Kent County Council

Kent Enablement at Home

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

This inspection took place on 10 November 2015 and was announced.

Kent Enablement at Home (KEaH) is part of the Social Care, Health and Wellbeing Directorate of Kent County Council. It is the in-house provider for support at home for older people and adults with a physical disability. The service has been designed for people who need support to regain their independence after a medical or social crisis. The service provides time limited support to people in their own home, for a period of three weeks initially. The service supports people who have been discharged from hospital, or those referred from the community. Support provided includes help with day to day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. There were 90 people using the service at the time of our inspection, living in the areas of Dartford, Gravesend and Swanley. People were funded through Kent County Council Social Services.

There was a registered manager employed at the service. He was also the operations manager of the service and covered the five registered locations, providing a similar service in other areas of Kent. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The service provided sufficient numbers of staff to meet people's needs and provide a flexible service. The service had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own. Refresher training was provided at regular intervals. Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

People's needs were assessed and care and support was planned to maintain people's safety, health and well-being. Risks were assessed by staff to protect people. People told us that staff discussed their care with them so that they could decide how it would be delivered. Care plans were kept reviewed and updated.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager. Staff felt well supported by registered managers. Audits were effective and risks were monitored by manager to keep people safe. There were systems in place to monitor incidents and accidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. Staff carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Medicines were administered by competent staff.

Is the service effective?

Good

The service was effective.

People said that staff understood their individual needs and staff were trained to meet those needs.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff understood their responsibly to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Is the service caring?

Good

The service was caring.

Staff protected people's privacy and dignity, and encouraged

them to retain their independence where possible.

People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

Is the service well-led?

Good

The service was well-led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on service delivery.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Kent Enablement at Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 November 2015 and was announced. The provider was given notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with ten people about their experience of the service. We spoke the registered manager, two locality organisers, one enablement supervisor and four enablement support workers to gain their views about the service.

We spent time looking at records, including complaint monitoring systems, the annual quality assurance survey 2014/2105 and the missed calls log. We looked at ten people's care files, five staff record files, the staff training programme, and medicine records.

At the previous inspection on 25 November 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when staff were in their homes delivering care. People said, "I feel safe when the carers come in. I think they are excellent", and "I feel safe, the carers ring the door bell and shout hello when they arrive, I am totally grateful for all the support they give me".

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. Staff confirmed that these checks had been carried out before they started working at the service. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff supported people in the right numbers to be able to deliver care safely. We could see that people had been assessed for this. When necessary, two staff were allocated to carry out 'double handed calls'. Staff doing these calls we talked with told us they worked as teams of two and that this worked well. This was also documented in people's daily support notes. Staffing levels were provided in line with the support hours agreed. Currently there were enough staff to cover all calls in accordance with people's needs. Staff where possible were allocated to support people who lived near to their own locality as this reduced their travelling time, and minimised the chances of staff being late for visit times. The locality organiser told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. One member of staff gave us an example of reporting concerns and the action that followed to ensure the person's safety. Staff understood the whistle blowing policy. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like the social services. Staff were confident about raising any concerns with the provider or registered manager, or outside agencies if this was needed. The registered manager and locality organisers understood how to protect people by reporting concerns they had to the safeguarding department of the local authority and protecting people from harm.

Before any care and support package commenced, one of the enablement supervisors, carried out an assessment of need together with risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and

outside the person's home. For example, inside the property highlighted, if there were any obstacles in rooms and if there were pets in the property. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. There was information about any mobility equipment the person needed to use, to help maintain their safety. For example, walking frames. In this way people were supported safely by staff who understood the risk assessments and the action they needed to take when caring for people.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled any incidents affecting peoples care to be dealt with at any time. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The locality organisers used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

Staff knew how to inform the office of any accidents or incidents. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. Staff said they contacted the office and completed an incident form after dealing with the situation, and we viewed the completed forms. The registered manager said they viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staff followed the provider's medicines policies. The majority of people were independent with their medicines. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicine's for people they could do this. Medicines people were taking was recorded in the assessment documentation, and staff we talked with told us in detail how they supported people safely when dealing with medicines.

Good

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "I did not want to have a male carer, and only ladies have visited to support me", and "Staff support me, they apply cream to my legs and put my compression stockings on each morning and take them off at night, as I would not be able to do this myself".

Staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' common induction standards. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people. Staff had vocational qualifications in health and social care, and new staff without a vocational qualification would undertake the care certificate. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. After the two week induction, new staff shadowed an experienced member of staff for one week. They were then observed whilst working by the experienced member of staff for one week, before carrying out calls to people on their own. Staff confirmed that they had completed induction and worked with experience staff before starting to carry out call to people on their own.

The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding people, first aid, infection control and food hygiene. Staff were given other relevant training, for example, domestic abuse, dementia awareness and parkinsons disease. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. Managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year. Staff were supported through individual supervision and records of staff supervision were seen in staff records.

Staff understood the care they should be providing to individual people as they followed a detailed support programme (care plan). Care plans were left in people's homes for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by either the locality organisers or enablement supervisors through spot checks on staff. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

This service was not providing food and drink to many people. This was because there were others at home with them that took care of their needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they did this in line with people's assessed needs. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the locality organisers or enablement supervisors, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a short record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. An enablement supervisor confirmed to us how they had worked closely with an occupational therapist, and gave an example of a recent referral that had been made. The enablement supervisor said that the occupational therapist had already visited the person to carry out an assessment.

Good

Is the service caring?

Our findings

People described the care that they received very positively. People said, "The staff are caring, they make me feel at ease and we have a laugh together", "They (staff) have all been very good", "The staff are always courteous, they shout hello when they come in, and they ask me how I am feeling", and "Exceptional nice carers who are very caring and very helpful".

People let us know how important it was for them to progress to be as independent as possible and how staff supported this during the short time of support being provided. People indicated that, according to their set goals, staff encouraged people to do things for themselves and also respected people's privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. People told us that staff were good at respecting their privacy and dignity. One person said, "Yes, they absolutely respect my dignity and privacy". Staff knew about people's preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people's privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery.

People were informed of agency processes, and information about how their care would be provided was given to people when the initial assessment was carried out. People were sent terms and conditions that included information about, 'What type of support does KEaH provide', 'What is a support programme monitoring record book', 'How will I recognise an enablement support worker', and 'How will my support service be reviewed'. A 'For You', A guide to adult social care booklet was also sent with the letter of terms and conditions. This contained information in relation to who the person should contact if they wished to make a complaint. People were able to contact the office at any time; there was always a senior person on call out of hours to deal with any issues of concern. People said that they did not have any concerns.

The service had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if care staff were delayed and would be late for a call, or if their regular carer was off sick, and which care staff would replace them.

People and their relatives told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

The annual quality assurance questionnaire responses from 2014/2015, supported what people told us.

People had been asked to confirm their views about the service by answering yes or no to a number of questions. Questions included, did we treat you with dignity, privacy and courtesy at all times during the period of service; did you feel fully involved when agreeing the level of support you required during the period of enablement; were you encouraged to do as much as possible for yourself during the service; and overall are you happy with the service you received from Kent Enablement at Home. Positive responses were 73% and above in response to the questions asked. This showed that overall people spoke positively about the services the care staff at the agency provided.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. One person said, "I have no complaints, about any of it". Another person said, "I asked for the morning call to be changed to an evening call as my relative would be away. The supervisor was happy to change the time of the visit for me".

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were cared for in bed their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs. There was evidence that when people started using the service their risk assessments were completed as a priority. Risk assessments were carried out as close to the start of the service being provided and with the aim of completing within 72 hours of the service start.

People told us who had visited them, and about the questions they asked. The enablement supervisor discussed the length and time of visits that people required, and this was recorded in their care plans. Each visit had clear details in place for exactly what staff should carry out at that visit. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. Staff were informed about the people they supported. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful as staff were constantly assisting new people for short periods of rehabilitation. Staff were able to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and locality organisers reviewed people's care notes to ensure that people's needs were being met.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. People were given a copy of the complaints procedure. People told us they would have no hesitation in contacting the manager if they had any concerns, or would speak to their care staff. The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback. A complaints record had been kept, and this showed the issue of concern raised, together with the action taken to arrive at a satisfactory outcome.

There was a log kept of missed calls. The records showed that if calls were missed, this was taken very seriously and treated as a complaint, and there would be a full investigation around the circumstances of the missed call.

Good

Is the service well-led?

Our findings

The registered manager managed the five location offices of the service, and the two locality organisers were in day to day control of the Gravesend location office. People told us that the service was well run. They said they had no complaints about the way the service was managed. One person said, " I can telephone the office if needed out of hours, and I am happy to contact the office and speak with the supervisor. They are all very helpful".

The management team included the provider, the registered manager, the two locality organisers and the enablement supervisors. The registered manager was familiar with their responsibilities and conditions of registration. The provider and registered manager kept CQC informed of formal notifications and other changes.

The service was notified when national policies were updated and changes were implemented accordingly and discussed at team meetings. All policies were updated twice yearly. All staff were required to sign and acknowledge the service's policies and procedures after each relevant training session. Policies were adapted to reflect the specific needs of the service and included procedures on confidentiality, moving and handling, medication, health and safety, infection control and a 'Quality Service Policy'. This meant the provider monitored the quality of the services provided against the legal requirements.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The enablement supervisors, who visited the people using the service both at the outset and at the two week review period, would monitor the effectiveness of the service. This would be reviewed, with the person using the service, against the goals set. The delivery of support and assistance should be enabling the person to reach their agreed goals and aims. Staff and people using the service told us the aims set were realistic and obtainable. We saw an example, and people told us, that where it was clear a goal would not be reached, there would be discussions regarding the best actions to take. Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

People were invited to share their views about the service through quality assurance processes, which included phone calls from the registered manager, locality organisers and enablement supervisors; care reviews with the enablement supervisors and spot checks for the care staff who supported them. These spot

checks monitored staff behaviours and ensured they displayed the values of the service.

People who used the service had the opportunity to feedback and comment on the delivery of care and were provided with annual satisfaction questionnaires. All comments and feedback were analysed by the registered manager and locality organisers to identify how people's wishes could be met. Compliments from people that had used the service included, "I did not realise how much I needed your service. It has helped lift me and the quality of my life. Thank you so much", "We would like to thank you for the way with encouragement, respect and humour your enabling team have well and truly enabled our mother to return to an optimistic and independent life in her own home", "A thank you to everyone who has helped each morning, all the cheerful faces and helpfulness was a tonic to us both. Thank you for all your good work you are all doing a wonderful job", and "I would like to express our appreciation for the help that has been given, all the ladies who attended at home were most helpful, kind and efficient. I would like to thank them all for the courteous approach and caring attitude which they showed".

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.