

Energize Care Limited

Energize Care

Inspection report

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Tel: 01535957493

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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

Energize Care is a domiciliary care agency providing personal care and support to people who live in their own homes. They were providing personal care to two people at the time of inspection.

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

Risk assessments were not always reflective of people's needs. We found this to be a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance systems were either not in place or robust enough. An accurate and complete record was not kept for each service user. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have made a recommendation about a system being put in place to document people's involvement with their care and to evidence when Lasting Powers of Attorney are in place.

Overall people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and/or their relatives were involved in the planning and review of their care.

Procedures were in place for reporting concerns, safeguarding matters, accidents, incidents and complaints. However, at the time of the inspection there had been no matters to report. Currently the main overview and quality assurance of the service was through the registered manager and nominated individual delivering care and support alongside staff.

The registered manager was aware of their responsibilities in relation to the duty of candour and when to submit notifications to the CQC.

The service did not currently administer medicines to people. However, they did apply topical creams. This was clearly documented.

Safe recruitment practices were followed. Staff received appropriate support, training and supervision.

People were treated with compassion, kindness, dignity and respect.

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

Rating at last inspection

This service was registered with us on 20 June 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

The provider responded immediately during and after the inspection. They confirmed they would review all care needs, care plans and risk assessments to make sure they covered all aspects of people's care. The provider told us they were in the process of putting a quality assurance system in place to have oversight of the service.

You can see what action we have asked the provider to take at the end of this full report.

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 not always 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 ●

Energize Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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 registered 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 October 2021 and ended on 18 October 2021. We visited the office location on 18 October 2021.

What we did before the inspection

We reviewed the information we had received about the service within the last 12 months. We sought feedback from the local authority quality team, safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete 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 two relatives about the experience of care their family member received. We spoke with four members of staff including care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested information to gain feedback about how the provider worked in partnership with other healthcare professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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

- Risks were assessed and reviewed. There were risk assessments in place for areas such as the environment, medication, falls and moving and handling. However, these were not sufficiently detailed and contained conflicting information.
- Both people had risk assessments in place in relation to their moving and handling needs, but these were not reflective of the fact both people were nursed in bed.
- However, all staff were aware of people's needs and worked alongside the registered manager and nominated individual who had in-depth knowledge of both service users.

We found no evidence that people had been harmed however, detailed risk assessments covering people's needs were either not in place or robust enough. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they would review all risk assessments and ensure they covered all aspects of people's care.

Using medicines safely

- The service was not administering medicines at the time of inspection as this was managed by people's family members. However, there was conflicting information within the records in relation to this. There were areas where it was clearly stated, 'family administer medicines' but each person also had a medication risk assessment in place which had been written as if staff were administering all medicines.
- We discussed this with the registered manager who told us they would immediately address this.
- Staff received medication training and told us they did not administer medicines but did apply creams. Topical Medication Administration Records (TMARs) were in place which clearly showed what cream to use, where and when to apply. One relative commented on how their family member's skin had improved due to the application of creams.
- The registered manager told us they reviewed all TMARs on a monthly basis.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place to protect people from harm.
- Staff received safeguarding training and gave clear examples of when and how they would report any concerns.

- The registered manager told us there had not been any safeguarding matters. However, they knew what action to take and had a process in place to ensure any incidents were recorded and appropriately reported.

Staffing and recruitment

- The service was small and had sufficient staff to meet people's needs. The registered manager told us as the number of people requiring the service increased, they would recruit new staff.
- The provider had a recruitment policy and procedure in place to ensure staff were suitable to work with vulnerable people.
- The staff recruitment files evidenced this policy was followed. The nominated individual audited the files to ensure all checks had been completed and recorded.
- Relatives told us they were happy with the care and support their family member received. One relative told us, "They are very good. They've been fantastic. [The staff] are the heart of the company. They've chirped my [relative] up." Another relative commented, "The staff go the extra mile. They're reliable and on time."

Preventing and controlling infection

- Staff had received infection prevention control training and understood the importance of this.
- The registered manager and nominated individual worked alongside staff and carried out spot checks to ensure staff wore appropriate PPE and worked within infection prevention control practices.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents and incidents since the service had registered with the CQC in June 2018.
- They explained the process they had in place to monitor and review accidents, incidents and safeguarding matters, including any lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had an MCA Policy in place which stated where needed there would be a proper assessment of people's capacity and decisions would be made in their best interests.
- Staff received MCA training and told us how they involved people with their care. One member of staff told us, "People are involved in care planning and I ask them." Another member of staff, said, "I ask people and involve them."
- The registered manager had a good knowledge of the MCA and explained the action they take if a person does not have the capacity to make a decision. For example, discussing this at the start of the care package, with the person, family members and other healthcare professionals. Both relative's we spoke with confirmed this was discussed at the start of the care package.
- The registered manager told us they were in the process of obtaining confirmation of family members' involvement with people's care by requesting a copy of a Lasting Power of Attorney (LPA) for health and welfare. A LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

We recommend the provider puts a system in place to ensure it is clearly documented how people are involved with their care and where LPAs are in place, this is evidenced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier

lives, access healthcare services and support

- People's care and support needs were assessed and regularly reviewed.
- The registered manager told us the service worked alongside other healthcare professionals such as the mental health team, occupational therapist and district nursing team. They told us there was a communication log within people's houses to share information.
- Relatives confirmed that GPs and the district nursing team were involved with their relatives' care.

Staff support: induction, training, skills and experience

- Staff received induction training, worked towards the care certificate and completed specific training to meet people's needs.
- Supervision and spot checks were completed to ensure staff were delivering safe care and support. In addition to this the registered manager and nominated individual worked alongside staff.
- The registered manager told us as the number of clients increases, a care coordinator would be employed to take on this role.

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

- Where people required support with their meals and hydration, this was recorded in their care record.
- Staff explained how they made sure people had drinks and snacks. One relative commented, "[My relative] used to refuse food but carers have encouraged [my relative] to eat. [They] look forward to them [the care staff] coming."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us people's diverse needs were taken into account. Relatives told us the huge impact this had on their family member. Staff spoke in people's own language and respected their religious needs, customs and traditions.
- Staff told us how they had built up good relationships and knew people well.
- Staff recognised the importance of respecting people's cultural, spiritual and religious needs. They explained how they performed ablutions to enable people to pray and recognised, "This is really important to people."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff knew people's likes and dislikes and explained how they supported people to be involved in making decisions about their care.
- Relatives told us there was a regular team of care staff who knew their family member well and understood their needs.
- Staff explained how they respected people's privacy, dignity and independence. One staff member told us, "We ask people. We don't do anything they don't want. We make sure personal care is completed in private." Another staff member said, "We give people encouragement and ask if they would do things within their capacity. Such as choosing their drinks, meals and clothes."
- One relative commented, "The care staff treat [my family member] as a person. [They] now have a smile on their face. Staff treat [my family member] with compassion and treat them like a human being. They're a breath of fresh air."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager told us they carried out an assessment of people's needs prior to commencing a package of care. Relatives confirmed this and told us people were involved in this process.
- The care plans identified and considered people's needs and preferences. However, they did not provide sufficient detail. For example, one person required support with their mental health but there was no care plan in place regarding this.
- The registered manager told us they would immediately review people's care records and ensured they covered all aspects of their care and support.
- Staff were knowledgeable about people's preferences and relatives confirmed staff knew people well.

Meeting people's communication needs

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

- The provider had an AIS policy in place. This stated people would be asked about their communication needs and find out how to meet these.
- People's sensory losses were recorded within their care record and the provider offered a variety of ways to communicate with people to meet their needs. This included face to face and written communication in different formats.

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

- Relatives commented on the improvement of their family member since their package of care and support had commenced. The registered manager and staff had recognised how important it was for people to take part in activities that were relevant to them.
- The registered manager had listened to the importance of prayer and recognised people who used the service required ablutions, cleaning in a certain way, in order to be able to pray.

Improving care quality in response to complaints or concerns

- The provider had a complaints, suggestions and compliments policy. The registered manager told us no complaints had been made.
- The registered manager explained they had put a process in place in case any complaints were made in

the future. This would enable them to maintain an oversight of complaints and to look for patterns and trends.

- Relatives told us, they had no complaints about the service and knew who to contact if they did.

End of life care and support

- Staff received training in end of life and palliative care. At the time of inspection one person was receiving end of life care and had the support of the district nursing team.
- Although we did not find anything to indicate end of life care and support was not being met, the person did not have a formalised end of life care plan in place.
- The registered manager recognised there was further work to complete around end of life care planning. They told us they would ensure people had the opportunity to discuss this at the initial assessment, when creating the care record and at care reviews.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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 service had a registered manager in post. They were aware of their responsibilities in relation to the duty of candour and when to submit notifications to the CQC.

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

- The service was providing care and support to two people at the time of inspection. The provider was in the process of putting quality assurance systems in place to monitor the service when it expanded. The registered manager told us as the service expanded, they wanted to use an electronic monitoring system to maintain a clear oversight.
- At the time of inspection, the service had no missed calls, safeguarding concerns, accident, incidents, CQC notifications or complaints to audit. Currently the main overview and quality assurance of the service was through the registered manager and nominated individual delivering care and support alongside staff.
- There were no systems currently in place to quality check the work of the registered manager. The nominated individual told us they were in the process of putting a system in place.
- The registered manager completed a monthly review report for each person. This included, reviewing changes in people's health, care records, care visit notes, medication, checking whether any support was required with attendance at appointments, reviews of incidents and obtaining feedback on service.
- These quality checks, via the monthly reviews, had not picked up on the issues we found at inspection in relation to care plans and risk assessments. We found an accurate and complete record was not kept for each service user. For example, not documenting people's support around being nursed in bed and mental health needs.

We found no evidence that people had been harmed however, quality assurances systems were either not in place or robust enough. An accurate and complete record was not kept for each service user. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they would review all care needs, care plans and risk assessments to make sure they covered all aspects of people's care.

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

characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager maintained regular contact with people who used the service and their relatives. People's views and opinions on the service were actively sought. One relative said, "Every month they send a questionnaire for feedback. The manager rings to check how the service is going." Another relative told us, "They contact my relative at least twice a month."
- Staff said they felt supported in their role. One member of staff said, "I feel supported. My manager asks about me and also how I get on with clients." Another member of staff told us, "I'm supported, 100 per cent."
- Staff meetings and surveys were used to engage and involve staff and obtain their feedback.

Working in partnership with others

- The registered manager explained how they worked in partnership with the GP, the mental health team and the district nursing team. Relatives confirmed this.
- We requested contact details, from the registered manager, for other healthcare professionals who worked alongside the service, to gain their feedback. We did not receive this information. We also asked to see a sample of communication logs between care staff and healthcare professionals. The provider sent a communication log to demonstrate how information was shared between healthcare professionals and care staff.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not always fully assessed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or operated effectively to ensure the service was assessed and monitored. An accurate and complete record was not kept for each service user.