

Ena Care Call Limited

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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

We inspected this service on 15 and 17 March 2016. This was an announced inspection and we telephoned the provider two days' prior to our inspection, in order to arrange home visits with people. At our last inspection in August 2014 we identified concerns with how people were supported to keep safe as risks to people had not been identified. At this inspection we saw improvements had been made to ensure staff knew how to support people and minimise risks.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Swadlincote. At the time of the inspection 44 people were receiving a service.

There was a registered manager in the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People received their medicine and were supported to apply any creams or ointments they needed to maintain their health. Where medicines were not administered in blister packs, systems were not in place to ensure people received all their medicines at the right time.

People were protected from the risks of abuse as staff knew how to recognise the signs of abuse and would report their concerns. Safeguarding incidents were reported to the local authority but agreed safeguarding procedures were not always followed.

People generally received the support visit on time but some people did not receive their support for the agreed length of time. Travelling time was not included in the staff roster which impacted on the support people received. This information was shared with commissioners of the service.

There were processes to monitor the quality of the service provided although these systems had not identified concerns with medication and receiving the correct length of support time.

People received effective care and support from staff who were well trained and knew how people liked things done. Staff received supervision and had opportunities to develop their skills to meet people's needs.

People were treated with care and kindness and they were supported to be as independent as possible. People received support that was individualised to their personal preferences and needs. Positive and caring relationships had been developed between staff and people who used the service.

People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. People were supported to express their views and be involved in decisions related to

the planning of their care and the running of the service.

People had capacity to make decisions about their own care and people were asked about how they wanted to receive support. People usually received support from the same staff team and they knew who was providing their support in advance. The provider was flexible and responsive to changes for support times. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

We found a breach of the regulations and you can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medication management systems were not always effective to ensure people received the correct prescribed medicines. People felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered to be kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive the agreed level of support that had been commissioned by the local authority and systems were not in place to identify where people's support visits needed to be reviewed. People felt able to raise any concerns and complaints were investigated and responded to. People were involved in the review of their care and decided how they wanted

to be supported.

Is the service well-led?

The service was always well-led.

Systems were in place to assess and monitor the quality of care although these did not ensure people were receiving their correct medicines or receiving the correct length of support. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

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 inspection took place on 15 and 17 March 2016 and was announced. One inspector carried out this inspection. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We used a range of different methods to help us understand people's experience. We visited five people who had a relative or friend with them and spoke with four staff and the registered manager. We sent questionnaires to people who used the service, staff and professionals; we received 12 responses and have used this information to help us form a judgement about the service people received. There were 44 people receiving a service at the time of our inspection.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

At our last inspection we identified concerns with how risks to people were assessed and managed. We found that the registered person was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made. Support was now planned and delivered in a way that promoted people's safety and welfare. Assessments of potential risks to people were completed during the initial assessment visit to people and identified how staff should support people to minimise risks. These were reviewed during subsequent review meetings and included information about general risks as well as specific guidance about risks identified in the person's home.

People told us they were confident that the staff supported them in a way which helped to keep them safe. People used a variety of equipment to help them to mobilise and staff knew about the risks associated with people's care and how these were to be managed. For example, where people needed to use moving and handling equipment, the risks had been identified and staff received specific training for the equipment. One person told us, "I have my own sling and hoist and the staff know exactly how to use it. It's not easy using all that equipment but they always seem to do it right and I've never had any problems." Another person told us, "The staff help me to move but I do most of it myself, they just assist. They never take away my independence but are always there so I don't have to worry any more about whether I'll fall." The care records included risk assessments and we saw these were updated and reviewed where people's support changed.

Some people were responsible for taking their own medicines and were independent in this area and other people needed support or prompting. Most people had their medicines dispensed in blister packs and we saw the records showed when these were needed and when they were taken. We saw one person had medicines administered by the pharmacy in their original boxes. There was no system in place to ensure staff had all the information about their medicines and there was no record of how many tablets the person had in their home. The medication administration records did not record all the information to ensure staff could check they were administering the correct medicine with the correct dosage. The records were hand written by one member of staff and no checks had been carried out to ensure these were accurate. Staff had received training to administer medicines although they had not identified these concerns. We addressed this with the registered manager and a review was carried out during our inspection.

Staff had a good understanding and knowledge of safeguarding people from abuse and described how they may recognise possible abuse or neglect. Staff had completed training in safeguarding people and understood their responsibilities to report any concerns and one member of staff told us, "I know what abuse is all about and where I found out about possible financial abuse I reported and this was looked into. I can't ignore what I see and I have to act on this information to keep people safe." We saw this concern had been reported to the person's social worker rather than to the safeguarding team in line with agreed procedures, and we had not been notified of this incident as required.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw that staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. The provider had systems in place to ensure staff continued to be suitable to work with people as they completed police checks every three years. Where people had applied for police checks on line they could apply to have these renewed annually for a small fee and these were monitored by the provider.

People felt there were enough staff working in the service to meet their needs. People told us they generally received their visit on time. One person told us, "We know they can be stuck in traffic or a bit late but they are usually here when we expect them to be. They've never been late for me." Staff used a telephone to record when they started and finished their visit to record the actual time spent with people; an alert was sent to senior staff if people didn't receive their call on time to ensure there were no missed calls. People knew how to contact staff in the event of any emergency. The office number transferred to an emergency phone out of office hours and one person told us, "I have the number to call if I have any problems. I've never called it but its reassuring to know that I can if I need to." Some people had private arrangements in place and wore an emergency pendant. One person told us, "The staff always check I'm wearing my pendant before they leave. They check around everywhere to and make sure everything is ok and I have my phone."

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager stated people who used the service had capacity to make everyday decisions. The manager and staff understood that where there were concerns about people's capacity, assessments should be carried out to ensure that decisions were made in people's best interests. The staff had received training in relation to MCA and one member of staff told us, "People are able to make decisions and have a good insight into their own care. If this changes we would report this and we'd look at how people were supported to make decisions." People were supported to give consent before any care or support was provided. The staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, "I always check to make sure this is what people want me to do. We have everything written down but we need to make sure."

New staff received an induction into the service after all checks have been received. The registered manager explained that the primary training was moving and handling as this was required to enable them to start shadowing experienced staff. One member of staff told us, "We all have to do the moving and handling training first so we know what to do and can help. We then work with people so we can get to know them. We don't work on our own." Over the first three months staff received additional training for understanding how people make decisions, safeguarding people and helping people to keep well. New staff primarily worked alongside an experienced member of staff to ensure they developed the knowledge and experience to complete the care certificate. All new staff completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I was really well supported when I started working here. I never felt out of my depth." Following the induction, the staff received their first supervision and had an opportunity to discuss their performance and future training needs.

People told us they were confident the staff had the skills they needed to support them. People received care from staff who were monitored by senior staff to ensure they provided care and support in line with people's assessed needs. One member of staff told us, "There's spot checks so the manager knows we are doing things right. We don't get told when they are coming out; the first thing we know is when we see their car. They check that we use the right equipment and if we are clean and tidy." Staff also received individual supervision to discuss anything that was concerning them, their performance and opportunities for the future development of their role. One member of staff told us, "We meet up regularly and can discuss if we

need more training or if something is bothering us. We also discuss what happened with any spot checks and if we need to make any improvements."

People retained responsibility for managing their own health care and where people needed support this was provided. We saw that where staff had identified issues about a healthcare condition a person was experiencing, this was discussed with the relevant health professionals to ensure it was managed and did not lead to further health problems. One person told us, "They really look after me. It's nice to be looked after." Another person told us, "They are always willing to do what needs to be done. They will drop a prescription off for me as I can't get out. They don't have to but it's lovely that they do." The care records included information about people's health and details of health care professionals and received support when needed.

Some people needed support to prepare and eat their meals. One person told us, "The staff always make sure I have everything I need until my next visit. I've got some tea cakes and a yoghurt here, so if I need something to eat I don't have to worry about getting anything. They always ask if there is anything else I need." The staff told us that they supported people to heat meals or prepare snacks but people who currently used the service did not need any additional support.

Is the service caring?

Our findings

People were treated with care and kindness. One person told us, "It doesn't matter what happens they are always calm and very professional and kind." Another person said, "It never feels like they are intruding. I look forward to them visiting and they always make sure I'm alright before they leave." Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One person told us, "The staff are like hawks, they don't miss a thing. If anything is wrong they spot it and deal with it." One member of staff told us, "We try and support the same people so we can build a relationship with them. People prefer to have support from staff they know and we can see any changes so it's better for everyone." The staff demonstrated a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported.

People were happy with the staff that supported them and told us staff treated them with respect and listened to what they had to say. One person said, "All the staff here are wonderful and I couldn't stay at home without them. They always ask me what I want and listen and they don't make me feel silly when I forget things." Another person told us, "They've given me my life back." One relative told us, "The service has given us peace of mind. I know the staff come and we can rely on them to do what [person who used the service] wants. You hear awful stories but we've never experienced anything like that. It's all been good."

People told us the staff were friendly and one person told us, "I know who's coming to visit and I like that. There are some really nice girls." Another person told us, "The staff are like friends now. We talk like we've known each other for years. I'm really comfortable around them." Staff understood people's right to privacy and dignity and enabled people to carry out their own personal care where possible. One person told us, "The staff make sure I'm safe and sitting down and then they'll wait outside the bathroom until I shout. They always give me some privacy." Another person told us, "The staff always make sure I'm covered with a towel. I never feel exposed."

People were supported to be as independent as possible. One person told us, "I've never been waited on and I don't intend to start now. They help me to do things myself and don't take over and that's the way it should be." Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help.

People said they were given choices in the support they had and staff always asked them what they needed. One person told us, "It's a partnership. We work together and they ask me what I want and we do it together." Another person told us, "I was asked what I wanted when I started using them but the staff always check. They don't assume anything."

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas. Where staff were on call, they were clear about how to maintain the on-call records to ensure they were safe. One member of staff told us, "If I'm on call then the records are with me at all times. We know we can never leave them in a car or unattended."

Is the service responsive?

Our findings

People had agreed the time where they would receive their support visit. Staff had a rota of all their visits but this did not allow for staff to travel to people's homes. We saw that where people were funded through the local authority, they did not always receive the time they had been funded for. The staff agreed that it was difficult as there was no designated travelling time and one member of staff told us, "If people say we can go early because we have done everything, it means we can catch up a bit. We write this down though." Another member of staff told us, "We're often late and we have to explain to people but I can look at my rota and see I'm going to be late so start my shift earlier." People told us they understood that staff may be late or early due to issues such as traffic or emergencies when visiting other people but we saw the way support times were organised meant that people may be at risk of not receiving the care that they had been assessed to receive. We shared our concerns with the Derbyshire Commissioning team.

People told us they knew who was providing their support and they were informed in advance of any changes. People showed us their care rota which gave them details of which staff were visiting and the name of the staff member. One person told us, "It's rare that it's gets changed. Sometimes I have other people when the staff are on leave, but generally it's the same staff who come here."

There were arrangements to cover emergencies and there was an on-call system for people to contact in an emergency and for staff to receive support. People told us they knew the number to call if there were any problems and this was available in people's care records. One person told us, "I would give them a call if I had to, but I've never needed to before." A member of staff told us, "The on-call is good for us too as we often work alone and if anything is worrying us we can call for advice or support."

People had an individual support plan which included information about how they wanted to be supported and people consented to us looking at their records with them. They told us when they first started using the service they were visited by staff who asked them how they wanted to be supported. One person told us, "It was different at first and I needed more support. We've all got used to each other now and it works really well. I've got my support plan and we went through it. I don't look anymore because they do what I want every day, so I know they do the right thing." The staff were knowledgeable about people's care and knew what was required to support them in a safe way. A member of staff told us, "When we start visiting someone who is new, we are alerted by the office and we come and read the care plan. If there's anything we don't understand then we can ask the manager of staff and they can help us. It's very rare that we would be expected to go out to support someone we didn't know."

People were involved with decision making and had an agreed plan of care. One person told us, "I like the way staff support me and I'm happy with what's being offered." Another person told us, "My daughter goes through the plan with me so I can see what's been said. They're always spot on with everything." We looked at people's care records with them and we saw that they were personalised to reflect their individual preferences, support needs and what they could manage for themselves. People's care was reviewed annually, however the registered manager identified that improvements could be made and had introduced a new review system. Each person had a designated care worker who took responsibility for reviewing their

care; these were known as key workers. People's care was now being reviewed more frequently and people were asked whether they wanted a review monthly, quarterly twice a year or annually. One member of staff told us, "This should work so much better as some people's needs change and we need to make sure we always have the right information." This meant that people's care and support was reviewed to ensure it continued to meet their needs and expectations.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. People told us they were happy with service and no reason to complain. One person told us, "If I had anything to complain about they would sort it. They are very accommodating." We saw where any complaint received was investigated and the manager responded to all concerns.

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.

Is the service well-led?

Our findings

The quality monitoring systems in place were not effective in assessing, monitoring and improving the care people received. We saw systems were not in place to ensure that staff had an accurate record of medicines people needed. This meant for some people checks were not in place to ensure the correct medicines were administered at the right time. Staff told us that where people had not received any medication they would alert the office, but we identified that where a potential error had occurred and systems were not in place to ensure medication errors or omissions were investigated promptly.

The system to monitor and identify whether people received their support on time and for the agreed length of time was not effective. The electronic system used by the provider identified when staff arrived and left each visit, but the length of support people should have received was not monitored by the provider. We saw for some people this meant they received significantly shorter support visits than had been agreed. Where people needed additional time, the length of their visit was not reviewed with them or the local authority to ensure staff could meet people's assessed needs.

This evidence demonstrates there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration although we were not informed of all notifications as required including safeguarding, serious injuries and any deaths of people who used the service.

People were consulted about the quality of the service through an annual quality assurance questionnaire. We saw the last review showed that people were satisfied with the care they received and everybody commented that they were supported to be independent. Comments from people included; 'Carers always encourage [person who used the service] to walk with a frame and gives them extra confidence. Carers always have a smile on their face.' 'Both my carers go above and beyond their duties; makes a big difference to myself' And, 'Efficient and always interacts well with [person who used the service].' The registered manager also identified where improvements were required as a small number of people had not received their call. As a result of this, alerts were set up on the provider's system to identify where staff had not visited people or were late. A copy of the results and summary were available in different formats for people and provided for people.

The staff told us they felt part of a supportive team and felt the registered manager was approachable and listened to them if they raised any concerns or suggestions for improvements. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. The staff told us they wouldn't hesitate to report any concerns they had about care practices to ensure people using the service were protected from potential harm or abuse. One member of staff told us, "I know we would be protected if we raise anything but I would tell the manager because we have a duty to people and need to make sure everything is right for them." This meant

suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care from potential harm.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established or operated effectively to assess, monitor and improve the quality and safety of the services provided.</p>