

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

About the service

ENS Limited was providing personal care and support to 55 people at the time of the inspection.

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.

About the service: This service provides care and support to some people who live in a supported living setting. 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. Other people received personal care and support in their own homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People told us they were safe with the staff that supported them. Risk assessments covered all areas of risk and staff knew how to keep people safe from harm. We have made a recommendation about restrictive interventions. Staff had received training in infection control and had access to personal protective equipment. People were supported to take their medicine in a safe way.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they received effective care, from trained staff. Staff were trained in a range of topics. We have made a recommendation about positive behaviour support training. People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff supported people to maintain a healthy diet, in line with their assessed needs and were supported to access health care if this was needed.

Staff were kind and caring and had developed positive relationships with people. Staff understood the importance of respecting people's privacy dignity and independence.

Assessments and support plans were in place identifying what was important to people and how people needed to be supported. The support people received was centred around them and they were involved in any decisions made. The provider had a complaint's process which people were aware of to share any concerns. At the time of the inspection, no one being supported at the end of their life.

The audit and governance system could not always show that improvements were always made if this was needed. We have made a recommendation about sexual safety.

The registered manager had worked in partnership with the local community. People spoke positively about the service and the quality of the support being provided.

Why we inspected: This was a planned comprehensive inspection.

Rating at last inspection: The last rating for this service was Good. (16 April 2017)

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

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.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service also provided care and support to people living in a 'supported living' setting, 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.

Notice of inspection

We gave notice of the inspection because some people could not consent to a home visit from an inspector and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 20 January 2020 and ended on 30 January 2020. We visited the office location on 27 January 2020. On the 30 January 2020 we visited people in their homes.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority and professionals. 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.

During the inspection

We spoke with eight relatives and one person about their experience of the care provided. We also spoke

with nine members of staff, including the operations director, the registered manager, deputy manager, and care staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at two 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 accident and incident information, some policies and audits and some additional care records.

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 outstanding. At this inspection this key question has deteriorated to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff that supported them. One person said, "I feel safer when the staff are here." A relative said, "On the whole we are getting a good service. I think they are safe with the staff."
- The service had systems in place to manage safeguarding concerns, using local safeguarding procedures.
- One incident indicated that a person may have been at risk of abuse. There was a lack of information to ascertain, if the incident had been investigated or what action may have been taken as a result. We highlighted this to the registered manager, and following the inspection, they carried out an investigation in to the event.
- Staff told us they were comfortable raising concerns with the registered manager. A staff member said, "I have done safeguarding training for both adults and children. We would always report any concerns to the manager. If I was concerned they were not taking me seriously I would go to CQC."

Using medicines safely

- The provider had a safe system in place for managing people's medicines.
- People told us they received their medicines in line with their assessed needs and as prescribed. The registered provider had worked with some people to reduce the amount of medicines they had been prescribed.
- Staff had been trained in medicines, and had their competency assessed after they had finished their induction. Though staff competency was assessed this was not periodically reviewed. Following the inspection, the registered manager confirmed staff would have their competency assessed periodically.

Learning lessons when things go wrong

- When accidents and incidents had occurred, the event was recorded and retained in each person's care record.
- The registered manager logged when these had been submitted on a tracker. The registered manager said, "Each individual incident report goes to the compliance lead, it gets logged on a tracker, and they raise it with me if it is of a serious nature."

Assessing risk, safety monitoring and management

- Information indicated some people were known to exhibit behaviour that challenges others.
- The registered manager told us there had been no incidents of restraint. However, if people were at risk of being exposed to restrictive practice when incidents had occurred, this had not been considered. For example, incident reports did not record if any occurrences of restraint had been used, and if it had been if

this this was the least restrictive option.

We recommend that when applicable, the registered provider reviews if restrictive interventions had been used when incidents occur, in line with current best practice.

- The service supported people with complex behaviours and assessed and monitored risks to people.
- The registered manager needed to improve the way some sensitive information was shared with key staff, so people's safety could be discreetly managed in an effective way. We highlighted this to the registered manager who confirmed that changes had been made."
- A range of risk assessments provided information for staff, which included environmental risks and risks that related to the health and support needs of the person.
- Staff were aware of people's individual risks and how to help people in a safe way. Information was available for staff regarding the measures needed to reduce the risk.
- The registered manager told us they had recently made improvements to some of the risk assessments. Which included having pictorial guidance for staff when people needed to be hoisted.
- Behaviour support plans were in place when people were anxious or distressed.
- Risks were identified through the assessment process. They covered a wide range of areas such as, falls, skin integrity, choking, manual handling, diet, and nutrition.
- Information was available for staff regarding the measures needed to reduce the risk.
- Personal emergency evacuation plans (PEEPs) were in place for the people who used the service.

Staffing and recruitment

- With the exception of one person, people and their relatives told us they were supported by consistent staff. One relative said, "I find them very good and very reliable. We have a very good set of staff and this organisation seems to really understand [Names] needs."
- Robust recruitment checks had been carried out as part of the recruitment process.

Preventing and controlling infection

- Staff told us they had access to protective equipment and used this appropriately to ensure people were protected from infection.
- ENS was responsible for supporting some people to maintain the cleanliness for some premises. We visited one premises and found this to be clean and hygienic.

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.

Staff support: induction, training, skills and experience

- Staff told us they had completed and induction and were very well supported and enjoyed their job. One staff member said, "If you find a job you enjoy, you'll never do a day's work in your life."
- Staff received a programme of training that enabled them to understand and meet the needs of people who used the service. One relative said, "The staff seems to have the right skills and training to meet [names] needs."
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have.
- Some people had behaviour which on occasions challenged staff. The staff had not been trained in positive behaviour support. One staff member said, "There is no restraint training. We worry about what we can and can't do, or if it is right or wrong. In the past people have got stern and got in trouble, yet in the care plan it says to be firm. We get basic training and haven't had anything around managing behaviour."

We recommend the provider ensure that staff have behaviour support training, in line with current best practice.

Staff working with other agencies to provide consistent, effective, timely care

- Over the last year, the registered manager had worked closely with the local health authority to identify how the service could support the effectiveness of the wider health economy.
- The registered manager had developed a team of staff to deliver an enhanced service to people who required dialysis care. The dialysis buddy service, offered people the opportunity to receive treatment out of the hospital environment. At the time of the inspection, the registered manager told us this service was no longer being delivered.
- There were examples where staff had enabled people to have a good quality of life. One person said, "After being tied to the hospital to be able to have dialysis in my home has made me feel like a person again. It means that I control my life and that is priceless." A health professional had provided feedback which said, "It has been such a positive experience working with you. You have all been extremely professional and caring, and very helpful at all times. The support you have provided has enabled people the flexibility, to become independent with their care."

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

- People told us staff supported them to access health care services they required. One relative said, "The good staff definitely understand [Names] health issues." Another relative said, "Recently [Name] has not

been well but they took them to the hospital and they got all their medicines reviewed."

- If people needed to go to hospital quickly, hospital passports were in place. A hospital passport is a document about you and your health 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.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a clear understanding of people's care needs and the skills and knowledge to meet them. They had been trained in the MCA and DoLs.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out which were holistic and covered a wide range of topics.
- Staff used communication methods suitable to people's individual needs, including pictorial boards, to enable people to involve people in decision making.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

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

- People and their relatives told us staff supported them to eat and drink in line with their assessed needs.
- Staff enabled people to choose what they would prepare and eat.
- Information on whether people needed any specific support with their nutrition was included within their plan of care, such as the need for food to be cut up in manageable sized pieces or dietary requirements to support people's health or cultural needs.

Adapting service, design, decoration to meet people's needs

- Some people lived in their own flats and houses. Other people lived in a shared house. These arrangements were under a separate contractual agreement. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 was rated good.

At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to maintain relationships with friends and relatives. One relative said, "The staff that bring them to see me has a lovely rapport with them and could not be nicer. I am very happy with the service."
- The registered provider supported occasions so people could meet up with others to support them to develop social opportunities.
- People told us their care was reviewed regularly and they were involved in this process. A relative said, "[Name] has a care plan that was drawn up in conjunction with the service, social worker, their coach and advocate. It details their weekly needs. It is an excellent service they are proactive rather than reactive which is exactly what we were looking for."
- Staff advocated for staff to enable people to access services. An advocate is an independent person who promotes and acts on a person's best interests. For example, one staff member worked with hospital staff to get a greater understanding of how the person was presenting and to help them look at the bigger picture to gain a full medical diagnosis.
- We observed staff being intuitively caring and kind toward people. It was clear, staff had developed good relationships with the people they supported. One person said, "We have a real good laugh most of the time, but if I am feeling low I can talk to the staff because I know they do not judge me. I have a good relationship with all of them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and staff could clearly explain how they supported people in a dignified and respectful way. One relative said, "They are very respectful in my home and I have never had any problems. If I did I would complain straight away."
- Staff could describe the needs of the people, they supported. People's confidentiality was protected.
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them and maintain their social networks and access the community in line with people's needs and preferences.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated Good. At this inspection, the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The outcomes for people using the service reflected the principles and values of 'Registering the Right Support', which promoted choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- People and their relatives had been involved in planning, reviewing, and evaluating all aspects of the care and support being delivered. One person said, "There is a care plan here and we know it needs updating so we are working on it, they involve me in everything."
- If it was needed the registered manager told us they worked closely with the behaviour support team, if additional advice or guidance was needed.
- Staff could explain how they would support people in an effective and responsive way.
- Care plans were person centred and looked at how people could be supported to live the best life they possibly could.
- Care plans considered a wide range of daily living activities. Such as, enabling people to maintain and develop personal relationships, improving people's health, and being connected to their community.
- People's social needs were understood, and were supported to maintain and develop their relationships with those close to them, their social networks and community. People had free access to their family, friends, and community.

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.

- The registered manager told us they were planning to train key people in the organisation and review the way the accessible information standard was used. We found the service identified people's information and communication needs, when additional needs had been identified, this had been recorded and highlighted in people's care plans.
- Assessments, care plans and information relating to the service, was available in different formats, to make sure people could understand the information being shared with them. A relative said, "[Names] communication is difficult to understand but after spending time with them you just get to know them. There is great interaction with the staff they are very good, I think they enjoy coming too, we are really lucky with the staff we have."

Improving care quality in response to complaints or concerns

- People and their relatives said they felt able to raise any concerns they had with the registered manager or staff. No complaints had been raised. One relative said, "We have had the occasional complacency from a member of staff but when I mention it they have done something about it. There is not really anything to complain about but if I had one I would go to the staff member we have as a point of contact."
- The complaints policy was available in a variety of different formats to ensure people could understand how to raise a complaint if they wanted to.

End of life care and support

- At the time of the inspection, the registered provider was not delivering a service to anyone who was at the end of their life.
- Policies relating to end of life were available for staff.
- Staff had not been trained in end of life care. The registered manager told us this had been booked.

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

- Staff used individual ways of involving people to enable them to achieve their goals. For example, one person was supported to renovate a garden which was their father's pride and joy.
 - Where the service was responsible, people were encouraged and supported to develop and maintain relationships with people that matter to them. One relative said, "The staff will take [Name] out in the minibus as one can drive. They either go bowling or for lunch. It would be good if more of the staff would drive the minibus, that would be good."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Staff understood their role and responsibilities, and had confidence in the registered manager and senior staff.

Continuous learning and improving care

- The registered manager said office staff carried out audits of the service, which looked at records, care delivery, finances and medicine management. During the office visit some audits were not available. We asked for this to be sent to us following the inspection.
- The governance system could not always show improvements were always made if this was needed. For example, there had been some occurrences of behaviour that challenged others. The audits did not consider if any restrictive practice had been used by staff. Another person should have had equipment checks carried out on a weekly basis, however this had not been consistently recorded.

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

- The registered manager had not always promoted the sexual safety of people using the service and of their staff.

We recommend the registered manager ensures policies and procedures are in place in line with current sexual safety best practice.

- Surveys were carried out to obtain people's and staff views. Surveys with relatives were not routinely carried out. Telephone calls and a ratings website was used as a way of capturing this information. Positive feedback had been received about the service.
- People and their relatives told us communication between them was good. One person said, "The manager is [Name] and I get on very well with them. This is the best agency I have ever had as I know I am going to be looked after properly and I am always listened to." One relative said, "The service communicate with us often and we will discuss any problems and the communication is very good. Any complaint I would talk to the manager."

Working in partnership with others

- The registered manager had focused on how to improve staffs well-being and had worked with a mental

health charity to support staff to develop skills which promoted positive mental health. Feedback from the charity said, "We worked with ENS to identify areas where we could help them improve their work practices and create a mentally healthy workplace. We built a plan together which integrated the charity and the company. Throughout the year we delivered mental health training to staff and a special facilitation session to their senior managers."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture of the service was caring and focused on providing person-centred care that met people's needs in a timely way. One relative said, "We are happy with the service and lucky it runs so smoothly."
- The registered manager was supported by a number of key staff who lead on various different areas of the business, such as, quality assurance, or linking with certain projects. Staff had defined roles and were aware of the importance of their role within the team.

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

- Over the last year, the registered provider had worked in partnership with health commissioner's to consider how they could to develop a service which benefitted the wider social care economy. The service was developed which looked at providing people with complex and chronic conditions have a better quality of life and maintaining their independence. At the time of the inspection, the registered manager told us this service was no longer being funded, so this service was no longer being delivered.