

Ensure Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ensure Care Ltd is a domiciliary care service providing personal care to 45 people. The service provides support to older and younger adults with physical disabilities, people living with dementia, and people with learning disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People gave us mixed feedback on their experiences of care and their feelings of safety. Risks to people's health and safety were not always identified or assessed. Medicine administration records (MARs) were not always clear and did not follow best practice guidance. 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; however, the systems and processes in the service did not consistently support this practice. Improvements were needed to ensure mental capacity act assessments were accurate.

Recruitment checks included reference requests and Disclosure and Barring Survey (DBS) checks. Staff could describe signs of concern related to catheters and people's skin, and that they would report these to the manager. Staff recognised the importance of keeping people safe from the risk of abuse and avoidable harm. Staff were trained in infection prevention and control and provided with Personal Protective Equipment (PPE). We have made a recommendation about processes for obtaining references, to provide greater assurances that these were verified.

Right Care: We received mixed feedback about people's experiences of call times. Some people told us their call times were suitable, other people said they were too early or late. We received mixed feedback from people about staff competency and skills. People's needs were assessed before they started using the service. When people needed help with their eating and drinking, or assistance to prepare meals, this information was recorded in their care plan. The provider worked in partnership with other healthcare professionals to meet people's needs and in response to changes or concerns about people's health. Staff spoke positively about their training.

Right Culture: Audits and governance processes to maintain oversight of the safety and quality of care were not operating effectively. We received mixed feedback from people and their relatives about their experiences of the care provided. Feedback from staff was consistently positive. Staff demonstrated pride in

their roles as care workers and the support they provided to people. Feedback about people's experiences of care was gathered through questionnaires, telephone calls and spot checks. Spot checks of staff were carried out to monitor care standards and identify where improvements were needed. The provider worked in partnership with external agencies and professionals, to access staff training and healthcare for people.

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

Rating at last inspection

The last rating for this service was good (published 11 June 2019).

Why we inspected

We received concerns in relation to staff training and competency. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ensure Care Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Ensure 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 11 May 2023 and ended on 24 May 2023. We visited the location's office/service on 11 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 members of staff including the registered manager, managing director and care staff. We also spoke with 6 relatives and 7 people for feedback on their experiences of the care provided and 1 health professional. We looked at 6 people's care records and a number of medicine administration records. We also reviewed a variety of documents relating to the management of the service including quality assurance checks, staff recruitment records, policies and procedures, compliments received, and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to 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.

Using medicines safely

- We were not assured people always received their medicines as prescribed.
- Medicine administration records (MARs) were not always clear and did not follow best practice guidance. This increased the risk of people experiencing harm.
- Staff did not always record explanations for when medicines were missed. When changes to people's medicines were made, new instructions for those medicines were not clear. MAR charts did not always include dosage or special instructions, to ensure staff had the information they needed to provide people with the right medicine at the right times.
- One person was prescribed heart medicine to be given twice daily. A MAR chart showed this person was only administered this medicine once daily, over the course of a month. Another person was prescribed medicine to manage constipation. There were unexplained gaps in this person's MAR charts.
- The registered manager explained that when MARs weren't completed correctly, this was because those people did not need support with their medicines.
- The registered manager advised us that spot checks of staff competencies to administer people's medicines were carried out. However, there were no records of these checks.

Assessing risk, safety monitoring and management

- People gave us mixed feedback on their experiences of care and their feelings of safety. One relative said, "I think my relative feels safe, but it all depends who's on. Some of them [staff] are very confident, and others less so." Another relative said, "One carer pulled out my relative's catheter and my relative ended up in hospital." Other comments from people included, "I feel very safe because I trust them [staff]," and, "Yes, I think it is safe. I find them [staff] to be efficient."
- Risks to people's health and safety were not always identified or assessed. Care plans did not always include clear guidance for staff on managing those risks. For example, one person was at high risk of skin breakdown and had wounds which were treated by district nurses. However, their care plan lacked guidance for staff on managing the risk of further skin breakdown.
- There were no risk assessments for catheters, and care plans lacked clear instructions for staff on their responsibilities relating to catheters.
- Care plans lacked clear direction for staff on their responsibilities regarding the management of people's medicines.

Risks relating to the health safety and welfare of people were not always robustly assessed or mitigated. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff could describe signs of concern related to catheters and people's skin, and confirmed they would report these to the manager. One staff member said, "Any kind of sore, [if it's] dry or redness. We report to the manager and the family, to let them know the problem." Another staff member said, "I check [people's skin during personal care], in case they have redness or a skin infection."
- Risk assessments related to people's home environment were carried out to identify potential hazards which could impact on care being provided safely.

Staffing and recruitment

- We received mixed feedback from people about if there were enough staff to provide their care at the times assessed to meet their needs and preferences. Some people told us their call times were suitable, other people said they were too early or late.
- People did not always know which care staff were coming. One relative said, "I don't know the staff, so I always stay around [to keep an eye on things]. There are different staff on different days. We are unhappy because of the lack of schedule." Another relative said, "We have a big team of people, but we don't know who is coming." A person said, "The only difficulty is that I don't know when they are coming."
- Calls were monitored to ensure people had enough time to be supported safely. If staff needed more time with people, their call times were reassessed. Feedback from staff supported this.
- Recruitment checks included reference requests and Disclosure and Barring Survey (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Some improvements were needed to ensure that references from previous employers were verified.

We recommended the provider review their processes for obtaining references, to provide greater assurances that these were verified.

Systems and processes to safeguard people from the risk of abuse

- Staff recognised the importance of keeping people safe from the risk of abuse and avoidable harm.
- When safeguarding concerns were raised, the registered manager took action to investigate those concerns and refer them to the local authority. However, CQC were not always notified of these incidents as per regulatory requirements.

Preventing and controlling infection

- Staff were trained in infection prevention and control and provided with Personal Protective Equipment (PPE).
- Some people told us that face masks made communication more difficult for them. We fed this back to the provider and asked for their policy on mask wearing to be reviewed, to ensure this reflected government guidance and to consider alternatives for people with communication needs.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Staff understood their responsibility for reporting accidents and injuries.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People's needs were assessed before they started using the service.
- If people's needs changed, or they required more care, the registered manager re-assessed their needs to ensure there was enough time allocated during care calls for care to be provided effectively and safely.
- One person enjoyed speaking in Urdu. A member of staff told us how they spoke to this person in Urdu because it helped encourage them to accept care and support. The staff member said, "If [person] doesn't want to walk, [person] will cry, so I say to them ok, we won't walk, we'll sit, and chat and we will speak in Indian together. After we've spent time talking, [person] is more likely to come out for a walk."

Staff support: induction, training, skills and experience

- We received mixed feedback about staff competency and skills. Comments from relatives included, "They [staff] are trained but don't like doing some things, for example, [using] the banana board." A banana board is a piece of mobility equipment used to transfer people between two surfaces. Another relative said their family member was concerned and cautious due to differing levels of staff confidence.
- Comments from people included, "They [staff] are trained enough, and all follow the same routine. They all do exactly the same in the same order and I am happy with this," and "They [staff] are more like family. They stay for as long as they should and are very kind and caring." Another person said, "There have been a couple of trainees who quickly learn the routine."
- The provider was committed to ensuring that staff were well trained and worked with the local authority to access face to face and practical training sessions. Staff were provided with training relevant to their roles.
- The provider had recently introduced new training on supporting autistic people and people with learning disabilities, which is a new, legal requirement.
- Training was monitored to ensure staff kept up to date with their knowledge and skills.
- Staff spoke positively about their training and felt supported in their roles. When new staff joined the provider, they shadowed more experienced staff as part of their induction. One staff member said, "When I started I had 3 weeks training, they [provider] gave us videos, we had to answer questions, like a test, to check our understanding. I shadowed for about 3 weeks. It was my first job. I wanted to learn, to be prepared." Another staff member said, "I've got monthly and yearly update training, like medicines. The manager sends us updates all the time."

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 MCA 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.

- Improvements were needed to ensure documentation regarding people's mental capacity was accurate. Two people's care records included a statement of capacity confirming they lacked capacity, which the registered manager advised us was incorrect. In response to our feedback, the registered manager took action to rectify this.
- Staff understood the need for consent and could tell us how they encouraged people to be involved in their care and make choices.

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

- When people needed help with their eating and drinking, or assistance to prepare meals, this information was recorded in their care plan.
- Staff understood the importance of encouraging people to eat and drink enough. One staff member said, "Sometimes people decline – I encourage them, tell them it's good for their health, make them understand how important it is. With drinking it's important so they don't get a water infection."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in partnership with other healthcare professionals to meet people's needs and in response to changes or concerns about people's health.
- When staff reported changes or concerns about people's health to the registered manager, this was acted on quickly to ensure people received appropriate healthcare. One staff member said, "Yes, [registered manager] asks for lots of information so she can understand, or sometimes the family will call someone, but she [registered manager] arranges [support] very quickly." Another comment was, "I will call through to my manager, and they will call [healthcare professional] immediately. Say if I have a call at 10pm, I will call my manager, and she is there all the time, very helpful for us."
- One relative commented, in the annual questionnaire, how the quick actions of care staff saved their loved one. The comment was, "Staff team saved my husband by informing us in time to call the ambulance because [staff member] had thorough knowledge of a blood clot."
- A health professional also gave us positive feedback. They said, "I worked closely with [registered manager] and she always went the 'extra mile' to support my patients. [Registered manager] is always responsive and professional."

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.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and governance did not always support the delivery of high-quality, person-centred care.

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

- Audits and governance processes to maintain oversight of the safety and quality of care were not operating effectively. This put people at increased risk of not receiving safe, quality care.
- Systems had not identified gaps in risk management plans, or errors in medicine administration records and mental capacity assessments.
- Quality assurance checks were not always recorded or available to view during the inspection. The manager told us that medicine competency observations were carried out, but there were no records to support this.
- Important events and incidents were not notified to CQC as per regulatory requirements. In response to our feedback, notifications were submitted.
- The provider had a complaints policy. However, records to demonstrate how complaints were responded to, as per the provider's policy, were not available.

Systems were not operating effectively to assess, monitor and improve the quality and safety of people's care. This placed people at risk of harm. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from people and their relatives about their experiences of the care provided, and communication with the provider.
- Feedback from staff was consistently positive. Staff demonstrated pride in their roles as care workers and the support they provided to people. Comments included, "Everything is alright, everything is going good. Whenever I go to a client's home, I treat them like my parents. Some people feel it's not a good job, but I feel I'm doing the right thing." Another staff member said, "My managers always encourage us and motivate us, to help people, basically. We are gaining morality by helping people."
- The registered manager was always available to offer staff support. There was a positive culture which was echoed in staff feedback. Comments included, "Both of our managers are very supportive. Any problem, I go to them and they very quickly sort the problem." Another staff member said, "[Registered manager's] really good, very close to us. I am not feeling like [registered manager's] someone to be scared of. [Registered manager] thinks it's really important to have good communication. If we make mistakes, I can tell her."

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

- Feedback about people's experiences of care was gathered through questionnaires, telephone calls and spot checks. A review of these showed largely positive responses. Comments included, "I love my carer's nature," and "I am delighted with the current carer."
- Staff meetings were not currently taking place, but the provider planned to reintroduce these soon.
- The provider recruited staff from different ethnic backgrounds and shared some of the difficulties staff experienced working in certain areas, where they had experienced discrimination. The provider recognised the stress this placed upon care staff and was committed to supporting them.
- Staff felt valued, by the provider, in their roles and were listened to if they had feedback or suggestions about people's care, and if this needed to be reviewed.

Continuous learning and improving care; Working in partnership with others

- Spot checks of staff practice were carried out to monitor care standards and identify where improvements were needed.
- The provider worked closely with the local authority to access additional training for staff.
- The provider and staff worked with other health professionals to improve outcomes for people's health and social care needs.
- The provider was part of a pilot project, providing temporary packages of care to support people so they could be discharged from hospital and return to their own homes, as soon as possible.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety were not always assessed or mitigated and records did not provide assurance that people received their medicines as prescribed. This was a breach of regulation 12 of the Health and Social Care Act 2008.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to ensure that the quality and safety of care were monitored and assessed were either not in place or operating effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008.</p>