

Ena Care Call Limited

ENA Homecare Service

Inspection report

Holford House, Holford Court
Hearthcote Road
Swadlincote
Derbyshire
DE11 9BX

Tel: 01283224963

Website: www.enacarecall.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

ENA Homecare Service is a domiciliary care service providing personal care to younger adults and older people in and around Swadlincote. The service currently provides a service for 44 people.

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

People felt safe and felt improvements had been made within the service. People generally had a small team of staff who provided their support, and they felt staff knew them well. This enabled them to feel more confident and at ease with staff. People felt there was enough staff to provide their care and staff generally arrived when they were expected.

Staff understood how to recognise where people may be at risk of harm or abuse and knew what action to take. People received support to take medicines and staff knew how to act where they were concerned, or medicines had been missed.

People had been involved with developing their care plan and had a copy of their care records in their home. People felt the care records reflected the support they wanted, and this had been reviewed with them. People knew how to make a complaint, although felt they had not needed to raise any concern.

The registered manager had developed systems to enable them to monitor service provision remotely during the COVID-19 pandemic. They knew current guidelines to reduce the risk of transmission and ensured staff had necessary equipment to keep safe and arrangements were made for staff to participate in weekly tests for COVID-19.

The registered manager undertook a range of checks as part of their quality audit to identify shortfalls. The registered manager was committed to developing the service and providing good care and support.

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 Requires Improvement (published 8 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an announced comprehensive inspection of this service on 18 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and safeguarding service users from abuse and improper treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ENA Homecare Service

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We spoke with commissioners of the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We also spoke with five members of staff and the registered manager. We reviewed a range of records in relation to the support provided and management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People felt safe using the service and were confident the staff would take any action if they were at risk of harm.
- Staff understood how to recognise signs of abuse and how to report any concerns. The registered manager was clear about what constituted poor practice and knew their responsibility to report concerns to the local authority safeguarding team for investigation.
- Where concerns had been identified, reports had been made and we had been notified of incidents.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and people were supported to manage these. People had individual risk assessments for moving and where risk of falls had been identified.
- Staff understood how people needed to be supported to minimise risks. Risk assessments were regularly reviewed and kept up to date.
- Environmental risk assessments were completed to help ensure staff could visit people's homes safely to provide the care. One relative told us, "The staff are very respectful of our home."
- Where people had any concerns, there was an on-call system in the event of an emergency.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were suitable numbers of staff to work in the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff rosters had been reviewed to generally allow enough time to travel to people's homes. The registered

manager explained that in an emergency, rosters could be changed at short notice, however, each member of staff had a mobile phone which recorded their roster and was updated with any changes. Staff were reminded to check their phone after each visit to ensure any changes were identified.

- We saw if staff did not attend any call within thirty minutes, the office staff received an alert and the management team checked people and staff were safe and why the call was late. We saw this meant the incidence of missed calls was reduced.
- Recruitment practices meant checks were completed to help make sure staff were of good character and suitable for the roles they performed at the service.

Using medicines safely

- People received support to manage their medicines and policies and practices had been reviewed to meet current best guidelines procedures.
- The staff received training to administer people's medicines. People's care plans included information about what medicines people took and what these were for.
- Staff recorded when medicines were administered, and procedures were in place to act for any missed medicines.

Preventing and controlling infection

- Staff had received training for managing infection control practices and how to use Personal protective Equipment (PPE) effectively and safely. There were procedures to follow during the COVID-19 pandemic.
- People felt staff understood how to reduce risk and wore PPE on each call and saw them dispose of this upon leaving their home. One relative told us, "They are very good at hygiene and always make sure they use personal equipment in our home to keep us safe."
- Staff took part in weekly tests for COVID-19 and understood the arrangements for self-isolation and shielding.
- Where staff were identified as high risk of COVID-19. Risk assessments had been completed to keep them safe.

Learning lessons when things go wrong

- Accidents and incidents were reviewed as a learning tool to help ensure people's safety and wellbeing. There had not been any significant incidents occur.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Require Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- On our last inspection we found that improvements were needed to ensure a greater consistency for how many staff provided care for people. On this inspection, people told us they now generally had a small team of staff who provided their care and knew them well. One person told us, "It is much better now, and I feel a lot more comfortable with the staff."
- People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home.
- People felt their care records reflected the care that had been agreed and staff completed daily records following each visit.

Meeting people's communication needs

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

- Improvements had been made through the assessment process to determine how people would prefer to receive information. The registered manager had access to facilities to convert information into a format that was suitable for people who currently used the service.
- People confirmed they were satisfied with the information they received, which they could understand.

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

- The service did not always provide support with social engagement as this was dependent on how the support visit had been arranged. However, staff were encouraged to spend as much time as possible talking with people during each visit.
- Due to the COVID-19 pandemic, people had limited interaction with other people and told us staff ensured they understood the guidelines on staying safe.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people knew who to contact if they wanted to raise any concern. People told us they had not needed to comment about their support and felt the service had improved. One person told us, "I have nothing to complain about. Last year they were very irregular, but

they've really improved. I get the same staff now and they turn up when they are supposed to.

End of life care and support

- The service was not supporting any person with end of life care. The registered manager confirmed they did not offer specialist end of life care but would work alongside health professional to ensure people continued to receive a service.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The service now had a registered manager and people felt improvements had been made within the service, and they received more consistent care. One person told us, "I've had the same staff for about a year, and they are very caring. You can really build up a relationship when they are the same staff. When they come into my home, I feel very comfortable."
- Quality assurance systems were in place to monitor and review the service provided. The checks included reviewing accidents and incidents, medicines, health concerns including any outbreaks of COVID-19.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- The registered manager worked alongside health and social care professionals and recognised how they could work together to support people to receive good care.

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

- People, relatives and staff were given opportunities to discuss the care and the support they received and whether their care plan continued to reflect the support they wanted.
- Satisfaction surveys had been distributed to gain people's views on the service. The registered manager explained that this would be used to influence how the service developed.
- People felt the service had improved and if there were any concerns, they could contact the office staff. One person told us, "The office staff have been working from home during the COVID-19 pandemic, but there's been no change to the level of service."

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

- During the COVID-19 pandemic, staff had not had team meetings or visited the office to reduce risks of transmission. Staff continued to receive support by telephone, including formal supervision and appraisals of their work.
- Competency checks were carried out in people's home to ensure staff had the necessary skills and knowledge to continue to support people safely.
- To ensure all staff were alerted to changes, each member of staff had a mobile phone which recorded their roster and alerted them to changes within the organisation and important communications.
- Feedback was sought from people who used the service and their relatives, and their views were reviewed

to develop the service. The registered manager felt they were committed to developing the service to provide people with the care they wanted.

- People's care was reviewed, and a record maintained where these were conducted. This included reviewing people's care plans and risk assessments.
- Accidents and incidents were recorded and reviewed to look for any patterns or trends, so that action could be taken to reduce risk.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they could be investigated and where necessary an apology offered to people affected. This would help to improve people's experiences of the service and to assure them that the concerns were acted on.