

Enterprise Care Group Ltd

Enterprise Homecare

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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place over five days on 9, 13, 14, 16 and 17 August 2018. We gave the service appropriate notice so that people using the service and staff working at Enterprise Homecare could be contacted prior to our inspection of the service.

Enterprise Homecare is a domiciliary care service providing personal care and support to people living in their own homes. The length of visits for care and support vary depending on the assessed needs of people, with calls ranging from 15 minutes or more. At the time of this inspection, 158 people were using the service. However, not everyone using Enterprise Homecare received regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We last inspected Enterprise Homecare in November and December 2017. The service was rated 'inadequate' overall. At the last inspection we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe care and treatment; dignity and respect; person-centred care; complaints; staffing; fit and proper persons and good governance. We served a notice of proposal to cancel the provider's registration in response to our findings at that inspection.

There was a new registered manager in post at the time of our inspection. A registered manager is a person who has registered with 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.

We looked at people's care records to ensure the care and support which people needed was being delivered safely and that risks to people's health and wellbeing were appropriately managed. At our last inspection we identified that people were not safe due to the lack of appropriate risk assessments in place. The new registered manager had instigated a complete review of all packages of care to address any outstanding risks. Audits of these reassessments identified if any additional risks were posed to people and these were then completed by supervisory staff.

Electronic visit schedules were sent to all care workers via their mobile phone handsets and important information, for example about risks posed to people receiving a service, was included. Care workers were now provided with the information they needed to keep people safe.

At our last inspection we saw the use of mobile telephones by staff for call monitoring had improved but was still inconsistent. We looked at a number of records in relation to call monitoring and saw this had improved further. Staff were spending more time with people. We will check that the improvements to call logging are sustained and that people are being cared for and supported by staff for the whole of the commissioned time on our next inspection.

We reviewed how the service sought to ensure the people's medicines were managed safely. At the last inspection this had been an area of concern. During this inspection we found measures had been introduced to assist staff to manage medicines more safely. A pilot was in place in two geographical areas and the registered manager planned to roll this out across all areas once staff were familiar with the new processes.

Enterprise Homecare provided a service to people who lacked capacity. For example, people living with a diagnosis of dementia. The registered manager was the Mental Capacity Act champion and had attended a workshop to gain knowledge and insight into this legislation and how it affected care and support. They intended on cascading this information down to team leaders and in turn to care workers so that staff gave people the opportunity to have maximum choice and control of their lives when being supported.

We checked to ensure staff were receiving regular supervision sessions. Staff supervision provides a framework for managers and staff to share key information, promote good practice and challenge poor practice. We saw and staff told us that supervisions were regular and appraisals of performance were in place. Staff felt fully supported by the new management structure.

People we spoke with as part of the inspection process were complimentary about the care and service received, particularly if they had a number of regular care workers who attended to their needs. People were less positive however, if or when they did not have regular carers and deemed that other care workers did not have the same level of knowledge or skill as regular care workers. The registered manager told us that providing continuity of care for people was a priority and we will check on progress with this at our next inspection.

Enterprise Homecare provides care and support to diverse and multi-cultural communities, in and around central and south Manchester and Stockport. At our last inspection equality, diversity and human rights had not been embedded into everyday practice. We saw this had improved. Staff had received training in this aspect. The service now recognised equality and diversity and was exploring ways of how this could be incorporated into practice. We saw the service was trying to allocate staff who were able to communicate with individuals in their own language, when English was not their first language.

People were now involved in decisions about how their care package should be organised. Reassessments of all packages of care had been carried out by supervisors on a face to face basis. These reassessments of need were then audited by the registered manager for accuracy. People had signed their care plan where this was possible and we saw examples of signed consent for care within support plans.

The service was able to demonstrate care and support was delivered to people in a person-centred way. Care plans contained appropriate language, had a person-centred focus and included information about a person's past histories and needs.

People were aware of how the service now dealt with complaints. A revised protocol included in the updated statement of purpose outlined how complaints would be handled, by whom and within specified timescales. The revised statement of purpose had been distributed to everybody receiving a service. Complaints were often resolved by meeting with people, their relatives and staff on a face to face basis, with discussion and agreement about how and what the service could do better for the individual and to resolve the complaint.

At this inspection we found the new registered manager had made progress with regards to improving audits of the service, quality assurance and the development of staff practice. There were more robust

quality assurance systems in place and the registered manager was able to evidence how new practices that had been introduced met the regulations. The quality assurance records we saw demonstrated how the registered manager maintained oversight of the service and we saw examples of processes they planned to implement to further improve the service.

The overall rating for this service is 'requires improvement' and the service is no longer in 'special measures'. We will check that the improvements found on this inspection are maintained and sustained by the provider, including for any new packages of care commissioned in the future. We will check that people are in receipt of a quality service and continue to be cared for and supported by staff for the whole of the commissioned time on our next inspection.

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

Care plans were more detailed and risk assessments were in place, with actions staff should take to reduce risks. Care workers were provided with the information they needed to keep people safe.

People felt safe with their regular carers although expressed concerns about the continuity of care at times.

The service had devised measures to assist staff to manage medicines more safely, although these had not been fully rolled out. A deputy manager was the nominated medicines champion.

Is the service effective?

Good 

The service was effective

The supervision and appraisal of staff performance had improved. Actions had been taken where necessary, including observations of practice and retraining of staff.

The service was undertaking mental capacity assessments and acted in people's best interests with the involvement of others when necessary.

Links were being established with other organisations so that people received effective care, support and treatment. People experienced positive outcomes due to action taken by the service.

Is the service caring?

Requires Improvement 

The service was not always caring

People were positive about regular care staff however were less positive about other staff.

The service recognised and acknowledged people's diverse needs and also the diversity of the staff providing the care.

People were able to be independent, whilst receiving care and support and staff encouraged people to retain their independence.

Is the service responsive?

Good ●

The service was responsive

Care plans contained appropriate language, had a person centred focus and included information about a person's past histories and needs.

There was a new care plan review process in place.

There was a revised protocol about how complaints would be handled, by whom and within specified timescales. People had been made aware of this with a copy of an updated statement of purpose.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The new registered manager had made improvements to the organisation and the culture of the service.

Audits and quality assurance systems were now in place, however not all improvements or new ways of working were fully embedded into staff practice.

The service engaged with people and was exploring ways of developing customer involvement, for example, during recruitment, training days or in workshop sessions.

Enterprise Homecare

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 was planned to check 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 over five days on 9, 13, 14, 16 and 17 August 2018. We gave the service appropriate notice so that people using the service and staff working at Enterprise Homecare could be contacted prior to our inspection of the service. The inspection team consisted of two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection involved two visits to the main office, visits to people in their own homes, supported by the completion of telephone calls to people using the service and staff members.

Before the inspection we asked the provider to complete 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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

As part of our on-going monitoring of this service since our last inspection, we also spoke with local authority contracts and commissioning team to gather their views of the service. At the time of this inspection there was a temporary suspension in place and one local authority was not commissioning with Enterprise Homecare.

During our inspection we spoke with the registered manager, the deputy manager, two care co-ordinators, a training and recruitment officer, an administrator and seven care workers. At the time of our visit the service was providing personal care and support to 158 people. There were 63 members of staff employed at the time of our inspection.

We spent the third and fourth day of the inspection at the provider's registered office, speaking with staff and looking at records. These included care plans and associated documentation, staff recruitment files, staff training records, supervision records, various policies and procedures and other documents relating to the management of the service.

On the fifth day of inspection we visited four people in their own homes and spoke with them to gather their views on the service. These visits included meeting, speaking with and observing staff who were there to provide support for the person. We looked at paperwork kept on file in people's homes relating to their care after asking for the individual's permission.

Is the service safe?

Our findings

We asked people whether they considered the service provided by Enterprise Homecare to be safe and we received positive comments such as, "I feel safe; I can talk to [carer]", and "I never feel threatened." People we spoke with did indicate things had improved with the service, praising what regular care workers did and told us, "[They] are always on time"; "[They] do everything I need or ask for" and "I enjoy continuity of care. [Carer] knows timing, what [they] need to do; my daily needs."

However, things were less positive when regular care workers were off work or when people were not allocated a regular care worker. People we spoke with expressed concern when their regular member of staff was off, for instance on a rest day or on holiday. People told us, "When annual leave comes for my regular carer I become worried" and "When my carer is off it's a problem." People told us scheduled call times could be late when regular care workers were off and different care workers covered during their absence. Staff we spoke with also considered the service could cover calls better, especially as they provided management with the required notice before they were absent on holiday. We brought this to the registered manager's attention who told us they were working on the continuity of care for people as a priority and recruitment was ongoing to help with this.

We looked at a number of records in relation to call monitoring and saw that call logging had improved. There were fewer instances where the office was inputting the start and end times of calls. The electronic call monitoring records we looked at reflected that the majority of staff were staying for the full commissioned time with individuals. The registered manager demonstrated how they had improved the call logging performance of staff by adopting a staggered approach. We saw that the service had initially aimed for 80% then 85% compliance, with regards to correctly logging in and out of scheduled calls. At the time of this inspection the service was aiming for 90% compliance. We were assured that visits had happened, staff were spending longer with clients and that people were safer as a result of the improved call logging.

Staff we spoke with confirmed this and said, "[The] organisation has much improved; call times [are] much better; it is the right time now (the time people should have)"; "You stay the time allocated to the clients" and "Over the last six months, [they are] not pestering us to take more people on, so we are not overloaded with calls."

We saw occasions when the office were still logging in and logging out times for care workers, but this was happening less and office staff provided an explanation as to why this needed to happen in some instances. For example, one member of staff had run out of data on their mobile phone and was unable to log in and out. We will check that the improvements to call logging are sustained and that people are being cared for and supported by staff for the whole of the commissioned time on our next inspection.

We looked at people's care records to ascertain that the care and support people needed was being delivered safely and that risks to people's health and wellbeing were appropriately managed. At the last inspection we were not assured that risks to people who used the service had been assessed, monitored and mitigated in a meaningful way.

At this inspection we saw the new registered manager had instigated a complete review of all packages of care, with senior members of staff carrying out face to face visits with people to go through their current plan of support and address any outstanding risks. Staff we spoke with told us care plans 'are more detailed.' Audits of reassessments carried out by the registered manager identified if any additional risks were posed to people and these were then addressed by supervisors and risk assessments put in place. Care workers were provided with the information they needed to keep people safe.

Staff were using mobile phones issued by the company to log in and out of calls. This meant staff no longer needed to use people's home telephones. The care needs of the people being supported, for example information about risks, medicines, equipment used and any other information specific to the person, were communicated to staff via an app on their company mobile phone.

Care workers were also provided with a live rota on their handsets. The system incorporated an alert system so that any late or missed calls were identified in real time and the necessary follow up action was taken by the care coordinators. Care workers were given a 30 minute window after the start of the scheduled call in which to attend and log in using their company mobile phone. After the 30 minute window had passed, if a care worker had not logged in this then triggered an alert at head office. We saw this occurred during our first home visit as the care worker was delayed. The office called to check if the person was alright and to reassure them that someone was calling. The care worker arrived within minutes of this call. We were assured that people were kept safe due to this alert system and the follow up calls made to reassure people.

We reviewed how the service sought to ensure the people's medicines were managed safely. At the last inspection we were not provided with sufficient assurance that medicines were being managed safely. During this inspection we found new measures had been introduced to assist staff to manage medicines more safely. A new medicines process was being piloted in two geographical areas and the registered manager planned to roll this out across all areas once staff were familiar with the new processes. This included electronically generated medication administration records (MARs), PRN protocols and specific charts for the application of creams. The new documentation along with increased observations of staff practice would reduce the risk of medicines errors. The new manager had allocated 'champion' roles in relation to aspects of care and we saw that the deputy manager was the medicines champion. Staff were aware of this and knew they could approach the deputy with any concerns or for advice.

Staff we spoke with were aware of the need to administer time specific medicines and one member of staff told us, "The rota is timed well, so I can make sure I can observe; like the time the medicine takes to take effect. "

The registered manager had introduced occupational competency documents for aspects of care, one being for the safe handling and administration of medicines. The competency statement outlined the frequency of assessment, reasons for carrying out the assessment and indicated that additional questioning of staff for clarification and to test knowledge was appropriate. The competency assessment was a thorough document that checked a care worker's ability to correctly administer medicines through a variety of routes, for example oral medicines; liquid medicines; creams; eye drops; ear drops and inhalers. Whilst not all staff had received medicine competencies at the time of this inspection, supervisors were carrying these out for those care workers involved in the pilot. We judged the service was now compliant in this aspect of care.

We saw that a safeguarding notification had been raised following a medicines observation with a member of staff. The staff member had been supported through the incident and had undertaken immediate medicines refresher training to improve their understanding. Due to the action taken by the manager to

address the incident, the local authority was satisfied that the person remained safe and the safeguarding alert was now closed.

We looked at how the service ensured newly recruited staff were suitable to work with vulnerable people. At our last inspection we identified concerns with the provider's recruitment processes but saw that these had improved with the introduction of formal notes made at interviews and the exploration of any gaps in employment history included in these.

We saw completed application forms, interview notes, two references and proof of the staff member's identity on the recruitment files we looked at. Checks with the Disclosure and Barring Service (DBS) were carried out before the start of employment and repeated every three years as is best practice.

The registered manager had identified a potential infection control issue as staff were only using white aprons, whether delivering personal care or carrying out other duties in people's homes. We saw that blue aprons had been introduced for staff to use whilst in the kitchen, for example when carrying out meal preparations. This meant that staff could differentiate between aprons and could use the correct colour, therefore the risk of cross contamination was minimised. We saw supplies of blue aprons in the office and in people's homes we visited and people told us that staff were using the blue aprons when preparing meals or making drinks.

The service had up-to-date safeguarding and whistleblowing policies in place. The registered manager was aware of their responsibilities in reporting any potential safeguarding incidents to the local authority and of the need to submit statutory notifications into CQC. Office based staff and care workers demonstrated sufficient working knowledge of the types of abuse and the procedures to follow if they suspected that a person was at risk of, or was being abused.

The registered manager returned their provider information return (PIR) and included in it examples of 'lessons learned' in the relatively short space of time they had been at the service. They had identified that the method of care workers recording medicines taken was not robust enough and this had led to errors. To address this a computerised medication administration record (MARs) had been devised that listed all medicines to be administered. The manager was hoping to further improve this by asking pharmacies to provide a pre-printed MARs when delivering stocks of medicines to people using Enterprise Homecare. This would help to reduce the likelihood of medicine errors and keep the person safe from harm.

Is the service effective?

Our findings

At the time of this inspection one local authority had placed a temporary suspension on the service and were not commissioning new packages of care. The service had taken this opportunity to reassess all packages of care and support, to ensure that assessments of need were accurate and people were in receipt of care and support in the way they wanted and at the times they preferred.

At this inspection the service was more aware of outcomes for people using Enterprise Homecare, and we saw evidence of people having positive outcomes, either directly through the care and support or because of actions taken by care workers. The service had identified a number of people receiving a service who were potentially at risk from social isolation. In some cases, the only contact people had with the outside world was via their care workers, either on a daily or regular basis. We saw occasions where people had expressed feelings of isolation or loneliness to their carers and this had been raised with management. Work had been done to source details about agencies that could offer help with this, one being a national organisation, and the service had been in touch with them and passed the details on to an individual. We discussed other local befriending services that were free to access and may be further use to people.

As a result of informing the local authority about an individual being at risk from social isolation the service received an update from the social worker. Additional support had been sanctioned with a sit in service, longer call times and equipment to assist the person to access and exit their property was to be installed. All these things would result in the person being less lonely and more able to get out and about, and paperwork completed by the service identified good outcomes for the individual. We could see the work that had been undertaken by the service to try and make sure people received effective personal care whilst also being mindful of people's wider social and holistic needs.

We looked at induction, training and the development of staff to ensure staff had the skills, knowledge and experience to deliver effective care and support. The induction was based on the elements of the care certificate and all staff new to the service had completed a workbook that covered all aspects of care. The workbook contained questions and scenarios they may experience whilst caring for people and we saw that staff demonstrated their understanding of the subject matter with their answers.

Alongside mandatory on line training, we saw the registered manager had devised organisational competencies around various aspects of care, for instance moving and positioning, administration of medicines and the delivery of person centred care. The last competency is an annual assessment of a care worker's ability and involves supervisors observing staff delivering personal care, preparing food, administering medicines and acknowledging dignity and respect. We will check these new processes have been embedded within work practices and all staff have received competency checks at our next inspection.

The registered manager led by example and had completed appropriate training to be cascaded down to the supervisors and in turn, care workers. For example, the registered manager had completed a short open university course on mental capacity and was the nominated champion for the service. They had attended

the Dementia Friends Champion workshop and we saw that a member of the supervisory staff was also enrolled on this training session for September. Following completion of this, the service intended holding dementia friends' workshop sessions for staff and any interested relatives. We judged after speaking to people using the service and staff that they were appropriately trained and had access to advice and information to deliver effective care to people receiving a service from Enterprise Homecare.

At our last inspection we had identified a lack of supervisions for a number of staff and no action taken with staff when poor performance was observed. Staff supervision provides a framework for managers and staff to share key information, promote good practice and challenge poor practice. We checked to see if staff were receiving regular supervision sessions and saw the provider had improved with regards to the monitoring and supervision of staff. Actions had been taken where necessary, including observations of practice and retraining of staff.

Staff we spoke with acknowledged these improvements and one staff member told us, "In the past six months I've had two or three [supervisions]; an appraisal too. [We have a] team meeting, every month or two – I feel supported in my work." We judged that the service was now compliant with this regulation.

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 make 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. Enterprise Homecare provides a service to people within their own home, therefore any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection.

After our last inspection we recommended that the provider consulted national and local best practice guidance in respect of the Mental Capacity Act 2005 and its application within a community setting. At that inspection we saw no documentary evidence to support whether the service had considered the principles of the MCA.

Previously the service did not complete any form of mental capacity assessment, however we saw at this inspection the service carried out its own mental capacity assessment either before a package of care was commissioned, or when it was recognised someone's capacity was fluctuating or deteriorating. We saw examples of these assessments in care plans we looked at and saw occasions where care staff had recognised a decline in a person's ability to understand and had reported this to management so that a capacity assessment could take place.

Staff received an introduction to the Mental Capacity Act during the induction however the registered manager had identified additional training that would increase staff knowledge and understanding and how this linked in with practice. Whilst this additional training had not yet happened, staff we spoke with displayed an understanding of the subject and gave examples of how they provided people with choices where they were able to do this. We saw the supervisor nominated to take on the role of Mental Capacity champion was enrolled on a Dementia Friends Champion workshop to be held in September. The manager told us that once this training had been completed the supervisor would then cascade this to other staff and any interested relatives in Dementia Friends information sessions. We will check on this progress on our next inspection. We were satisfied that the service was compliant with the Mental Capacity Act and acted in people's best interests with the involvement of others when necessary.

The registered manager could evidence the links they were trying to establish with other organisations so that people received effective care, support and treatment. Contacts had been made with local district nurses team to request if they could deliver specific training to groups of staff, for example around pressure care. At the time of this inspection the manager had not had a response to this request but was keen to follow this up, as it would ultimately benefit people using the service and would also help with staff development.

People were supported with the preparation of meals and drinks when this was an assessed care need. We saw and people told us that care workers provided a sufficient amount of support to meet nutritional needs in various ways. We saw records in relation to meals and drinks provided for people were written in logs in people's files at each visit. Some of these were detailed and reflected people's preferences.

One person had expressed a preference for healthy option snacks and we saw details of these had been provided for those care workers preparing meals, for example jacket potatoes and omelettes. Another person enjoyed a lemon drink with honey and we saw this written in the care plan, logged in notes and observed staff prepare this for the individual.

We looked at archived daily records stored at the office and also those in people's own homes and saw examples of how people's healthcare needs had been met. People told us that care workers had contacted relevant health professionals, with their permission, had arranged for a GP to carry out a home visit or had encouraged the person to seek advice from their GP. A member of staff told us about a concern that was reported to a social worker and said, "Last week we met a social worker at the client's house to discuss the situation." They went on to tell us that the social worker was making arrangements for a podiatrist to visit based on the concerns raised by care staff. People had access to healthcare services and received healthcare support, sometimes as a result of intervention from care staff.

We saw evidence of staff being mindful of the environments people were living in. One issue had been identified for a person living in housing accommodation and the relevant professionals had been contacted to alert them of this. On another occasion a social worker had been contacted and Enterprise Homecare staff had offered suggestions about what other help might be of benefit to the person, for example a crisis clean or help to maintain a property. Staff were sharing any environmental concerns with supervisors, who were addressing these with the appropriate organisations for the benefit of the people receiving a service.

Is the service caring?

Our findings

People we spoke with as part of the inspection process were complimentary about the care and service received, particularly if they had a number of regular care workers who attended to their needs. We asked people and their relatives if they thought the care workers who provided support were caring and received the following comments, "They are like a member of my family" and "They will do what I want, the way I want." One person explained how the service had improved and told us, "Now they do listen to the clients. They do what we want them to do."

People were less positive however, if or when they did not have regular carers and deemed that other care workers did not have the same level of knowledge or skill as regular care workers. One person told us, "It depends who comes. Some are knowledgeable; some are not." Another said, "I am very disappointed; I don't have a regular care worker." People told us that staff filling in for regular care workers were often late and one person told us they were unable to shower on occasions because of this. We will check that the service has improved in this aspect on our next inspection.

The registered manager told us making sure the delivery of care was person centred had been their priority following their appointment to the service in March 2018. We saw the work that had been done around this through changes in the way care needs had been documented and care delivery recorded. The manager had informed staff about the need for appropriate language when recording in care plans and daily logs in meetings and conversations and provided feedback for supervisors by auditing reassessments.

Staff knew and understood the individual needs of each person and what their likes and dislikes were. Staff were more positive on this inspection. They recognised the improvements that the new registered manager had made for the benefit of people, including increasing the time they spent with people they supported. One staff member told us "Calls are not cut short. If you are done, you stay and talk to the person. Talking is an important part of the care. I stay and talk to people about what is important to them."

People and their family members told us they had been involved in the recent reassessments that the service had carried out, on a face to face basis. This meant that important information about how they would like their support to be delivered was captured in the care plan for staff to follow.

The service provided care and support for people living in Manchester and Stockport, both containing a diverse population, representative of many different cultures. We spoke with the registered manager, a coordinator and staff about equality and diversity and they were able to give examples of how these were recognised when providing care and support. One person, for example, was supported by a care worker who could communicate with them in their first language.

At the time of this inspection the service was preparing to enable staff of a particular faith to celebrate an important religious festival. Coordinators were asking other staff to cover so that they could allow as many staff as possible to take time off. One staff member we spoke with had just finished the element of equality and diversity training and said, "It is happening now; not so much before. We are better at supporting

people's religious needs." We were assured that the service recognised people's different diverse needs and also the diversity of the staff providing the care. People's human rights were respected and we judged that the service was now compliant in this aspect of care.

Care workers were aware of the need to promote and respect people's privacy and dignity and gave examples of how they did this in practice. One of our visits coincided with care workers providing personal care and support to an individual. We were asked to wait in another room whilst they carried out personal care, therefore ensuring that the person's dignity was not compromised. During our wait we heard care workers talking to the person, asking about any plans for the day and talking about family members. We saw that people received care and support specific to them, for example using a special blanket that a person liked, leaving drinks, tissues and reading material within easy reach and providing various drinks with which to take medicines, depending on the individual's preference. We judged that the service was now compliant and meeting the regulation with regards to dignity and respect.

People told us they were able to be independent, despite receiving care and support and staff we spoke with and met on our visits were mindful of encouraging people to retain that independence. Care workers told us how important it was to help promote people's independence so that they could stay in their own homes for as long as possible. People we spoke with agreed that care workers provided them with choices when supporting them, and we heard some good examples of this during our visits to people in the community. One person was able to access the community independently with friends due to the help provided by the service whilst another person chose to self-medicate and a risk assessment deemed this was appropriate and safe to do.

We visited the office of Enterprise Homecare as part of our inspection. We found that both electronic and paper documentation was stored securely so that people's confidentiality was properly maintained. Staff were aware of the need to maintain confidentiality and one staff member told us, "Confidentiality is between me and the person. But if it is something that would be detrimental and cause them harm, I tell the person I have to report it." This showed us that staff respected confidentiality but would take action if the information being shared compromised the person's safety.

Is the service responsive?

Our findings

At the time of this inspection supervisors were tasked with visiting everyone receiving a service from Enterprise Homecare and carrying out a reassessment of need, including identifying and formulating new risk assessments where required. This would ensure that care staff were provided with the most current information to support people and keep them safe. People had signed their care plans where this was possible and we saw examples of where people had signed to consent for care within support plans.

We saw that following reviews the registered manager had oversight of new support plans and audited each plan for accuracy. The registered manager made comments and observations and we saw examples of positive remarks based on how thorough particular areas of the care plans were. They also provided feedback to the supervisor with regards to scope for improvement and any risks that had not been addressed. One person had an identified health condition of diabetes but a corresponding risk assessment had not been completed. Another care plan had not recorded information or preferences with regards to a person's religion or beliefs and the registered manager picked up on this during the care plan audit. The care plan had been updated to reflect that the individual preferred a male carer and was receiving care and support from a male member of staff who was able to communicate with them in their first language. Following an audit of a care plan the registered manager updated a matrix so that a further review would be instigated after a timescale of three months. Care plans we reviewed contained appropriate language, had a person centred focus and included information about a person's past histories and needs. We judged that the provider was now compliant with regards to person centred care.

People were aware of how the service now dealt with complaints. People were informed of the time within which they could expect to receive a response to a complaint and given information on who to contact if they were not happy with the response from the provider, for instance the local authority or the Care Quality Commission. A revised protocol included in the updated Statement of Purpose outlined how complaints would be handled, by whom and within specified timescales. The revised statement of purpose had been distributed to everybody receiving a service.

People we spoke with were all very much aware of how to raise a complaint and all felt at ease in doing so. The registered manager had devised a spreadsheet and logged any complaints and concerns made to the service, recording details of their response, dates and outcomes within the document. Complaints were often resolved by meeting with people, their relatives and staff on a face to face basis, with discussion and agreement about how and what the service could do better for the individual and to resolve the complaint.

One person we spoke with told us that they had intended leaving Enterprise Homecare earlier in the year due to the poor service and after reading the Care Quality Commission's report produced after the inspection carried out in November and December 2017. They told us how the registered manager had engaged with them to put things right and how they now felt involved with the service. They told us they were glad they had stayed with the company.

One relative following a complaint now received a rota one week in advance so they were kept informed of

which staff would be visiting their family member and when. The registered manager saw complaints as being a positive way in which they could learn lessons and improve the quality of the service for people. Due to the improvements evidenced with the way complaints were recorded, handled and resolved we judged that the service was now meeting this regulation.

At this inspection the service could not evidence that any people had been supported with care whilst at the end of their life but told us that if this was required they would work in conjunction with other professionals to ensure that people received good care whilst approaching the end of life.

Is the service well-led?

Our findings

At our last inspection we rated the service inadequate overall and identified that it was not well led. At this inspection we saw this aspect had improved. The service had appointed a new manager who had registered with the Care Quality Commission in May 2018. A new statement of purpose submitted to CQC stated the aims and objectives of the agency and was sent out to everyone receiving a service along with a covering letter from the registered manager. The letter was a form of introduction following the registered manager's appointment to the role at the end of March 2018. It provided people with an overview of the new manager's experience in the care sector and a contact number for people to use in the event of a complaint or if further information was required.

Since their appointment we could see the progress that the registered manager had made with regards to the management, oversight, organisation and culture of the service. There was a more relaxed atmosphere in the office and staff told us the environment was 'more professional'.

We looked at the quality assurance systems in place to ensure people experienced safe and appropriate care. At our last inspection we had identified that the systems in place were not robust and did not address any shortfalls in practice. At this inspection we found the new registered manager had made progress with regards to improving audits of the service, quality assurance and the development of staff practice. There were more robust quality assurance systems in place and the registered manager was able to evidence how improved practices and the introduction of new ones, helped the service meet the regulations. The quality assurance records that we saw demonstrated how the registered manager maintained oversight of the service and we saw examples of processes they planned to implement to further improve the service. We judged that the service was meeting the regulation in relation to good governance and will check that quality assurance systems are fully embedded on our next inspection.

People receiving a service from Enterprise Homecare had previously been asked their opinion of the service but had not had the opportunity to contribute in any other way. We saw at this inspection this was changing. One person receiving a service had been approached by the registered manager as they had expressed an interest in becoming more involved as a 'customer'. They had offered a number of questions to be used when interviewing staff. In an email sent to the manager we saw that this person appreciated being involved and that it made them feel 'really good'. The registered manager informed us they were looking at other ways of developing customer involvement, for example, during recruitment, training days or in workshop sessions.

Staff had not yet been consulted formally about their views or opinions of the service, however every staff member we spoke with on this inspection felt valued and fully supported by the new manager, who in turn told us they also felt supported by the provider. The new registered manager had appointed a deputy manager to run the service in their absence and an internal member of staff had been interviewed and appointed to this role. We judged and people told us, that the current management structure was more stable and relatives and staff we spoke with felt comfortable approaching the registered manager or the deputy manager.

Staff were complimentary of the 'very approachable and helpful' new manager and we received the following positive comments; "As I can see they are making a lot of improvements; things are really changing now"; "[Manager] has meetings with us. You can call [them] and speak to [manager]; they will listen", and "[The] manager, [name], has been with us for about 5 months. The office looks more organised; [they are] more available for the staff. It was a bit confusing before; [manager] is working hard to simplify and standardise everything."

Staff we spoke with told us they found the improved management structure of great benefit. Supervisors had responsibility for their own smaller teams of staff and this worked better. Staff felt confident in raising concerns and told us, "We have a general meeting and a supervisors meeting, every three months. It's a good agenda; we get to talk about any problems. [It's] nice they have the smaller supervisor meetings." Supervisors we spoke with told us the coaching they received via the care plan audits provided them with learning and development opportunities they had not previously had.

Providers of regulated services such as Enterprise Homecare are required by law to notify CQC of certain events which occur in the service, with the submission of statutory notifications. Records showed that when an incident had occurred, such as a potential safeguarding incident, this had been alerted to the local authority and CQC had been notified of the event.

After the last inspection the local authority had placed a voluntary suspension on allocating new packages of care to the company so that it could work on improving and ensuring people receiving a service were kept safe. This voluntary suspension was still in place at the time of our inspection.

Whilst improvements to the service were noted this was recognised as a work in progress by the registered manager. They explained how the recruitment of two additional supervisors would help to sustain these improvements and would help further raise staff morale. Supervisors were assigned their own team of care workers and took responsibility for all aspects of staffing in relation to those workers. They carried out meetings with their own staff, spot checks and supervisions. This provided staff with a point of contact; someone they could go to with any concerns or for advice.

We looked at how the service linked in with other agencies and saw good examples of how they alerted other professionals when concerned for people's welfare and also the work being done to try and improve people's quality of life. There were links with the local authority, district nurses, GP's and health professionals. The registered manager explained how one person had been identified as being lonely and they were making links with volunteer groups and befriending agencies to try and alleviate this. The manager recognised that more people using the service would probably benefit from input from volunteers either at home, in the community or both and this was an area they were keen to develop. We will check on this at our next inspection.

We received feedback from other stakeholders of the service, including commissioners. One local authority had lifted a voluntary suspension following improvements to the service, were having regular updates with the registered manager and had scheduled monitoring visits to check on compliance.

We will check that the improvements found on this inspection are maintained and sustained by the provider, including for any new packages of care commissioned in the future. We will check that people are in receipt of a quality service and continue to be cared for and supported by staff for the whole of the commissioned time on our next inspection.