

Enterprise Care Support Ltd

# Enterprise Care Support Limited

## Inspection report

Enterprise Care Support  
Mitcham Parish Centre  
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Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service effective?

Requires improvement 

Is the service responsive?

Requires improvement 

### Overall summary

We carried out an announced comprehensive inspection of this service on 6 August 2015 and breaches of legal requirements were found. This was because the provider did not ensure people's consent was sought prior to care being provided; Nor was the registered manager aware of their legal requirements under the Mental Capacity Act 2005. We also saw care plans were not regularly reviewed. The provider did not have a complaints policy which was accessible to people who used the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We undertook a focused inspection on the 1 December 2015 to check that they had followed their action plan

and to confirm that they now met legal requirements. This inspection was also announced. We told the registered manager a day before our visit that we would be coming to ensure they would be available.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enterprise Care Support Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Enterprise Care Support is a domiciliary care agency that provides people living in their own homes with personal care and support. At the time of our inspection, 21 mainly older people were using the service. The agency

# Summary of findings

specialises in providing care for people from minority ethnic groups, although not exclusively. The agency covers the London Boroughs of Camden and Merton, and Staines.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

During our focused inspection we found the provider had followed their action plan and was meeting the legal requirements they were previously breaching. We saw that the registered manager had completed training, a policy had been rewritten and widely distributed and progress had been made towards new care plans which better reflected people's needs.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service effective?**

We found the provider was taking action to ensure the service was effective.

Systems were now in place to make sure care was provided with people's consent.

The registered manager had an understanding of their responsibilities in relation to the Mental Capacity Act 2005. The Act ensures people can make decisions for themselves as far as possible, and if this is not possible then action taken involves the least restriction of their liberty.

We could not improve the rating for this key question from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires improvement**



### **Is the service responsive?**

We found the provider was taking action to ensure the service was responsive.

We saw the provider was in the process of reviewing care plans for everyone who used the service. The completed care plans were now individualised and there were mechanisms in place to ensure they were reviewed regularly.

The provider had developed a new complaints policy which had been sent to those receiving a service. In this way the provider was encouraging people to express their views of the service.

We could not improve the rating for this key question from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires improvement**



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## 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 checked whether the provider is 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 announced focused inspection was undertaken by a single inspector on 1 December 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our

comprehensive inspection in August 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service effective? Is the service responsive?

Before our inspection we reviewed the information we held about the agency, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we visited the agency's offices and spoke with the registered manager. We also looked at four care plans for people. We checked other records that related to the overall management of the service.

# Is the service effective?

## Our findings

At our comprehensive inspection of this service on 6 August 2015 we found the provider was in breach of legal requirements because we identified there were no systems or processes in place to ensure people gave their consent prior to care being provided.

At this focused inspection we found the provider was in the process of completing new care plans for people who used the service. The new format included a section for people or their representatives, to sign as a way of acknowledging they were in agreement with the care that was to be provided. The service was updating each care plan as and when it came up for renewal. Eight care plans had been updated thus far and we saw there was a signature from the person receiving the service as a way of giving consent to the care to be provided. Where people could not give consent, we saw that their relatives have been involved in developing the care plans and they had signed these to confirm their involvement.

At our comprehensive inspection of this service on the 6 August 2015 we found the provider was in breach of another legal requirement. The registered manager was

unaware what was required of them and their staff if people were not able to make decisions in regards to their care and support and what their duties were under the Mental Capacity Act 2005. 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.

The registered manager had completed a training course which outlined aspects of the Mental Capacity Act 2005 and what their responsibilities were under the legislation. This was with particular reference to people who may be able to give consent to care being provided. The registered manager told us this information would be relayed to all care workers as part of their training.

We could not improve the rating for this key question from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service responsive?

## Our findings

At our comprehensive inspection of this service on 6 August 2015 we found the provider was in breach of legal requirements because people's care needs were not comprehensively assessed or individualised in their care plans. Nor were they regularly reviewed to ensure the care provided reflected people's current needs.

At this inspection we found progress had been made to ensure care plans were reviewed and updated. At this focused inspection we saw the provider was in the process of completing care plans for people using the service. We looked at some of the completed new care plans and saw they were individualised outlining people's preferences. For example, we saw a care plan outlined how the person like their tea in the mornings and what they might choose to eat for breakfast. The plan also made it clear that people should still be asked about their choices as they may prefer something different from their written choices.

The provider had plans in place to ensure all care plans were reviewed in a timely manner and they would be updated at least annually.

At this comprehensive inspection of the service on the 6 August 2015, we found the provider was in breach of another legal requirement in relation to the management of complaints. This was because people did not have up to date information about how to complain. The complaints leaflet was out of date which may have misled people who wished to make a complaint.

We saw at this focused inspection the provider had developed a new complaints leaflet which outlined the processes and included timescales of when people could expect a response. It also gave information to people about what their options would be if they were not satisfied with the response they received from the provider. The registered manager told us everyone using the service for support had received a copy of the new complaints leaflet. In this way, the provider was gaining the views of people so improvements could be made where necessary.

Whilst the breach of legislation had been met with regards to the complaints policy. We could not improve the rating for this key question from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.