

Enhance Wellbeing Healthcare Limited

Enhance Wellbeing domiciliary service

Inspection report

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Date of inspection visit:

12 December 2019

13 December 2019

20 December 2019

02 January 2020

03 January 2020

Date of publication:

30 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Enhance Wellbeing domiciliary service is a domiciliary care agency registered to provide personal care to older and younger people with mental health conditions, dementia and sensory impairments. People are cared for in their own homes. At the time of the inspection they were supporting five people.

Not everyone who used the service received personal care. The Care Quality Commission (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

Recruitment procedures required further development to ensure they met current best practice guidance and legislation. This had not impacted on people's safety and staff had disclosure and barring checks in place. We have recommended that the registered manager seek guidance in this area. There were enough staff employed to meet people's needs, staff were punctual and there were no missed calls. An electronic system managed staff time keeping and attendance and alerted the registered manager quickly of any concerns.

The registered manager had not fully understood the requirements around the administration and recording of prescribed creams, this was addressed immediately. Policies and procedure were in place for guidance around medicines and we found no other concerns in this area. People were protected from the spread of infection. Risks to people were assessed, planned into care and reviewed regularly.

Systems and processes were in place for recording accidents and incidents. The registered manager and staff understood the need to be open and honest if things went wrong. The registered manager knew how and when to report to appropriate organisations such as CQC or the local authority.

Staff were well supervised and trained to meet people's need's; some staff were in the process of completing training, but this had not put people at risk. Staff told us they felt well supported by the manager and found them approachable.

People were assessed before the service started, this considered their holistic needs including religion, culture, health and care needs, likes, dislikes and choices. Care planning was person centred and people told us they were leading their care. People told us they liked the registered manager and felt confident they were listened to. People were given a copy of the complaints procedure and told us they knew how to make a complaint and were confident if they did it would be well managed. People were supported with access to health care professionals and there was evidence of staff and the registered manager working in partnership with other professionals.

People told us they were supported by a regular team of staff who were kind and caring and they enjoyed

their company. People were supported to be as independent as possible this was reflected in care plan records and people's and relatives' comments supported this.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection This service was registered with us on 07/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Enhance Wellbeing domiciliary 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they 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 48 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 12 December 2019 and ended on 3 January 2020. We visited the office location on 12 and 13 December 2019 and spoke with people and staff on 20 December 2019 and 3 and 2 January 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and Healthwatch Northamptonshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider/registered manager, office manager and three care workers.

We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and information to support recruitment procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk to people in some areas.

Staffing and recruitment

- Recruitment procedures required further development to ensure they met legislative requirements. More robust methods of recording interview questions and answers to ensure suitability of staff was required. Following our inspection, the registered manager had arranged for health declarations to be completed. This would need to be continued and embedded in practice.
- Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough available staff to meet people's needs. Records showed there had been no missed calls, people confirmed this. Staff agreed there were suitable staffing numbers deployed and they understood the importance of reliability. One person told us the staff were always on time and were reliable, they said, "It gives me reassurance, I know they will come."

We recommend that the registered manager seek appropriate guidance on recruitment requirements and act to update their practice accordingly.

Using medicines safely

- At the time of the inspection people were taking their medicines independently except for one person who required support with 'as and when required' prescribed cream. The manager had not ensured this was recorded on a medicines chart and there was no protocol available for staff guidance. However, applications of the cream were recorded in notes. The registered manager agreed to ensure a medication chart was in place that same day. This will need to be continued and embedded in practice.
- We saw evidence of previously used medicine charts and were reassured that the registered manager understood how to record and monitor medicines other than creams.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Staff had access to safeguarding and whistleblowing policy and procedures. They demonstrated a good understanding of how to recognise signs of abuse and how to report it.
- The registered manager understood their responsibilities around safeguarding people from the risk of abuse including reporting to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people were assessed, planned into care and reviewed regularly. Personalised risk assessments considered risks in the environment and in delivery of personal care and were made available to staff for

guidance.

- Identified risks to people were well managed, we saw evidence that the registered manager had liaised with other professionals to mitigate risk for one person which included reviewing staff ratios to ensure safety.

Preventing and controlling infection

- Staff understood the importance of using gloves and aprons and good hand washing techniques. Staff told us that gloves and aprons were always made available for them in people's homes and people told us that staff always used this equipment when delivering personal care.

Learning lessons when things go wrong

- Staff understood their responsibility to report accidents and incidents. One staff member explained to us the immediate action they would take following a person falling and the reporting procedure. They recognised the importance of reporting as part of the learning process and how this could mitigate future risk.
- The registered manager kept oversight of accidents and incidents in a file but had recently acquired an electronic system, this included a function to record and analyse for trends and patterns.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 prior to the service starting. This ensured that suitable staff were available to meet people's needs.
- People were asked about their lifestyle choices, religion, relationships, culture, likes and dislikes. This information was included in the planned care.

Staff support: induction, training, skills and experience

- Staff had received an induction prior to starting work with people. This included information on the providers policies and procedures and shadow shifts with the registered manager and other care staff. One staff member told us they had completed multiple shadow shifts with the people they were going to be working with before visiting on their own. They told us they had found this really useful in getting to know people's needs well.
- Staff received regular supervision, some of which were observations of the staff's practical skills carried out by the manager whilst working as one of the team.
- Staff were provided with the training to meet people's need's. Some of the staff we spoke with were in the process of completing some of their training. However, this had not impacted on the people they cared for. One staff member for example had yet to complete their medication training but was not deployed to people that needed support with medicines. Another staff member was due to complete their Mental Capacity Act training but as an experienced staff member they demonstrated a good understanding of the principles and were not supporting anyone that lacked capacity to make decisions.

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

- People were supported with enough to eat and drink and chose what they wanted. One person told us, "The carer does a [food type] for us, that's what we like, and they leave us [food type] for tea, I choose."
- Staff demonstrated a good understanding of the importance of ensuring people were well hydrated and encouraged people with fluids by making them drinks of their choice.

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

- Staff supported people to access healthcare services and liaised with professionals such as GP's, occupational therapists and community nurses. For example, a relative told us that the registered manager and staff had worked alongside professionals to implement improved equipment for their relative, this had a positive impact for the person.
- Records showed that the registered manager was proactive in seeking support from professionals where

they had concerns for people. For example, they had raised concerns appropriately with social workers around a person's level of support needs.

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 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.

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 and found that they were.

- People were supported in the least restrictive way possible. People and their families or a representative had been involved in the assessment and planning process and care plans were signed to consent to care.
- Staff had a good understanding of the principles of the MCA, they told us if people refused care and support they would not force them and would report back to the manager. One staff member explained about people's right to refuse care and that they must not be forced. They explained methods of support and encouragement for people which included giving them time, space and choice but respecting their final decision.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they and their relatives were well supported and they had developed good relationships with their staff. One person said, "They [staff] are very good, very kind staff." People had a regular team of staff that they had got to know well.
- Care plans detailed how people wished to be supported, what was important to them and what staff needed to know about the person including, culture, religion and lifestyle choices. This provided the staff with the information they needed to meet people's holistic needs.
- Staff were trained in equality, diversity and human rights and demonstrated good knowledge around respecting people's choices.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were involved in assessments and the planning of their care and that staff and the registered manager listened to them. One relative said, "They listen to us [relative and person receiving care] and how we like things done." Records evidenced that people had been involved in their care reviews and had consented to any changes in care.

Respecting and promoting people's privacy, dignity and independence

- People were respected. People told us staff ensured dignity and privacy by closing curtains and doors when delivering personal care. Staff described covering people while supporting them with personal care to preserve their dignity. One staff member said, "I cover people, explain what I am doing all the time to check they are happy with the care going ahead."
- Staff respected people's personal information, one staff member said, "We put people's files away when we have finished support so that visitors to the house don't see them."
- People's independence was supported and encouraged. Care plans detailed what people, could and could not do for themselves and prompted care staff to encourage independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care and support plans were written with the person at the centre of their care and were reviewed regularly with people and their relatives. Care planning included choice, religion, culture, eating, drinking, health, lifestyle choices and life history.
- Staff told us they had easy access to information via an electronic application on how people wanted to be supported. Regular teams of staff were allocated to people which meant that staff got to know people and their care needs well.
- Where people liked a specific routine, this was well detailed in care plans and people told us they were leading their own care.

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.

- People's communication needs were assessed and considered in the care planning process. At the time of the inspection there was no one with specific communication needs. However, Information could be made available in easy read format, large print and other languages when required and the provider had a communication policy and procedure in place.

Improving care quality in response to complaints or concerns

- At the time of the inspection there had been no complaints. People and their relatives told us they knew how to make a complaint and felt confident they would be listened to.
- A complaints policy and procedure was in place and was included in the service user guide, this also signposted people to the local authority and Care Quality Commission.

End of life care and support

- At the time of the inspection the service was not providing end of life care. The registered manager was in the process of arranging staff training in this area and had a target completion date for this. There was an end of life policy and procedure in place.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was not always consistent. Leaders and the culture they created 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

- There was a robust system in place for the recruitment process. However, we could not be reassured that this had been consistently followed in practice as we identified gaps in recruitment files. This had not impacted on people, staff were well supervised by the registered manager and had DBS checks in place.
- There was a schedule in place for staff supervisions which had taken place regularly. The registered manager would need to ensure a robust system was in place for managing oversight of training as staff numbers grew.
- The registered manager had not followed current best practice guidance around prescribed creams. They had access to guidance in policy and procedures and agreed to review practice in this area immediately to ensure creams were appropriately recorded and managed.
- Care notes were audited regularly to ensure planned care was being delivered effectively and regular reviews of risk assessments and care plans took place.

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

- The registered manager was friendly, approachable and focused on providing good quality person centred care. People were included in the planning of their care and told us they were very happy with the care and support provided.
- Staff had a positive attitude, they told us how they enjoyed their work. Staff told us they felt well supported and were able to share their ideas or any concerns with the registered manager.

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 registered manager had a good understanding of their responsibility to be open and transparent when things went wrong. The systems and processes in place supported the management of incidents, accidents and complaints effectively.
- The registered manager demonstrated a good understanding of how and when to report significant incidents to the Care Quality Commission and other appropriate organisations.

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

- The registered manager had compiled a questionnaire for people to gain feedback on the service which

was due to go out following inspection.

- The service had started staff meetings as the team grew, with one completed so far. Staff told us they had found this useful, they also had regular contact with the registered manager who also worked as a team member with staff to support people.
- The service was an equal opportunities employer with policies and procedures in place to support this. The registered manager demonstrated a good understanding of equality and diversity. People's needs in this area were assessed and planned into care

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with people their family and other professionals to ensure good outcomes for people. They told us, "It's important that we liaise with the professionals to ensure we get the best care for people."
- The registered manager was focused on the continuous development of the service. They had recently achieved a recognised certificate in quality management and had also installed and were ready to launch a system to provide better oversight of the service via regular reports.
- The registered manager recognised their own limitations and the need to ensure they maintained oversight of the service as the business grew. They had recently employed an experienced staff member to support with this.