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

About the service
Kent Enablement at Home provides short term care to adults and older people, including those discharged from hospital. The service generally supports between 100 and 140 people at any one time. The service was split into two areas and each area had its own team led by a locality organiser. On the day of our inspection 109 people were using the service.

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.

People's experience of using this service and what we found
People told us they felt safe. People were protected from abuse and avoidable harm and risks to people were managed. The management team promoted an open culture to encourage staff to raise any concerns.

The service was rated requires improvement in safe at their last inspection as some staff pre-employment checks had not been completed. At this inspection we found staff were recruited safely and there were enough staff to meet the needs of people. People received all their scheduled visits and staff stayed for as long as the person needed. Medicines were managed safely and there was learning from accidents and incidents.

People's needs were assessed, monitored and reviewed to ensure their needs were met. People were supported by competent, knowledgeable and well-trained staff. Staff were supported by the management team.

Where required people were supported to ensure their dietary needs and preferences were met. Staff worked closely with occupational therapists and other agencies to assess people's needs and ensure people were supported with their enablement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were happy with the care they received and were highly positive about the service and its staff. People's equality and diversity needs were respected, and they were involved in decisions about their care. People's privacy, dignity and independence was promoted by staff.

Care was person centred and had good outcomes for people. Over 55% of people who used the service were enabled back to independence and had no on-going care needs. People were supported with their communication needs. People were supported to develop meaningful activities and to avoid becoming

socially isolated. Feedback about the service was very good but people could complain if they needed to.

There was a caring and open culture in the service. People, relatives and staff were all positive about the management team and the service provided. The governance framework had ensured the delivery of high quality and safe care. Feedback was analysed and used to make improvements to the service.

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 15 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kent Enablement at Home

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 team consisted of one inspector and two Experts by Experience. 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 had a manager registered with the Care Quality Commission (CQC). 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. The service had also recruited another manager who was in the process of registering with CQC.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to make arrangements to contact people for feedback.

Inspection activity started on 6 November 2019 and ended on 7 November 2019. We visited the office location on 6 November 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with 26 people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including an operations manager, locality organisers, a supervisor and enablement support workers. We also spoke with a health and social care professional involved with the service.

We reviewed a range of records. This included three people's care 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 quality assurance surveys and meeting minutes were reviewed.

	Good ●

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
● At the last inspection registered persons had not carried out staff pre-employment checks in line with their policy. At this inspection we found staff were recruited safely, and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
● There were enough staff to meet the needs of the people being supported by the service at any one time. The locality organisers assessed the capacity of the service against a volume of staffing. Rotas were continuously monitored and adjusted as needed and evidenced enough staff were deployed to meet people's needs.
● People told us enablement support workers always arrived for their scheduled visit. One person said, "I am never rushed, if anything they stay and ask if there is anything else they can help with. The locality organisers monitored for missed visits electronically and could confirm there had not been any missed visits.
● Visits were 'untimed' meaning they were not at given times of the day and enablement support workers would stay for as long as the person required. The service worked flexibly to ensure people received their care at a set time when needed. For example, if people had support with medicines administered at specific times.
● People were supported by a consistent staff team and there was no use of agency staff. Where any cover was needed this was managed within the staff team.

Systems and processes to safeguard people from the risk of abuse
● Systems and policies were in place to protect people from abuse and avoidable harm. People told us they felt safe.
● Staff had received training in safeguarding people and understood their responsibilities for this, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them. Enablement support workers were confident the management team would listen and act upon any concerns quickly.
● The management team promoted an open culture to encourage staff to raise any concerns. They were aware of local safeguarding policies and procedures and had notified CQC of any concerns.

Assessing risk, safety monitoring and management
● Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to enablement support workers how to reduce the risks to people. For example, risk assessments considered people's risks around their mobility and falls.
● One person said, "I have only had them for a week, but they have already made such a difference and I feel more confident and safer now to do things for myself because they've shown me how to do it safely." One

relative told us, "They come and help (my relative) wash to keep (my relative) safe in the shower and show (my relative) how to manage without danger of falling."

● Risk assessments were in place to ensure any equipment was used safely and enablement support workers confirmed they received training around this.

● Environmental risks were assessed, and people were referred to the fire service for further support in this area if needed.

Using medicines safely

● Medicines were managed safely. There were appropriate systems in place to ensure people received their medicines as prescribed. Enablement support workers received training to administer medicines which was updated annually, and their competency was checked regularly by supervisors.

● Medicines audits were completed to ensure people received their medicines safely. Lessons were learnt from any medicines errors and appropriate action taken to prevent a reoccurrence. For example, following an error due to a change in a person's medicine, the management team learnt that enablement support workers needed to contact the office for advice when a person's medicines changed. From this there was discussion at team meetings, additional enablement practice monitoring, and training was given to enablement support workers.

Preventing and controlling infection

● Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons and washing their hands regularly.

● Enablement support workers told us they were provided with all the personal protective equipment they needed by the provider such as gloves and aprons.

Learning lessons when things go wrong

● Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. For example, where people had fallen, falls risk assessments and care plans had been reviewed to assess how the risk could be reduced through the use of equipment.

● Enablement and support workers could describe the process for reporting incidents and accidents and knew what to do in the event of an incident such as a fall.

● Accidents and incidents were analysed as part of the providers quality monitoring and used to identify any trends and learning.

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
● People's needs were comprehensively assessed by the supervisors. The supervisors looked at their current situation, their needs, planned care and agreed outcomes so staff could support them effectively in line with the service aims for enablement. Enablement is about supporting the person to find ways to maintain their independence. A period of enablement is agreed with the person usually between three and six weeks. Follow-up reviews were then completed after two weeks to measure progress and identify any on-going needs.
● Care plans offered clear guidance for staff how to support people in line with their needs. For example, what they could do for themselves and what support they needed for enablement. This was broken down into steps and considered any aids which may help the person to achieve their goals.
● Where people's needs changed, or the service could not meet their needs, for example if the person required long term care, people were referred to other agencies. The management team were clear about this and worked in partnership with commissioners to ensure this was managed and people's needs were met. The locality organisers reviewed all referrals to the service to ensure they were appropriate.
● People's protected characteristics under the Equality Act 2010 were identified as part of their need assessments. This included people's needs in relation to their ethnicity and their preferred language, religion, sexuality and disability. Staff completed training in equality and diversity.

Staff support: induction, training, skills and experience
● People told us staff were good at their jobs. One person said, "Straight up, I honestly can't fault them, they are beyond good at their jobs." Relatives told us, "All well trained and good at whatever they turn their hand to when helping" and "They are always completely on top of things and know exactly what they should be doing."
● Staff had received an appropriate induction to the service which included the necessary training. New staff shadowed more experienced staff before providing care.
● Staff were competent, knowledgeable and skilled. Staff told us they received all the training they needed. There was a comprehensive training programme in place for enablement support workers which as well as the usual mandatory training, included external training with key partners, such as the NHS. This helped staff to provide effective support and meet people's individual needs. For example, one enablement support worker described to us how they had put their training on dementia into practice in how they approached working with a person living with dementia.
● The management team had robust systems in place to monitor staff training. When staff required a training update, this was arranged. All staff were up to date with their training.
● Staff told us they were supported by the management team and received regular supervision, enablement

practice monitoring and appraisals. Enablement practice monitoring was a detailed review of staff practice and looked at their compliance with people's risk assessments and their ability to work with people towards their goals. It included a reflective practice review. Supervision frequency was monitored by locality organisers to ensure this was in line with the providers policy.

Supporting people to eat and drink enough to maintain a balanced diet
● Where required, enablement support workers supported people with food preparation and ensured people's dietary needs and preferences were met. For example, one person with diabetes had detailed information about this for staff in their risk assessment.
● One person told us, "They stand and watch me prepare the meals. If I needed help they would help. One relative told us, "They help with breakfast. Meals are delivered for lunch and they plate them up. We are very happy that their nutritional needs are being met."
● People told us they were encouraged to drink plenty. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance in relation to these. Referral information included guidance from health care professionals such as speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with occupational therapists to assess people's needs and obtain the equipment and adaptations they needed to support their enablement.
● People were supported to maintain good health and were referred to appropriate health professionals as required to ensure their needs were met. For example, staff worked closely with the local authority internal teams such as their sensory and autism team and case management. They also worked externally, with district nurses and hospital teams.
● One health professional told us, "They do a good job. They often bridge the gap for us and double up with other agencies. They have helped out flexibly and are good at not leaving people in risky situations. The work they do with goal settings and occupational therapists have helped people to have good outcomes."
● People were signposted to other organisations who can support them once their enablement work had finished, for example support groups or the mental health team.

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 were asked to consent to their care and care plans had been signed. No-one was being deprived of their liberty.
● Where required people had mental capacity assessments completed at their assessments which followed the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest.

● Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records.

● Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Is the service caring?

Good ●

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
● People told us they were happy with the care they received and were highly positive about the enablement support workers. Comments included, "They are all so kind, quiet and gentle. I enjoy them coming to me, I really do"; "I can't tell you enough or too many times how very caring and kind they are. They are sensitive and make my life worth living" and "Angels on earth each and every one of them."
● Relatives were also highly complementary on the caring staff. One relative told us, "They rub (my relatives) back to calm (my relative) and make (my relative) feel relaxed. They encourage (my relative) and cheer (my relative) up letting (my relative) know that life's not all doom and gloom ahead."
● People's equality and diversity needs were respected. For example, call times were fixed for one person who wanted to ensure they were clean before they started their morning prayers. Another example was where the service had supported people during their recovery from gender reassignment surgery. They ensured people were called by their preferred name and gender terms when addressing them. One enablement support worker told us how they supported one person in one room of their house to avoid walking all over their house with their shoes on as this was important to the persons religious beliefs.

Supporting people to express their views and be involved in making decisions about their care
● People were involved in the care they received on a day to day basis by the enablement support workers. People were involved in setting their own goals for enablement and the supervisors involved people in their care plans.
● People were given information about the service such as what to expect and how to contact the office. People were asked for feedback about the service they received in their final review.
● Staff showed a good understanding of people's needs and preferences. People's care plans included details around any communication needs which helped staff learn about how people expressed their needs.

● No-one was using advocacy services at the time of our inspection. However, the operations manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up. People were often referred to 'care navigators' who would help them find the resources and services they needed.

Respecting and promoting people's privacy, dignity and independence
● People's confidentiality was supported and information about people was held securely. People were given information about the data held on them and how it was used.
● Staff respected people's privacy and upheld their dignity when providing personal care. People told us

how their dignity was respected. One person said, "They always make sure I have a dressing gown available. When bathing me they always have a towel to cover me." Another person described to us how they were made to feel comfortable by the carer when they had an embarrassing accident as the carer was "So professional whilst still being very caring."

● Encouraging people to develop their independence was at the heart of the service aims. Care records focused on what people had done independently, what they had been encouraged to do and why anything was done for them. Enablement support workers could tell us how they encouraged people's independence. For example, by introducing aids such as a tool to enable a person to wash their feet independently or a one cup kettle to enable them to make themselves a hot drink safely.

● One person said, "I feel very supported and confident that I will be able to manage on my own with the help and guidance I am getting from the team." Another person said, "They are helping me to be independent and monitor how much and what I can do for myself."

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 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
● Care was person centred and planned with the person to meet their needs for enablement. People were given choice and control over their care. For example, people were asked what a good life looks like for them and how the service could work with them to achieve it.
● The service could evidence positive outcomes for people at the end of their period of enablement. For example, where people's environment had been adapted to enable them. Over 55 percent of people who used the service were enabled and had no on-going care needs.
● Comments from people included, "They listened to my needs and talked with me to fit timings around me and my needs" and, "We have a plan here that is updated daily, and any little note or request is put in writing and they react to it."
● Technology was used to support people's needs and within service provision. For example, touch screen tablets were used to enable people to sign their consent and mini printers were used to enable care plans to be printed. This meant care plans were made available to people immediately. Staff used mobile phones to log in and out of care visits which meant the time spent with people could be calculated and monitored.
● Technology was used to support people's independence. For example, voice enabled smart speakers were used to remind people to take their medicines. People had professional advice from occupational therapists on telecare equipment such as fall detectors. People had access to out of hours support to ensure they could access help in an emergency.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs. For example, printed care plans in a larger font.
● The service had access to interpreting and translation services to ensure they could communicate with people from different nationalities. Staff had training on how to communicate with people with visual and hearing impairments and had access to support from specialist teams.

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
● People were enabled to access activities they enjoyed. For example, two people were supported to enjoy

outdoor walking again following a hospital admission. People's visits worked around their activities such as times then went to church or to activities such as bingo. People were signposted and referred to other agencies to ensure their needs were met around meaningful activities.

● People were also signposted and referred to other services to ensure they were not socially isolated. For example, befriending services. Befriending services offer volunteers who visit people for a chat over a cup of tea.

Improving care quality in response to complaints or concerns

● A complaints procedure was in place for people and relatives and given to them at their first assessment. Complaints were logged, themed and looked at for lessons learnt.

● People told us they didn't have any complaints. One person said, "I only have positive things to say about the service and would never have to make a complaint as they talk to me and listen as we go."

● Appropriate action had been taken in response to all complaints. There had been eight logged in 2019. These were all minor and had been dealt with. For example, there was a complaint received about service charges. To improve this, they reviewed the letter sent to people to ensure information about charges were clear.

● Complaints and compliments were shared at team meetings. Compared to the eight complaints, there had been 87 compliments logged since the beginning of the year. These were around the service meeting people's needs and the caring qualities of the staff.

End of life care and support

● The service did not support people at the end of their life. Where known, people's wishes and arrangements for the end of their life were recorded. Therefore, staff had the guidance they needed to support people in line with their wishes in the event of an unexpected death.

● Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

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
● There was a caring and open culture in the service. People, relatives and staff were all positive about the management team and the service provided. Good outcomes were evidenced. One person said, "It's a very efficient and well-run office and the supervisor was who came to visit me." Comments from relatives included, "An excellent service that has it sorted just right from the top down" and "A fantastic organisation, well run, and they deserve an award or something to show everyone how good they are."
● The management and staff team demonstrated a commitment to ensuring they provided person centred and high-quality care.
● Enablement support workers told us they were listened to, they found the management team approachable and were encouraged to raise any concerns. All staff we spoke to clearly enjoyed their roles and felt part of the team.

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The senior team and provider understood their responsibilities in respect of this, had informed the relevant people of any incidents or accidents; and provided written apologies in response to complaints where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The senior team monitored the care provided and completed spot checks. Staff were supported in their roles. Managers felt supported by the provider.
● All feedback from complaints, surveys and meetings was analysed and used to make improvements to the service. For example, eleven percent of people had said in the previous year's survey they didn't feel the complaints procedure was explained to them at the beginning of their service. Action was taken to address this and the survey the following year showed a marked improvement.
● Monthly management meetings looked at lessons learnt from incidents and feedback. The operations manager was dedicated to continuous improvement and told us their project team was looking at other modern ways of getting feedback and they had asked an external quality compliance team to audit the

service.

● Quality assurance systems, such as audits and checks were used effectively to ensure people received appropriate care. For instance, goal setting documents were checked by locality organisers and then went to supervisors for intervention and monitoring. Supervisors then monitored daily records. An overview of people's care and outcomes was then discussed at weekly meetings to ensure people were meeting their goals.

● Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.

● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were engaged with the service. Surveys had been completed with people. Feedback from these had been positive, particularly around people felt they were treated with dignity, involved and encouraged to be independent.

● Staff meetings were held to share information and included feedback and lessons learnt. This enabled good communication between the managers and staff team. Staff told us they felt involved and communication with the office was good.

● Staff told us they would be listened to it they had any concerns. One staff said, "(Name) is a good manager, they always listen. We are a close team. Everything is always open for discussion."

● The staff and management team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, nurses and occupational therapists. One health and social care professional said, "We meet weekly to discuss on-going clients and goal setting. We work in partnership very well, if worried they will come and speak to us." These meetings were also used to check the service was meeting people's equality and diversity needs appropriately and in line with the providers policy.

● The operations manager was developing relationships with other local authority services, for example they had met with the managers of local care homes.