regularly to review and discuss incidents or when things had gone wrong.
- Staff could contact the managers and office staff for advice and an on-call system was in place so staff could ask for guidance and support at any time.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were able to report any concerns which they felt confident would be listened to. Staff received training in safeguarding and knew the importance of reporting any concerns immediately.
- The registered manager understood their responsibilities around reporting concerns to relevant organisations for investigation.

Preventing and controlling infection

- There were effective infection, prevention and control measures to keep people and staff safe. Staff had enough personal protection equipment (PPE) to support people.
- Information and guidance was available in people's care plans which outlined good practice in this area.
- Staff undertook relevant training in infection, prevention and control. Staff were spot checked to ensure the correct PPE was worn and the correct practices were followed.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained 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

At our last inspection the provider had failed to ensure quality assurance and governance systems were effective. They had failed to ensure risks to people's safety were identified and managed safely. Records related to the provision of support for people were not adequately maintained and service performance was not evaluated or improved. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Although some improvement had been made and a formal quality assurance system was now in operation, the provider had failed to identify the concerns we found at this inspection. Audits did not maintain a good oversight of all aspects of the service delivered to people. People's care records and risk assessments were not always accurate or up to date. This presented risks to the safety and quality of people's support.
- Oversight of medicines needed to improve to ensure people received their medicines as prescribed. Although medicine audits were completed, they did not maintain good oversight to identify errors so patterns and trends could be identified
- Systems to monitor care calls were ineffective, the provider had not identified where calls overlapped. The provider had no system in place to identify when calls were cut short.

We found no evidence people had been harmed. However, the provider had failed to ensure quality assurance and governance systems were effective. They failed to ensure that risks to people's safety were identified and managed safely and records related to the provision of support for people were not adequately maintained. This was a continued breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager acknowledged the lack of effective quality assurance systems to maintain good medicines oversight and acted immediately to update care plans.

- The registered manager understood their responsibilities. Registered providers are required to notify CQC of important events that happen in the service and about the support they provide. This is so we can check the action the provider takes and ask for more information if we need it. Statutory notifications had been submitted as required, and the registered manager was aware of their responsibilities to do so.
- Managers reviewed information about the service so improvements could be made. Concerns, complaints, compliments and feedback was looked at so continuous learning and improvement could be achieved. A person said, "They would listen, and I could phone directly with any complaints or concerns. I'm happy I have no concerns." The service had accreditation with various external organisations which helped them check the standards of the service they delivered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although some staff told us the service promoted a positive culture, other staff said this needed to improve. We received mixed feedback from staff about the management of the service. Some staff felt well supported other staff felt communication could improve to help them in their job roles. Comments included, "I do feel like communication with managers not the greatest. They could touch base more.", "Personally, I don't feel well communicated with and involved", "Yes, always get hold of them. I've had supervision a few days ago. I have no issues or concerns." and "Our management team are very helpful and keep in touch with us. The general culture is, overall, very positive.
- The provider had a clear vision of providing high quality, person centred and responsive support. People told us they felt included in their care and were supported in their preferred way. The registered manager said, "For us it's a very personal journey. The smallest things can have the biggest impact on people's lives. I want staff to have the passion I have for the end of life so it makes the person's and their family's last moments the best it could be. I want staff to treat people how they would want to be treated. With empathy and compassion." A person told us, "Happy with care. Managers do contact me and no problems. Yes, they are respectful and kind and caring."
- Questionnaires were sent to people, staff and professionals who worked with her service so improvements could be made. Newsletters and social media messaging was used as a way to keep in contact with staff and update them about important information. Professionals said, "We often receive verbal feedback that clients and their relatives are extremely happy with the care and support they have received." And, "I have found that when there has been issues, staff will listen and try to deal with the issue. I find them easy to approach and discuss any concerns that might have been raised."

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 their responsibilities around the duty of candour. They said, "It's about us being open. Its admitting what you could have done to make it better. Being open and honest and apologising for things that go wrong."

Working in partnership with others

- Staff and management worked in partnership with other professionals so good outcomes for people could be achieved. For example GPs, District Nurses, Occupational Therapy and Speech and Language Therapy.
- Health professionals gave positive feedback about the service. Comments included, "We often receive positive feedback verbally from patients and their support network, I have found the team to be extremely helpful and responsive, they are always responsive to referrals to ensure patients are able to return home as soon as possible.", "We have been working with Enabling Care for You for some years and have always found

them to be very accommodating and flexible. Feedback from patients and families is positive." and "Most of my dealings with this company are with (senior manager) she is very experienced, helpful and goes above and beyond expectations. This company are quick to react and provide a caring effective service."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, the provider had not done all that is reasonably practical to assess and mitigate risks to people or manage medicines safely. This placed people at risk of potential harm. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed. However, the provider had failed to ensure quality assurance and governance systems were effective. They failed to ensure that risks to people's safety were identified and managed safely and records related to the provision of support for people were not adequately maintained. This was a continued breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence that people had been harmed. However, the provider had not ensured sufficient numbers of staff were deployed to meet the needs of people. This placed people at risk of potential harm. This is a</p>

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