Eniola Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Eniola Care Ltd is a private domiciliary care agency. The agency originally had an office in Newhaven but moved to their current office in Lewes in May 2018. The agency provides care, support and personal care to people living in their own homes. At the time of this inspection care was being provided for 29 people.

Not everyone using Eniola Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasked related to personal hygiene and eating. Where they do we also take account of any wider social care provided.

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

People's experience of using this service: People's daily record sheets and Medicine Administration Records (MAR), were only returned to the office every two months. This meant that checks and audits could not be completed in a timely manner which resulted in some things being missed. For example, missing entries on MAR records. Also, a lack of detail with food and fluid intake with no specific measurements being recorded. Instructions for staff to manage a catheter were not recorded within a care plan. Although staff were aware of how to manage this recording of care provided required improvement.

There was no quality assurance for incidents or injuries. There had been no requests for written feedback from people, relatives or staff. The lack of auditing processes meant that best practice could not be captured and that there was no process to record lessons learned. These issues were discussed with the registered manager.

People told us they felt safe and were positive about staff. A person told us, "I feel much safer knowing that someone is checking on me as I worry about things." A relative told us, "It's very reassuring to know that (relative) has visits and when I go around there're happy, clean and well cared for." No safeguarding had been reported but all staff were aware of what to do if a situation arose. Staffing levels were sufficient. Medicines were managed safely.

Staff training was up to date and staff had the knowledge to meet people's needs. Staff recruitment processes were robust. People were supported to eat and drink where needed although most people were supported in their homes by their families. Some people were living with dementia. Mental Capacity Assessments (MCA) had been completed by the local authority. No one was subject to Deprivation of Liberty Safeguards (DoLS).

People and their relatives thought that staff were caring and that people were well cared for. Staff interactions were observed and it was clear that all were very attentive and understanding of people's needs. People's dignity and privacy was promoted. People were asked discreetly

if they needed support with personal care. Staff told us curtains were drawn and doors closed when providing personal care.

The service responded well to people's needs. Person centred care was evident although not everyone reported being involved in their care planning. People living with dementia were spoken to kindly and time given to them to express their wishes. A person who was visually impaired required more support from care staff and this was discussed with the registered manager. No complaints had been made about the service.

The registered manager was well thought of by people, residents and staff. It was clear that she had a good knowledge of people and their support needs.

Rating at last inspection: Eniola Care Ltd have not been inspected by CQC before.

Why we inspected: This was a planned, comprehensive inspection. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Enforcement: Action we have told the provider to take is included at the end of the report.

Follow up: We will review the service in line with our methodology for 'requires improvement' services.

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 safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Eniola Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
Inspection team:
• The inspection was undertaken by two inspectors 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 service. The expert's primary area of experience was with community based services and supporting people living with dementia.

Service and service type:
• Eniola Care Limited is a private Domiciliary Care Agency. The agency provides care and support for people in their own homes. The Care Quality Commission (CQC) regulates the care provided and this was looked at during the inspection.
• The service has a manager registered with the CQC. 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: We gave the service six days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We also needed to obtain a list of service users and arrange visits.
• The Inspection included a visit to the office location on 19 and 20 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We visited people in their own homes on 18 February 2019.
• The provider submitted a Provider Information Return (PIR) Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

What we did:
• Before the inspection we reviewed the information we held about the service. This included information

from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.
During the inspection we spoke with:
•□The provider
•□The registered manager
•□The Head of Care
•□Four care staff
•□13 relatives
•□Seven people

After the inspection we spoke with:
•□A social worker from the out of county hospital team
•□A local authority Market Support Manager

During the inspection we reviewed the following documents:
•□Notifications we received from the service
•□Three staff personnel files
•□Records of accidents, incidents and complaints
•□Audits and quality assurance reports
•□11 care plans

During the inspection we considered the following risks:
•□Falls
•□Profile beds
•□Safeguarding
•□Home environment
•□Risks to self
•□Hygiene – use of personal protective equipment
•□Nutritional neglect
•□Medical risks
•□Accessing the community
•□Lone working
•□Fire, electric, gas, water

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Systems protected people from abuse. Staff had received training and had a good knowledge of safeguarding. They knew what needed to be reported and who to report things to. One member of staff said, "I'd report it straight away, I've done it in the past. If I had anything I was concerned about, I wouldn't hesitate."
• The registered manager told us they recently supported a person in reporting a matter, to the police. She told us, "You report everything on. You treat people how you would want to be treated."
• Staff were aware of the whistleblowing policy. This is where concerns can be raised about people or processes with systems in place to protect the person raising the issue. An issue had been raised anonymously a few months before the inspection. This was investigated by the registered manager.

Assessing risk, safety monitoring and management
• People told us they felt safe. One person said, "Yes, every time they help me move I know I'm in safe hands, they are very reassuring," Another said, "I feel very safe. The carers all know what they are doing."
• A person had a hoist that was too small for them. This was noticed by the care staff who then spoke to a relative who was there. They arranged for the person to be seen by the occupational therapist later that week.
• A relative told us, "They keep (relative) covered up and make sure they are dried properly." A person said, "The girls are lovely and gentle and always ask if I am alright, right the way through washing me. It's very respectful."
• Risk assessments were completed for the home environment and for fire, electric, gas and hot water risks.

Staffing and recruitment
• There were enough staff to meet people's needs. Care calls were planned using a rota and in most cases people received care calls from the same carers. People told us they liked this. One person said, "I have regular staff and those two are fantastic, I love seeing them every day."
• Staff used an app on their mobile phones to record starting and finishing their care calls. The app also held information about what staff needed to do at each call. If staff were delayed this was recorded on the app and the registered manager made sure that any following calls were covered and people told about any delays.
• Personnel files were up to date and contained all the required information.

Using medicines safely
• People were supported to take their prescribed medicines safely, though not everyone needed support with this. Staff explained how they ensured the correct lengths of time were left between doses, including considering when the next care visit was due.

• The registered manager had ensured that staff received regular training in the safe administration of medicines and had a system in place to assess staff competencies. A missing entry was seen on one MAR chart, indicating that medication had been missed. The registered manager explained the member of staff had been spoken with and that no harm had been caused to the person. A system of escalation was in place should this happen again. Spot checks were carried out regularly, a process where the registered manager would check on staff's working practice.
• Medicines were recorded according to guidance. PRN medicines were recorded separately. These are medicines provided only when needed, such as occasional pain relief. There were specific PRN protocols in place.
• One person told us, "The carers don't give them to me but they do check my box and make sure I have the right tablets. If I need new ones, they remind me to phone up for more."
• Body charts had been completed if required and were up to date. Where creams had been prescribed the charts showed where they needed to be applied.

Preventing and controlling infection
• We carried out home visits and observed staff interactions with people. In all cases disposable gloves and aprons were used and were disposed of appropriately. Staff told us they could get more gloves and aprons whenever they needed them from the office.
• Staff had completed food hygiene training. This ensured people were protected from risks associated with unsafe food hygiene practice.
Learning lessons when things go wrong
• The service was new and only one accident had been documented so far. The registered manager knew about the issues relating to the accident.

Good

Is the service effective?

Our findings

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
People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• "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".
• In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). If a person is living in another setting, including in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection.
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Some people lacked mental capacity. Mental capacity assessments (MCA) had been completed. No one was subject to Deprivation of Liberty Safeguards (DoLS). The registered manager did understand the principles of MCA and DoLS, but intended to attend further training.
• Staff had completed online MCA training and had a good understanding of the mental capacity act and seeking consent from people.
• One person who lacked capacity had their medicines locked away. This person was new to the service and there had not been an opportunity for a best interest meeting, a meeting to decide on what is best for the person. The registered manager was fully aware of this case and had planned a meeting for when the person's relative next visited. The relative held power of attorney for finance and health and welfare which means they were legally allowed to make decisions on behalf of their relative.
• A spreadsheet which had details of all staff training was seen and was up to date with no member of staff having missed any training. The registered manager told us they would soon be adding dementia training, Parkinson's training and catheter care training to their list. Also respect and diversity training.

Staff support: induction, training, skills and experience
• Staff told us the programme of induction when they first joined the service was good. Opportunities were available to shadow more experienced staff and there was a combination of online and face to face training. A staff member told us the training and induction were, "Really good, detailed, good heads up."
• Staff worked well together. The mobile phone app enabled regular communication and support between staff and the registered manager. All staff reported feeling supported by managers and that they could contact them whenever they needed to for support. Staff attended monthly supervision meetings.

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

• People were supported to eat and drink where needed. People who needed this support were able to tell staff what they wanted.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked with community nurses, occupational therapists, doctors and the local authority. A social worker told us that they had worked closely with the registered manager to put together a package of care for a person soon to be - discharged from hospital. They reported a good working relationship.

Adapting service, design, decoration to meet people's needs
• When care and support packages were reviewed consideration was made to the number and length of each care call. In some cases, packages were reduced to suit people's current needs.
• Staff worked with occupational health to ensure people had the equipment they needed in their homes. One person had a small slope leading to their front door. This could become slippery when it rained and a risk assessment had been completed specific to this.

Supporting people to live healthier lives, access healthcare services and support
• People were supported to access healthcare support and services. A staff member told us when they carried out a visit they noted the person's health had deteriorated. Staff discussed this with a relative and a decision was made to call a doctor. Staff told us they supported people to attend health appointments.

Ensuring consent to care and treatment in line with law and guidance
• People had copies of their care plan in their homes. People's involvement in writing and updating their own care plans varied. One person told us, "The carer does it I think," another said, "Yes I was very involved. We all sat down together and I had my say and if it needs changing I tell them."
• Care plans all had a six-week review shown after the plan started. They were further reviewed at three monthly intervals. In cases where people did not have capacity, relatives were involved in these reviews.
• The registered manager told us that she will review all new service users and after discharge form hospital will visit them at home that day. She involves family members as part of the review to see what additional support will be provided.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People were treated with kindness and respect. One person said, "They are very caring, they can't do enough when they are here." Another told us, "Most definitely they care, they sent a Christmas card and a little triangle chocolate thing, that was lovely of them."
• A relative told us, "They are very kind to mum, they chat, they are almost loving."
• People were treated with compassion. A person told us, "It's a difficult job with difficult personalities I expect, but they show up every day with a smile on their faces. That's very important to me." Staff knew people well. Following personnel care for someone with dementia, staff made sure that her toy cats were given back to her. This made the person smile.
• Staff training records did not show any record of equality and diversity training. This matter was raised with the registered manager.

Supporting people to express their views and be involved in making decisions about their care
• Relatives told us that they felt listened to. One told us, "I feel very involved. I was able to say what (relative), needed and liked right at the beginning and they listened. If they say anything like (relative) would prefer this or that, they do it straight away and let all the girls know. It's never a bother."
• Another relative said, "When we were trying to find a new agency we looked at a few but this was the only one that we felt really listened to what (relative) wanted. They are by far better than the previous agency."
• A person told us they requested to have female care staff only. This was respected in put in place. We saw staff offering choices to people for example, asking if they wanted to bathe or shower or whether them wanted to sit in a chair or return to bed.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. Staff described how they would draw curtains and close doors when giving personal care. A person told us, "They are very respectful, they always knock the door." A relative said, "When I am there and they are giving (relative) a bath, they always make sure he is covered up, even in front of me. That's nice and respectable I think."
• People's independence was promoted. Staff encouraged people to support themselves during personal care where safe to do so. For example, washing their own face with a flannel. A relative said, "Yes, they sit her (relative) in a chair in the morning and she is encouraged to take a few steps." She was encouraged to stand and walk a few steps.
• A staff member told us that a person experienced pain quite often but did not want their partner to know. The person had capacity and was provided with PRN pain relief without the knowledge of their partner, therefore respecting their privacy and dignity.

Good

Is the service responsive?

Our findings

Our findings
Responsive – means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People had built relationships with staff, who knew them well. A member of staff said, "I have my regulars." A relative told us, "They are very gentle, especially these two. They know him well." Staff told us they would invest time in people, getting to know them before starting personal care and support.
• Another relative told us, "My (relative) has a catheter and I am not a nurse so when it first blocked when (relative) first had it, I panicked and phoned them. They were brilliant and sent someone round, they were here in less than 20 minutes." Another said, "They are very flexible. If we need to change anything say at weekends or because of a hospital appointment, they will always accommodate it if they can."
• Copies of care plans were kept in people's houses. Any updates were communicated to staff immediately through the app on their mobile phones. A member of staff said this was, "Very handy." The app was also used to track staff at calls and to alert the registered manager if running late so that cover could be arranged for following visits.
• A staff member described how they were able to understand a person's wishes even though they could not talk. They described that then person would gently push them away when personal care started if they were not ready. Staff would keep talking to the person and hold their hand until they were ready. A person with a visual impairment said that they relied on family members to read everything to them. This was raised with the registered manager who agreed to look at different ways of communicating with the visually impaired.

Improving care quality in response to complaints or concerns
• People felt confident about making complaints. There was some difference in opinion about who to make complaints to with some saying, "The registered manager" and others saying, "The carers or my social worker." This was discussed with the registered manager and she agreed to make the process clearer to people.
• A copy of the complaints process was attached to people's care plans and left in their homes.
• No official complaints had been recorded. However, one person told us, "I couldn't get on with one of the carers, it was a while ago, but I phoned up and explained to the registered manager and it was sorted straight away, they were never sent here again."

End of life care and support
• Staff were supportive to a relative whose partner had recently died. They remained with them until family had been contacted and they were sure that ongoing support was in place. Immediate family lived a long way away, they made sure the relative was not left alone.
•Staff had received training in end of life care. A system was in place which meant that care staff could remain with relatives for as long as necessary. Following care calls would be managed by other staff and the registered manager would offer one to one support for staff affected by the incident.

Requires Improvement

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care
• People's daily record sheets and MAR charts were only returned to the office for auditing every two months. At the time of the inspection the most recent records were for November 2018. Food and fluid charts had not been completed with enough detail. It was not possible to see exactly how much fluid and food had been consumed by people. As daily record sheets were only returned every two months this meant that this issue had not been picked up by the manager.
• A person used a catheter. No records were found about size, fitting or instructions about changing leg bag or overnight bag. This was raised with the registered manager that this information should be clearly set out in the care plan and all interventions recorded on the daily notes. This had not been identified because notes were only brought to the office every two months. Staff had received training in catheter and convene care.
• Care plan review dates were held on computer and a planner ensured that these were done when due.
• No quality assurance records existed for recording and monitoring minor incidents and injuries. No feedback in the form of questionnaires for people, relatives or staff had been done. This was acknowledged by the registered manager who said that she would address these issues.
•The lack of consistent auditing resulted in best practice not being identified and an inability to pick up on lessons learned when things are missed.
•Following the inspection the registered manager was proactive and has since sent us information detailing how their auditing is improving. The registered manager also sent us new forms for catheter care and food and fluid monitoring. These had been completed for people and attached to their care plans.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People were positive about how the service was run. A person told us, "Yes, I think it's a challenging job but they manage very well." Another said, "Staff are positive about the agency so I think that speaks volumes about the company, or they would all be moaning wouldn't they."
• Staff felt that the registered manager was supportive and listened to their concerns and to then issues that they raised. One staff member said, "I raised an issue about a gentleman who I did not think needed an evening call anymore. It was mutually agreed with the manager."
• Regular spot checks were carried out by the registered manager. A recent check identified a training need for a member of staff with regard to moving and handling.
• Staff told us a person-centred culture was promoted. We observed interactions between staff and people

and people were always asked about what they needed and wanted. The registered manager knew people well and had knowledge of individual support needs.
• The registered manager had a good understanding of the duty of candour. This is where we ask providers to be open, honest and transparent about their service. It was acknowledged that the service was quite new and that they were still developing their processes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager listened to our feedback and worked to start implementing new audit processes. We were shown a new fluid and food chart that we were told would be used straight away. This demonstrated a willingness to improve.
• The registered manager was in the process of training a deputy. It is important that the agency can still operate should the registered manager be absent.
• The registered manager was aware of statutory notifications. These are specific incidents that legally they are required to inform the CQC about. Staff meetings were held and staff told us that they felt supported and there're opinions were listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Surveys had not been completed. However, people were asked for feedback verbally about the service. One person said, "The office ring me up and asked me lots of questions." Another said, "I get asked for feedback regularly I think. They phone me." However, another told us, "Not really, we met with the manager when we first started with the agency but that's it."

Working in partnership with others
• The registered manager had established links with other professionals. They worked closely with social workers especially when setting up new packages of care. A local authority manager from the market support team said that when Eniola Care first registered there were some concerns about confidentiality as they were based in one office and it was not clear how private conversations could be had. Reassurances had been provided and they were now happy to work with them.