

# Review of compliance

<p>Enara Limited Enara Community Care Seaford</p>	
<b>Region:</b>	South East
<b>Location address:</b>	<p>Enara Community Care 18 Clinton Place Seaford East Sussex BN25 1NP</p>
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	<p>In accordance with its Statement of Purpose, Enara Community Care - Seaford 'provides a service which makes it possible for elderly, sick or disabled people to stay at home and not to go unnecessarily into a residential or nursing home'.</p> <p>'Support is tailored to an individual's assessed needs and requirements'.</p>

	<p>Since the Eastbourne Office of Enara has been deregistered, services for people living in that area are now co-ordinated from the Seaford branch.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Enara Community Care Seaford was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

The manager told us that, in accordance with their identified wishes and individual support plans, people using the service were encouraged and enabled, as far as practicable, to make choices about their daily lives.

We received feedback from the Local Authority that commissions services for people through the agency. They confirmed that they had recently undertaken a quality monitoring audit of Enara – Brighton, Seaford and Eastbourne.

The report concluded: 'Overall, it is felt that the Brighton and Seaford branches of Enara are providing a good level of care to service users, and that the service delivery from the Eastbourne office, whilst not of the same quality as the other two branches is on the whole adequate'.

The main issue of concern was regarding the allocated time for care workers travelling between calls and the need for assurances that travel time be 'more realistic and reflective of distance and time of day'.

Local Authority managers who we spoke with also acknowledged the cooperation shown by the agency and the willingness of the registered manager to address identified shortfalls:

'The agency has always responded to any concerns raised. We have found the manager to be open and very cooperative. She has always been keen to work in partnership, in the best interests of people receiving a service'.

### What we found about the standards we reviewed and how well Enara

## **Community Care Seaford was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

We found that people who use the service were protected, through satisfactory policies and procedures and staff training relating to safeguarding adults at risk.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect. People who use services: \* Understand the care, treatment and support choices available to them. \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support. \* Have their privacy, dignity and independence respected. \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We were told that, as far as practicable, independence and individuality are promoted by Enara Community Care – Seaford.

'The care and support that we provide enables people to remain in their own homes as long as possible'.

People who used the service told us that their needs had been assessed and their care and support had been discussed with them.

##### Other evidence

The manager confirmed that people living in their own homes were supported, enabled and encouraged to express their views and make or participate in making decisions relating to their care and treatment. We found that systems for consultation, interaction and communication were generally effective and individuals had their privacy and dignity upheld.

We were told that people's needs had been assessed prior to them being provided with a service and that these assessments were routinely undertaken by the manager or supervisor. The manager confirmed that individuals were directly involved in the assessment process and where appropriate were supported by a family member or other representative.

The manager told us that all plans were regularly reviewed and updated to reflect people's current support needs. She told us that, as far as practicable plans were developed in consultation with the individual and consequently reflected their interests, wishes and preferences. They also provided clear guidance for support workers, to ensure that each individual's identified needs are able to be met consistently and safely.

We were shown examples of 'person centred' care plans, which had been developed for each individual and documented their identified choices in relation to how they preferred to be supported.

We saw records indicating that the agency liaises effectively with the local authorities and had obtained the relevant social care assessments. We also noted that records indicated how people preferred their care to be delivered and the contact details for people's relatives were also recorded.

Information about the agency was made available to people and each person had been provided with a copy of their care plan and service user guide.

### **Our judgement**

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect. People who use services: \* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Overall we received positive comments regarding this outcome area, from people who received a service from Enara - Seaford:

'I am very satisfied with the care and support that I receive. It's very good'.

'I really can't complain. The carers generally know what I need, although I do occasionally get new faces turning up'.

'My main carer is just wonderful, very kind and very reliable, but I have had others that have turned up late'.

##### Other evidence

We were told that an individual's care and support needs were thoroughly assessed prior to them being offered a service and continued to be monitored subsequently during regular care plan reviews. Such reviews would also include personal and environmental risk assessments regarding their welfare and safety.

The manager told us that all staff received appropriate training and support to ensure that they have the relevant knowledge and skills and are competent to meet people's identified care needs.

This was evident through discussions with staff, who confirmed that they felt confident in their role and received all necessary training and support.

We were informed that all support plans, including personal and environmental risk

assessments, were reviewed and regularly updated to reflect the individual's changing needs. We were shown evidence of recent reviews that had been undertaken.

However, in documentation relating to reviews, which we looked at, there was no record of who had been directly involved in the process. Although a basic signed contract was in place, there was no evidence that the person receiving the service had been consulted about their specific care planning.

We were also told by care staff that they did not routinely take part in care plan reviews. As the person most closely and directly involved in the care provision, this clearly does not represent best practice.

We discussed these shortfalls with the manager, who confirmed that service users, or where appropriate a relative or representative, were always involved in care reviews. However she acknowledged that this has not been adequately recorded. She also gave reassurances that in future, whenever practicable, the main carer would be more directly involved in the review process.

In accordance with the person centred approach to care planning, it was noted that risks were assessed and appropriately recorded. Plans provided evidence of regular and effective consultation with the individual and, where appropriate, their relative or representative.

We were told that staff worked closely with people living in their own home and had developed awareness and a sound understanding of their individual care and support needs.

The manager told us that since the last inspection, a computerised 'call monitoring system has been introduced. She explained that the system effectively monitors the start and finishing times for all visits and will highlight when a planned call has not been made. Details of times are entered onto the system by carers, dialling in a personalised coded number as soon as they arrive at the client's home and again just before they leave. We were shown the system in action and it was explained that the same live information is available to the local authority that commissions the service.

The manager also confirmed that concerns about 'travel time 'had been reviewed and addressed. Time allocated for travelling between calls had been increased and care worker rotas had been amended accordingly. This was supported by electronic timetables that we were shown and through discussions with staff.

### **Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect. People who use services: \* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We received no specific comments regarding this outcome area. However responses from the most recent survey indicated that people were satisfied with the service they received, they were generally happy with the support staff who visit them and felt safe and secure in their homes.

##### Other evidence

The manager confirmed that Enara Community Care - Seaford operated in accordance with the Pan Sussex Multi Agency Policy & Procedures for Safeguarding Adults at Risk.

We were told that the agency ensured, as far as is practicable, that people living in their own homes were safeguarded from all forms of abuse. We found that relevant policies and procedures relating to safeguarding adults, including a whistle-blowing policy, were in place.

The manager also confirmed that training relating to safeguarding vulnerable adults was mandatory, ensuring that all staff were aware of the various types of abuse and how it may present itself.

We were told that during their induction process, staff were expected to read the whistle blowing policy, and have knowledge of how to report suspected abuse. This was evidently also reinforced during regular supervision and staff meetings.

This was supported by training records viewed and confirmed through discussions with members of staff during our visit. Staff told us that they had been trained to recognise potential abuse and were aware of the organisation's whistle-blowing procedures.

**Our judgement**

We found that people who use the service were protected, through satisfactory policies and procedures and staff training relating to safeguarding adults at risk.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect. People who use services: \* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We were told that a comprehensive induction programme was provided for all staff. This was confirmed by training records we viewed.

Care staff who had been working for the agency for several years told us that they felt valued and supported by the manager. They confirmed that relevant training was provided on an ongoing basis.

##### Other evidence

From discussions during our visit, it is evident that the manager demonstrated a clear sense of leadership and direction. We were told that she was 'approachable' and operated an 'open door' policy, where staff were free to raise or discuss any issues or concerns that they may have.

We were told that an on-call system was in place, ensuring that there was always support available for care staff even out of office hours.

The manager confirmed that communication within the agency was effective. This included regular team meetings and, in accordance with company policy, formal supervision which was provided for all care staff on a regular basis.

This was evidenced by supervision records examined and through discussions with care staff, who confirmed that communication generally between care staff the office had improved:

'You can feel fairly isolated at times but now the support is there and things are much better now'.

**Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect. People who use services: \* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We received no specific comments relating to this outcome area.

##### Other evidence

The manager confirmed that quality assurance systems include various audits, undertaken on a regular basis and satisfaction questionnaires for people using the service, their relatives and other stakeholders.

As previously documented, a welcome development has been the implementation of the computerised call monitoring system. This has already resulted in significant improvement in the provision of care and support.

The manager confirmed that the new system will ensure that people in the community have their assessed needs met, safely and consistently.

We were told that all accidents, incidents and injuries were recorded and reported, as required. The manager confirmed that the health, safety and welfare of people living in their own home and staff who are supporting them remained of paramount importance.

##### Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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