

Enchanting Care Limited

Enchanting Care

Inspection report

Office 1
113A London Road
Waterlooville
Hampshire
PO7 7DZ

Tel: 02394001150
Website: www.enchantingcare.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 5 and 6 March 2018 and was announced. This was the first comprehensive inspection of this service since the provider initially registered with the Care Quality Commission (CQC) in May 2017.

This service is a family run domiciliary care agency. It provides personal care to people living in their own homes in the community. Enchanting Care is registered to provide a service for people living with dementia, older people, people living with a physical disability and younger adults. At the time of this inspection Enchanting Care supported three people with personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 have made a recommendation to the provider in relation to staff training in respect of the Mental Capacity Act (2005), learning disability, autism spectrum disorder and physical disability in the effective section of this report.

People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

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There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

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. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

Risk was assessed and measures in place to reduce identified risk.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had not received all of the training relevant to their role in respect of some specific conditions.

Staff were supported in their role through regular supervision meetings with management.

Staff had a clear understanding about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

Good ●

The service was well-led. Effective audits and systems to measure the quality of the service were in place.

The registered manager and staff with management responsibilities knew their role and responsibilities in ensuring a high standard of care.

Staff felt supported by the registered manager and management team and shared the providers vision and values.

Enchanting Care

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 checked 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 on 5 and 6 March 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also received feedback from a health and social care professional.

Inspection activity started on 5 March 2018 and ended on 6 March 2018. On the 5 March 2018 we spoke with three people receiving care and support and two relatives by telephone to obtain feedback on the delivery of their care. We also spoke with three members of staff.

We visited the office location on 6 March 2018 and spoke with the nominated individual, registered manager and the office manager. We reviewed care records and documents central to people's health and well-being. These included care records relating to three people, recruitment records for three staff members, staff training records and quality audits.

The provider completed 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.

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care they needed. One person told us, "I feel very safe with my carer". Another person told us, "I like all the carers and trust them in the house and with all my care. I have the same carer most days and they always come on time and stay as long as they need to". One relative told us, "Time keeping was excellent and if delayed they would phone and tell us with the expected time of arrival". The nominated individual told us of future plans to install a computerised call monitoring system as the service grew to help monitor if staff were being delayed so that the rotas could be amended if needed. They added, "This is going to give us much more capability in terms of using alerts and real time information for care visits. It will also help to ensure the safety of our staff and of people waiting to receive care".

The service had policies and procedures which protected people from the risk of abuse neglect or harassment. Staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions. These assessments identified potential risks to people's safety. For example, one person needed to be transferred to and from a bath using a track hoist. The care plan stated this required two members of staff. The person's relative confirmed that each visit was by two staff and also confirmed that staff used the hoist safely. They told us their relative was talked through the process at each stage and constantly offered reassurance. There was also a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

Staff told us they knew the people they supported and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I get the same carer most mornings. It only changes when they have a day off and on those days it is usually the manager who comes to see me". The registered manager told us there were sufficient numbers of staff deployed to meet people's needs safely at this time taking into account staff annual leave and days off. They said that they were starting to receive more enquiries from people looking for care in their own homes and were increasing their recruitment activity as a result of this.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work for the service. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults,

to help employers make safer recruitment decisions.

Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Where people needed support to take their medicines they told us they received their medication as prescribed. One person told us, "They always come and are on time. I do my own medication, but they always remind me or check I have taken them". Care plans included information about how people received their medicines and the support they needed. One member of staff told us, "If someone hasn't taken their medicines we always ask why and try to encourage them to do so. If we have any worries at all we call the office and let them know".

There were systems in place to ensure that accidents and incidents were appropriately recorded and analysed to identify any trends. Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves, shoe protectors and aprons were available in people's homes for staff to use as needed. The registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.

Is the service effective?

Our findings

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene and medicines management. However staff had not received all of the training relevant to their role. Enchanting Care is registered to provide personal care to people with specific conditions, for example, learning disability, autism spectrum disorder and physical disability. Training records and conversations with staff evidenced that staff had not received training in these specific areas. At the time of our inspection the provider was not providing care or support to any person's living with these conditions.

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. We checked whether the service was working within the principles of the MCA. At the time of our inspection all people receiving care and support from Enchanting Care had capacity to make their own decisions. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests if a person was assessed as lacking capacity. However staff were unable to demonstrate their understanding of the five principles of the MCA and how they would ensure people's rights would be protected and best interest's decisions were as least restrictive as possible. Although some understanding of the MCA would have been covered under standard nine of the Care Certificate, additional training in these areas would give staff a greater understanding and would promote good practice to enable and support people to live their lives fully.

We recommend that the service seeks to ensure staff have the skills, knowledge and experience to deliver effective care and support, based on current best practice in relation to the Mental Capacity Act (2005) and the needs of people living with a learning disability, autism spectrum disorder and or physical disability.

People were complimentary about staff who provided their care and support. They told us they felt they were well trained and competent in their work. One person told us, "They are very good at providing my care. They know what they are doing". Another person told us, "They are excellent, very skilled. They do everything I ask and more. I couldn't wish for better".

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings and spot checks. Supervision meetings are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "Yes we have them regularly. They are purposeful and I enjoy having the opportunity to discuss how I am doing".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They (care workers) always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "They always start by asking how (person) is and how they can help them today". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Most of the people we spoke with did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

People's health care appointments were facilitated by their relatives. The office manager confirmed that if staff were concerned about a person, they would support them to contact a GP, district nurse or other healthcare professional as appropriate. We were given an example where a person's relatives had been advised to contact an enablement service as the person was at risk from falls.

Is the service caring?

Our findings

People's and their relatives, told us they were happy with the staff that provided people's care. One person told us, "Extremely happy with the care I get. They (staff) are all very caring and pleasant. I look forward to seeing them". A relative told us, "The carers were professional, compassionate and extremely caring. They are polite and helpful and nothing is too much trouble". A staff member told us, "We are caring. I think we provide a very good service". Another staff member said, "We have plenty of time to meet people's needs in a caring way. You can't care for people properly if you are rushing".

People received their care and support from a consistent team of staff which enabled them to build up positive relationships. Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One member of staff told us, "I like visiting the same person. You get to know them well and this can really help us and them in building a relationship".

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved in planning their own care. Care plans were updated when people's needs changed. One person told us, "The care they give me is excellent. They are polite and courteous and totally respectful and always make sure that I do as much as possible myself".

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. One person told us, "They are very respectful; they know how to help me". Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care.

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I treat everyone as a family member. I mean you wouldn't want anything but the best for your own mum or dad would you". Another member of staff said, "We have to remember we are guests in people's home and need to understand and respect that".

We saw letters of thanks and written extracts of care provided and the common theme was that the service worked hard to provide support that was personalised and special to each person. For example, one relative had commented "I don't really know what your charges are. But money well spent". Other comments included, "She seems better than she has been for a long time, partly due to the excellent care she has received", "Good to see her looking neat, tidy and clean. It was lovely to see that her hair had been washed" and "Thank you for sorting (person) out with the doctor. It was a Godsend".

People's care records were stored securely in a lockable cupboard at the premises of the provider.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans detailed the level of care and support people required. The registered manager told us that all staff were completely conversant with people's needs before they started to provide people's care and support and people who were receiving care and support had the capacity to communicate their needs. As part of the initial assessment people were asked to complete a 'Who am I' form containing personal information regarding past employment, hobbies and interests, likes and dislikes to help the service better understand the person.

The registered manager told us that the ethos of Enchanting Care was to provide people with consistent person centred care. They told us, "We try to match the care worker with the client. We always accompany staff when visiting a new client for the first time to introduce them. We make contact regularly with the client for the first few weeks and routinely review the care we provide at six weeks to ensure we are meeting that persons needs and expectations". People and relatives we spoke with confirmed this.

At the time of our inspection people understood the information they needed regarding all aspects of their care and support and did not require information to be in specific format. For example, large print, pictorial or picture exchange cards (PECS). However the service had policies, procedures and systems in to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and relatives told us they felt the registered manager listened to them if they needed to change or adapt their care. They felt they only had to make a phone call to the office and changes were made swiftly. A staff member told us, "If people wanted to make any changes to their care regime it would be referred to the management team for them to incorporate the changes into the care plans and to adjust the visit timings appropriately".

The provider kept a complaints and compliments record. The registered manager told us and we saw that there had been no complaints since the service started. Everybody we spoke with said they had never needed to complain. People were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One person said, "I've never had to complain, but if I did need to I would talk to the office".

Is the service well-led?

Our findings

The registered manager, nominated individual and office manager demonstrated an in-depth knowledge of the staff they employed and people receiving care. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff members told us that the management team was approachable and that they could talk to them at any time.

The management team had clear visions and values to deliver a service that they would be happy for their family and loved ones to receive. These values were also shared by staff we spoke with. The registered manager told us, "We aim to support people to maintain their independence and lifestyle by providing the highest quality of care. To achieve this we will provide high quality, flexible, person centred care and support that helped people maintain independence whilst living safely in their own homes". One member of staff said, "If I can't provide care the way my mum would expect it then I am in the wrong job".

People's relatives told us they would recommend the service to their friends who were looking for care and support in their own homes. One relative told us that they were happy with the care their family member received and continued, "I can recommend Enchanting Care."

Staff told us that they were proud to work for the service. One staff member said, "I am enjoying working here, they (provider) are keen to become established. You can only provide a good service if you have good care staff and we have a very good team". Another staff member said, "I think the service is quite well managed, they are still finding their feet. It will be fine as long as good communication continues between management and staff team".

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who received care to confirm their continued satisfaction. We viewed responses from quality assurance questionnaires completed by people who used the service. We noted that all responses had been positive and complimentary about the service provided.

Staff meetings were held to involve and consult staff in improving the service, such as office and care staff. One staff member said, "They are useful and they keep us in touch as we work alone a lot". Staff told us the team worked well together and regularly discussed how to improve the service for people who used Enchanting Care.

Management meetings were held regularly to review and improve the service provided. We viewed the minutes of the last three meetings for November / December 2017 and February 2018. Topics discussed for example were, recruitment, training, accidents or incidents and any outcomes from audits that had been undertaken. Actions plans where appropriate were put in place and reviewed and updated on progress at the next meeting.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.