

ENS Recruitment Limited

ENS Care & Support

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

ENS Care & Support provides personal care and support to people living in their own homes or within a supported living setting.

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. At the time of our inspection 59 people were using the service, of which 28 were receiving personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

- People were supported to have choice, control and independence.
- People were supported by staff to pursue their interests and maintain relationships with family and friends.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

- People received kind and compassionate care. Staff respected people's privacy and dignity and promoted their independence.
- People who had individual ways of communicating, such as using body language, pictures and symbols could interact comfortably with staff and others involved in their care because staff had the necessary skills to understand them.
- People's care plans reflected their range of needs to guide staff on how to promote their wellbeing and enjoyment of life.
- Potential risks to people had been identified, assessed and managed to reduce the risk of harm.

Right culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff.

- People received good quality care and support by trained staff.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

We received largely positive feedback from people, relatives and health and social care professionals about the quality of care people received. However, we received mixed feedback regarding staffing levels.

Robust systems were in place for the recruitment of staff.

Staff received regular supervision and on-going training which promoted people's health, safety and welfare. Staff felt valued and supported and enjoyed working at the service.

The provider had systems and processes in place to regularly monitor the safety and quality of the service to drive improvements.

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 27 February 2020).

At our last inspection we recommended the provider reviewed if restrictive interventions had been used when incidents occur, in line with best practice. We also recommended the provider ensured staff had behaviour support training in line with current best practice. At this inspection we found the provider had acted on these recommendations and had made improvements.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

At our last inspection we rated this key question good.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

At our last inspection we rated this key question good.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

At our last inspection we rated this key question good.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

At our last inspection we rated this key question good.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

At our last inspection we rated this key question good.

ENS Care & Support

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

Three Inspectors and an Expert by Experience carried out the inspection. 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 homes. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 5 April 2022 and ended on 22 April 2022. We visited the office location on 12 April 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. 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 nine relatives about their experience of the care provided. Not all people were able to talk with us so we observed staff's interactions with people and people's body language to help us understand the experience of people who could not talk with us.

We spoke with 19 members of staff including the compliance manager, HR manager and head of health and social care. At the time of our inspection, the registered manager was on annual leave.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed feedback received from six health and social care professionals.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff received safeguarding training and knew how to identify and report any concerns. Staff told us they felt confident any concerns would be listened to and acted upon. One member of staff said, "I would report any concerns to the office. I would phone social workers or CQC if nothing was done. When it comes to people's safety and wellbeing, I will take action and be happy and confident to do so."
- The provider had produced an easy read pictorial abuse leaflet for people using the service. This included an explanation of the different types of abuse and how to raise any concerns.
- The provider was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks assessments were undertaken to identify potential risks associated with people's care and support; for example, in relation to eating and drinking, falls, accessing the community and mobility.
- Care records included information and guidance for staff about how to keep people safe and the action they should take to minimise the risk of accidents and incidents occurring.
- Staff had received training on how to support people with their assessed needs.
- People had personal emergency evacuation plans (PEEP) which detailed the level of support people needed to evacuate a building safely.

Staffing and recruitment

- We received mixed feedback regarding staffing levels. Comments from relatives included, "I am aware of staff shortages, but sometimes it is very last minute that we hear they can't get anyone," and, "I can honestly say that over the pandemic, they (ENS) were heroic. The service was almost without interruption with only some last-minute changes of times or personnel and even then, not many."
- We discussed staffing levels with the compliance manager and HR manager. They explained they had experienced staffing issues during COVID-19 and were proactively working to recruit additional staff. They had implemented a red, amber, green (RAG) framework rating for people using the service to ensure people at highest risk received their care call visits as planned, pending the recruitment of new staff.
- Robust recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Safe systems were in place for the safe management of medicines, including regular checks and audits.
- Staff received training and had their competency assessed to ensure they were administering medicines safely.
- Relatives told us they had no concerns. One relative said, "They handle all [person's] medication and it's all written down. Even the changes after a visit to the GP are all logged on the system. There has never been a problem."

Preventing and controlling infection

- People were protected by the provider's prevention and control of infection arrangements.
- Staff were trained and regularly kept updated with infection control and prevention best practice.
- Staff had access to enough personal protective equipment (PPE).
- Positive feedback about staff was received from relatives. Comments included, "Carers always wear their gloves, aprons and masks when they are working with [person]," and, "[Names] have not suffered any COVID-19 infections as the carers are rigorous in their wearing of PPE, they know how vulnerable [names] are."

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Accidents and incidents were reviewed by the provider to identify trends and to prevent further incidences from occurring. The compliance manager told us any lessons learned would be shared with staff to help improve the service for people and staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider's systems ensured people received individualised care which met their needs.
- People's needs were assessed before using the service.
- Relatives and health and social care professionals had been involved in the ongoing review of people's care and support to ensure their individual needs were considered and addressed to achieve good outcomes.
- Staff had access to the provider's policies and procedures and completed mandatory training which helped to ensure people's care and support was being delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- An induction programme supported new staff to understand their role and responsibilities.
- Staff completed the Care Certificate. This is an agreed set of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received a range of training to ensure they were able to meet people's individual needs effectively and safely. This included, where appropriate, positive behaviour support (PBS) training. PBS is a framework for providing long term support to people with a learning disability, and/or autism, including those with mental health conditions who have, or may be at risk of developing behaviours that challenge.
- Staff received regular supervision and told us they were able to approach management for support and advice at any time. This included access to an out of hours support team.
- Staff demonstrated a clear understanding of people's care and support needs. They told us they felt they were well trained. We observed people relaxed and comfortable when being supported by staff.
- Relatives felt confident staff were trained to fulfil their role and responsibilities. Feedback included, "[Name] has epilepsy and the staff know the change in [person's] mannerisms so can act quickly when necessary. [Name] is perfectly safe."

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

- People were encouraged to maintain a healthy balanced diet.
- Care records contained assessments of people's dietary requirements and detailed their food likes and dislikes.
- Guidance was provided to staff to ensure any risks associated with eating and drinking, such as choking were minimised.

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals such as the speech and language team (SALT), social workers, district nurses, occupational therapists and GPs to help support people to maintain their health and wellbeing.
- Where required, people were supported to access health care appointments. One relative told us, "[Staff] organises all [person's] appointments and takes them there. They stay with them and then gets them safely back. I don't need to get involved unless they are short-staffed and that has only happened once."
- Information was available and shared with other professionals such as hospitals; for example, hospital passports. Hospital passports are designed to give hospital staff helpful information about people's health, care and 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.

- People's capacity to make decisions had been assessed.
- Best interest decisions were made and documented appropriately. The compliance manager provided an example of where they were enabling a person to get an assessment of their daily living skills/abilities through their GP. They said, "We need to know what [person] can do for themselves. We are transparent with families and explain why we are doing what we are doing." The HR manager said, "We are not afraid to be the voice of people and act in their best interest."
- Staff received training and demonstrated an understanding of the principles of the MCA and supporting people to make their own choices.
- The provider had joined a national "Restraint Reduction Network" which aims to reduce reliance on restrictive practice. This supported staff to manage risks and minimise restrictions on people's freedom.
- The registered manager had attended a training seminar on the Liberty Protection Standards (LPS). LPS was introduced in the Mental Capacity (Amendment) Act 2019 and will be replacing the current Deprivation of Liberty Safeguards (DoLS) system.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff had developed positive and caring relationships with the people they supported. One member of staff described how they had supported a person when they were admitted to a COVID-19 hospital ward. They said, "I spent a whole month with them on a COVID ward... They perked up when they saw me. The hospital had said they needed to go into a coma but didn't after I visited as I knew how to care for them."
- We observed caring interactions throughout our inspection. Staff demonstrated they knew people well and people were comfortable in the presence of staff.
- We received complimentary feedback from relatives regarding the caring attitude of staff. Comments included, "The staff are kind and caring and take time to do things with [person]," and, "The regular carers take the time to get to know [person] and their little idiosyncrasies, likes and dislikes."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted and respected by staff.
- Importance was placed by staff to encourage people to increase their independence and do as much as they could for themselves. One member of staff told us, "The best part of my job is enabling the people I work with to live as independently as they possibly can. To work with an individual and see them achieve something that they thought they couldn't do is very satisfying. When you have been on that journey with an individual offering advice, guidance, encouragement, emotional and social support, job satisfaction for me is complete."
- A relative told us, "I go and have Sunday lunch with [person]. The carers get them to set the table and let them help a bit with the meal as [person] loves cooking."

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care plans were person centred, described their health and social care needs and included guidance for staff on how best to support them.
- The provider had implemented an electronic care planning system. Staff told us people's care plans provided them with enough information to enable them to meet people's needs. However, we noted care plans lacked detailed information about people's goals and aspirations. The provider acknowledged this stating these were recorded prior to the electronic care planning system being introduced. They assured us they would capture this information onto the new electronic system.
- People's care and support needs were reviewed and updated as people's needs changed. People and their relatives were involved in the reviews. One relative said, "There are regular care plan reviews for [names] and I always get an input. ENS have given [names] a quality of life... They have flourished here. It has been a godsend."
- Where necessary staff had involved advocacy services. An advocate can help represent people's views and speak on their behalf when key decisions have to be made.

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 plans were detailed and reflected their preferred method of communicating.
- Staff had a good awareness and understanding of people's individual communication needs.
- The provider ensured people had access to information in appropriate formats and staff spent time explaining information to each person in a way they could understand. The compliance manager showed us examples of how they had put together easy read pictorial information sheets to explain to people about COVID-19, Black Lives Matters and the war in Ukraine.

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

- Where the service was responsible, people were supported to develop and maintain relationships with family and friends and to take part in a range of activities that were of interest to them.
- One member of staff described how they supported a person with their shopping. They said, "We attach the wheelchair to the shopping trolley so they can pick up their items. We then pop to [place] for lunch."
- Relatives feedback included, "[Staff] often send us photos of [person] doing things," and, "They [names of carers] know they love to go out and will take them out for a drive, or for a coffee or for a walk. That

sometimes can be outside [person's] given hours so they put themselves out." Another relative told us, "[Staff member] knows [person] loves sport so sometimes takes them to football, or records things for them if they are at a group or at an appointment. [Person] loves them for that."

Improving care quality in response to complaints or concerns

- The provider had an effective complaints system.
- Guidance was available to people on how to raise a concern or complaint.

End of life care and support

- At the time of our inspection, the service was not providing care to people at the end of their life.
- The compliance manager told us they would work with healthcare professionals and organisations to support people with end of life care. They said personalised end of life plans would be put in place to ensure staff had the guidance they needed to support people.
- A team leader had attended an end of life training webinar to support their team who had been caring for a person on end of life care prior to our inspection. The compliance manager informed us end of life training was in the process of being rolled out to all staff.
- Policies and procedures on end of life care were available for staff to access.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider encouraged a positive, inclusive and empowering culture and was committed to ensuring all staff promoted person-centred high-quality care and achieve the highest possible outcomes for people.
- Staff embraced the provider's ethos and values and promoted a positive culture. One member of staff explained to us about the importance of providing individualised person-centred care. They said, "I don't do the same as I was doing 20 years ago, so why should the people using the service."
- Staff told us management were approachable and supportive.

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 demonstrated a clear understanding of their responsibility under the duty of candour. The compliance manager told us, "Families are contacted, and they will receive a letter detailing the investigation and outcome, and apology, if needed. We take responsibility of what has occurred."
- Systems were in place to ensure any accidents, incidents or safeguarding events were managed in an open and honest way. Lessons learned were shared with staff to minimise the risk of reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us their induction, training, supervision and team meetings enabled them to carry out their roles and they were encouraged to undertake additional training to fully understand the needs of people they were supporting.
- Staff enjoyed working at the service. They felt supported and valued and spoke very highly of management. One member of staff said, "I shadowed other staff and had time to read [person's] care plan. I feel very confident with ENS and the people I work with. If any problems ENS are there." Another said, "It's a good place to work. Management are 100% approachable and have an open-door policy."
- Morale amongst staff was positive. Staff told us communication was good and they worked well together as a team.
- The provider was aware of their responsibilities to report notifiable events to CQC.
- The provider sought people's and relatives' views about the service; for example, via surveys and customer feedback telephone calls.
- Staff were also encouraged to be involved in the day to day running of the service. The compliance

manager shared examples of where the service had been improved following staff feedback.

Continuous learning and improving care; Working in partnership with others

- Quality assurance systems and checks were in place to monitor the quality of the service and to drive improvement.
- The provider had introduced an electronic care planning system which enabled management to view information in 'live' time. The compliance manager informed us they planned to introduce an electronic medication system within the next few months which would enable better oversight of the management of medicines.
- Business continuity plans were in place for managing the service in an emergency or an infectious disease outbreak.
- Management were committed to providing good quality care and attended various forums which ensured best practice could be implemented within the service.
- Staff worked in partnership with people, relatives and health and social care professionals to ensure care was delivered in a way which met people's needs and preferences. One healthcare professional told us, "I have found the management to be very personable and responsive. They attend important meetings regarding complex care of people with learning disabilities and have really supported the work that our team does. I certainly feel that they value the people and the families that they work with."