

Enable Inclusive Support Ltd

Enable Inclusive Support Ltd

Inspection report

Leicester Business Centre
111 Ross Walk, Unit B22
Leicester
LE4 5HH

Tel: 01162681341
Website: www.enableltd.co.uk

Date of inspection visit:
23 October 2019

Date of publication:
13 November 2019

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

Enable Inclusive Support Ltd is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there was one person 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.

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 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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Safety of the person was promoted, through effective systems, policies and procedures to safeguard against potential abuse. Potential risks were assessed and reviewed, and staff followed the guidelines to reduce risk. The person was supported by sufficient staff, who had undergone a robust recruitment process and took account the values of the provider. Staff had the appropriate skills, knowledge and experience to meet the person's needs, which included training to ensure the person's medicine was managed safely.

A family member had been involved in the assessment of their relative's needs, and continued to be involved in the review and planning of their future care and support. The person's health, care and welfare was monitored and promoted, which included support to eat a healthy diet. 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.

Systems were in place to enable the family member and staff to work collaboratively, and share information about the person's care and support. The family member was positive about the support provided by staff, which included staff's approach to the promotion of their relatives, privacy and dignity. The service consistently applied the principles and values of Registering the Right Support and other best practice guidance.

Support and care plans reflected the needs of the person. The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Information about how to raise concerns was shared with all relevant parties, no concerns or complaints had been received.

Staff and a family member were positive about the management and leadership of the service. Staff referred to the provider's vision and values and the adoption of these into their every day practices. Effective governance systems were in place to ensure good outcomes for the person, which included seeking the view of the family member and staff about the service provided.

The provider had a clear focus on continuous learning. The service consistently 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. This was achieved as the provider worked collaboratively with other partner agencies and community services to promote an inclusive culture for adults with disabilities.

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

Rating at last inspection

This service was registered with us on 06/12/2018 and this is the first inspection.

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 ●

Enable Inclusive Support

Ltd

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 one inspector.

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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service since its registration. We sought feedback from the local authority who commission care and support. We used this information to plan our inspection.

During the inspection

We spoke with the family member of the person who used the service. We spoke with a support worker and team leader who directly supported the person, and the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the care records of the person. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including police and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information evidencing the provider's links with the local community and staff training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures, and the following of local safeguarding protocols.
- People when they commenced using the service were provided with information, which included an explanation of safeguarding procedures, and contact details should they have safeguarding concerns.

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Risks associated with the person's care, support and environment had been assessed. Risk assessments were comprehensive and specific to the person's needs. For example, information as to how to support the person when accessing the community, which included using transport safely.
- Staff were knowledgeable about potential risks, and knew how to reduce these by following the guidance as detailed in the person's records. For example, staff were able to speak to us in detail about the day to day management of the person's known health condition.
- The family member told us they had confidence in the staff who supported their relative to keep them safe.

Staffing and recruitment

- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- Staff rotas were planned to ensure they had the appropriate skills, competencies and knowledge to meet the person's needs. The person was supported by two staff at all times, which was provided by a consistent team of staff.
- The family member told us they were involved in the recruitment process of staff who supported their relative, and told us new staff were introduced to their relative gradually, in a planned and co-ordinated way.

Using medicines safely

- Records contained information about the medicines the person was prescribed, which included the time of its administration. Audits were undertaken to ensure medicine was administered safely.
- Staff's knowledge and practices about the person's medicine promoted their safety, health and well-

being. For example, the person had allergies to specific medicines, which was clearly documented and detailed within records. The records were carried by staff at all times to be shared, should the person needed to access emergency health care.

Preventing and controlling infection

- Staff received infection control training, which provided information for staff on practices to be followed by them to reduce the potential risk of cross infection. The registered manager as part of their quality assurance system ensured the person was supported to maintain and clean their home.

Learning lessons when things go wrong

- The provider's quality management system supported them to learn from events, including safety incidents and safeguarding concerns, in the event they should occur. For example, revised systems for the storage of money and recording of people's financial transactions had been reviewed and updated.
- Systems were in place to ensure changes to policies and procedures were shared with staff following an incident. This was confirmed by staff, who described the changes made, to processes with regards to management and recording of people's finances.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Systems were in place to ensure comprehensive assessments, reflective of the Equality Act were carried out. The registered manager reviewed assessments carried out by commissioners, which detailed the person's support needs.
- The family member said they had approached the nominated individual and registered manager, asking them to support their relative. They spoke of the comprehensive assessment process, which had enabled them to discuss all aspects of their relatives care needs, including specific health conditions, and the impact these had on their relative on a day to day basis.

Staff support: induction, training, skills and experience

- Staff who provided support and care had the skills, knowledge and experience to meet the person's needs, and were supported and encouraged to undertake training. This included staff attaining The Care Certificate. This is a set of nationally recognised standards which support good practice and values within care and support services.
- Staff were supported by a systematic approach to induction, which included working alongside experienced staff. Records and discussions with staff evidenced regular supervision was provided by the registered manager and other members of the management team, this enabled staff to review their care practices and deliver effective care.

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

- The person's dietary needs had been identified as part of the assessment process. Support plans for dietary needs had been linked to other areas of need, for example on-going health conditions. This ensured the person's health needs through their dietary intake was monitored and met.

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

- The registered manager, with the involvement of staff and the person's family member had ensured a smooth transition from the person's previous care provider to Enable Inclusive Support Ltd. This had been achieved by planning the transition, which included the introduction of new staff, to ensure the person continued to receive effective care and support. This was confirmed by the family member we spoke with.
- Records were kept, which provided a clear overview of the person's health needs, along with other information about their care and support. Specific records had been developed to be shared with health care professionals, should the person be admitted to hospital, to support the ongoing and effective care of the person.

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

- Staff implemented the person's risk assessments and support plans, which provided clear guidance as to the support the person required to maintain and promote their health, and made specific reference to health care conditions.
- The family member told us they along with staff, supported their relative to attend routine health care appointments.

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.

- Systems were in place to assess people's capacity to make informed decisions about their health, care and welfare.
- Records showed the person's capacity to make informed decisions had been assessed. There was evidence that commissioners had agreed to submit a Court of Protection Order.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Support plans referenced the role of staff in respecting the person's equality and diversity, by identifying their specific needs and providing clear guidance as to how these were to be met. For example, the importance of staff to be able to interpret and respond to the person's body language and verbal communication.
- The family member spoke of the importance of having trust in staff to provide their relative's care, as their relative was one of the most precious things in their life. They told us, they had 100% trust in the registered manager and nominated individual to ensure staff provided the support and care their relative needed.
- Processes were in place to support the development of caring and trusting relationships between the person and family member. The family member told us new staff were gradually introduced to their relative, by working alongside experienced staff. They spoke of the importance of this, as it took time for their relative to get to know staff, and feel comfortable and confident with them.

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

- Reviews of the person's needs, which included the family member, commissioners and staff from the service, evidenced all aspects of the person's care were kept under review. Reviews considered areas for development, and the need to encourage and support the person in the maintenance of their physical health, privacy and dignity. They focused on the need for staff to encourage the accessing of recreational and leisure services within the community, and to build the person's confidence and independence.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke passionately about their commitment to encourage the person to achieve the best outcomes for them, by providing opportunities for them to gain different experiences, and maintain their skills. For example, by encouraging them to take part in household activities and by taking part in community-based activities.
- The family member and staff spoke of the use of WhatsApp, which enabled all parties to communicate effectively about the person's needs. All said it was an effective way to communicate, as information was shared in a timely manner, which enabled all to contribute to the person's care.
- Staff had undertaken training on data protection, and were aware of their responsibilities to maintain confidentiality. The provider had in a Certificate of Registration, confirming 'registration with information commissioner's office.'

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Support plans provided a comprehensive guide as to the person's needs, which took into account all aspects of their care, and provided a detailed account of their physical, mental, emotional and social needs.
- The family member told us they were actively involved in the care and support of their relative, which was made possible through effective and responsive communication. They spoke of the positive relationships developed between themselves and staff, which included the registered manager and nominated individual.

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 supported the person, consistent with their support plans to follow their interests, both within their home and in the community, for example accessing local parks and food outlets.

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.

- Support plans provided clear guidance on the need for staff to appropriately interpret and respond to the person's body language, and verbal communication. This was a key factor in the provision of care which promoted their well-being, by reducing situations and circumstances to help in the management of their anxiety.
- The family member spoke of the significance of staff's ability to respond well to their relative's communication style, as changes in their behaviour and communication could be an indicator as to changes in both their mental and physical health.

End of life care and support

- The person was not receiving end of life care; however their family members views had been sought, and documented.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since they were registered with the Care Quality Commission. Policies and procedures were in place, which had been shared, which provided information as to how concerns or complaints could be made and how they would be responded to.
- The family member told us they had confidence to raise any concerns or complaints, and a key factor in

their relative using the services of Enable Inclusive Support Ltd was their trust in the nominated individual and registered manager to be honest, open and transparent.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Systems were in place which kept the day to day culture of the service under review. This ensured the values and behaviour of staff reflected the principles and values of the provider. This was achieved through the supervision and monitoring of staff. Staff spoke positively of the management team, saying they were supported to deliver good quality care.
- The provider had a clear set of values which formed part of the recruitment of staff. The values were referenced within the application form, and within questions posed during interview. The values were embedded into the culture of the service and underpinned all aspects of the support provided. Staff were able to tell us how they implemented the provider's values in their day to day work in providing support and care.

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

- The registered manager was fully aware of the conditions of registration. They kept the Care Quality Commission (CQC) informed of reportable events and incidents in accordance with their statutory obligations.
- The registered manager and nominated individual had a systematic approach to the quality monitoring of the service. Specific tasks, including audits were delegated to staff within the organisation. The findings of these tasks and audits were submitted to the management team, who followed up any issues identified. Feedback was provided to enable the member of staff who had completed the initial task to continually learn and improve.

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

- Staff understood their role in monitoring the standard of care. Whistleblowing was encouraged within the service and there were systems in place to enable staff to feel safe to whistle blow. Staff told us they were confident to raise any concerns and to suggest any improvements.
- The provider had developed a range of links within the community. Enable Inclusive Sport, in association with other stakeholders had set up 'Round the World Challenge'. The aim was to promote fun and physical activity that helps people lead a healthy and active lifestyle, by setting up inclusive events, such as basketball sessions that are open to people across all types of abilities.
- Volunteers were provided to help support events for adults with additional needs, with links to the local

football club. A further example of community involvement was the donating of clothes and food to a local homelessness project, and supporting them through the providers website and social media.

- The provider enabled and encouraged open communication. Staff and family members had access to group chats, through WhatsApp. The provider's website also provided clear information about the service, along with links to external organisations, which referenced its commitment to being a 'disability confident employer'.
- Staff and family members had the opportunity to complete surveys, which sought their views. These were analysed and published, and feedback was provided through 'you said, we did'.

Continuous learning and improving care

- Systems were in place to continually review good practice guidance, and implement changes where required.
- The provider was committed to the use of electronic records to support all functions of the service, which included records completed by staff as to the care and support they provided. This enabled the registered manager and nominated individual to have live access to people's care as it was delivered by staff.
- The nominated individual is an 'Ambassador', visiting schools, colleges and job centres who run a range of career activities, which included presentations and mentoring, and is supported and ran by Skills for Care, to help recruit and retain staff within the sector.
- The nominated individual was runner up in the 'Best Small Business' category in the 2019 Leicestershire Life Women in Business Awards.

Working in partnership with others

- The provider worked with key statutory organisations, which included the local authority, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of the person using the service.