

London Borough of Enfield

Enablement Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

We carried out an inspection of Enablement Service on 6 February 2017. This was an announced inspection where we gave the provider notice because we needed to ensure the registered manager would be available to support us with the inspection.

Enablement service provides personal care to people in their own home. The service offered support to people that had left hospital or were recovering from a recent illness or injury. The service provides short-term, intensive support to help people with everyday tasks that includes personal care. At the time of our inspection, there were 73 people who received personal care from the service. This was the first inspection of the service.

The service had a registered manager in place. 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.

Risk assessments had been completed for most people. However, for some people risk assessments did not provide information on how to mitigate identified risks to reduce health complications. Risk assessments in relation to falls were not specific to people's circumstances.

People were protected from abuse and avoidable harm. People and relatives we spoke with told us they were happy with the support received from the service and they felt safe with staff. Staff knew how to identify abuse, the different types of abuse and how to report abuse.

Staff had been trained on the Mental Capacity Act 2005 (MCA) and knew the principles of the act. Staff told us that they asked for consent before doing anything and people we spoke to confirmed this.

Audits were carried out by members of the assistant management team. These audits included spot checks and reviewing care plans, speaking to the person and follow up actions were recorded. We noted that our concerns with risk assessments had not been identified during the audits carried out by the assistant management team. The registered manager and service manager also carried out their own audits to ensure processes were being followed and people were receiving safe care and support. The registered manager had identified risk assessment as an issue through their own quality assurance process and had scheduled training in this area.

Staff told us they were supported by the management team and had received regular supervision. Records confirmed this. Systems were in place to schedule future supervisions, which we saw had been scheduled regularly.

Team meetings were being held and recorded across all staff levels.

Staff had regular training in key area's to ensure knowledge and skills were kept up to date. A training matrix was in place to monitor future training needs and completed training. The matrix identified staff that may have missed training and a plan was in place to schedule outstanding training for these staff.

There were sufficient numbers of staff available to meet people's needs. People we spoke to confirmed this. The service was able to monitor staff punctuality and attendance.

People's goals to achieve independence had been listed. Records provided general details on how to support people to achieve their goals, but lacked specific guidance for staff on how to support people in this respect. People told us that they were encouraged to be independent and enablement staff knew how to support them to regain independence. People told us that their privacy and dignity was respected by enablement staff.

We identified a breach of regulation relating to risk assessments. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances and health needs.

Staff members were trained and knew how to identify abuse and the correct procedure to follow to report abuse.

Process and procedures were in place to manage medicines safely. Staff had been trained in safe medicine management and had been competency assessed.

There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff members were trained and had the skills and knowledge to meet people's needs.

Staff received supervision and told us they were supported.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

Staff knew the signs and how to support people if they were unwell and when to make referrals to healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and respected people's privacy and dignity.

Staff had good knowledge and understanding of people's background and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans included people's care and support needs.

Goals to regain independence had been listed. Records provided general details on how to support people to achieve their goals, but lacked specific guidance for staff on how to support people in this respect.

People told us that staff encouraged them to be independent and they knew the steps to be taken to assist them to become independent.

There was a complaint system in place. People were given a leaflet on how to make complaints. Staff were able to tell us how they would respond to complaints. Systems were in place to analyse and learn from complaints.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place. Our concerns with risk assessments had not been identified during audits carried out by the assistant management team. The registered manager had identified the concerns with risk assessment through their own audits and training had been scheduled to train both staff and management on risk assessments.

Quality monitoring systems were in place that requested people's feedback on the service. The results were positive.

Staff told us that they were supported by the management team.

Team meetings took place across all staffing levels and staff were able to share information at these meetings.

Enablement Service

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.

The inspection was carried out on 6 February 2017 and was announced. The inspection was undertaken by a single inspector, two CQC pharmacists and an expert 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.

Before the inspection we reviewed relevant information that we had about the provider including the Provider Information Return pack, which the service sent to us to tell us how they manage the service under the five key lines of enquiries.

During the inspection we spoke with the service manager, registered manager, enablement manager and two assistant enablement managers. We looked at five care plans, which consisted of people receiving personal care in their own home and one care plan for a person who had been recently assessed to receive personal care. We reviewed five staff files and looked at documents linked to the day-to-day running of the agency such as medicine records and quality assurance documents.

After the inspection we spoke to six people, five relatives, one senior enablement staff member and five enablement staff.

Is the service safe?

Our findings

People told us that they felt safe when enablement staff came to provide support and care. Comments from people included, "I feel better knowing they [staff] are coming around", "I don't feel unsafe", "I get on well with them, they seem very friendly", "I get on with all of them" and "Yes very, there is someone coming to check up on me and making sure I am alright." Comments from relatives included, "They are very attentive and make sure [person] is looked after" and "They were quite good."

During the inspection we looked at the risk assessments for six people. We found that risks were being identified upon referral. However, some risk assessments had not been completed to minimise the risk of serious health complications. We found falls risk assessments had been completed for people at risk of falls. However, the risk assessment listed that staff should ensure that people use walking aids to prevent them from falling. The assessments did not elaborate on what may cause the people to fall or what to do if people fell. One person had osteoarthritis and was at risk of falling. However, the falls risk assessment did not detail which part of the body the person had been affected by osteoarthritis and if this condition may cause them to fall. One of the assistant enablement managers told us that a person could only walk a short distance and use the furniture for support; this had not been included on the person's risk assessments.

We found three people were at risk of skin complications, which included pressure sores, gout and cellulitis. However, risk assessments had not been completed that detailed where the areas of broken skin were so staff would be aware when they supported people to avoid touching the broken skin area and how to reduce the risk of serious skin complications.

One person was on a high-risk blood thinning medicine that meant the person was potentially at risk of bleeding and bruises. A risk assessment had not been completed that detailed what precautions staff should take when supporting the person to prevent the risk of bruises and bleeding and what to do if the person bled or had bruising.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The registered manager told us that risk assessments had been identified as a concern as part of their quality assurance process and we saw evidence that refresher training had been scheduled for staff and management on risk assessments. After the inspection the registered manager showed us evidence that training had been scheduled for falls prevention and the risk factors leading to falls.

The members of enablement staff that we spoke with were knowledgeable about how to identify any safeguarding concerns and confirmed they had undergone safeguarding training. They knew how to report an issue if they felt that someone was at risk and were able to give us examples of what type of issues would alert them. For example, one enablement staff member told us, "If we see anything and we see abuse, we have to report to the managers." All of the staff we spoke with told us they would report any concerns they had. Safeguarding policies and procedures were also in place to support staff. They also understood how to

whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police.

The enablement staff had been trained on infection control. Most people who used the service were recently discharged from hospital and therefore were often vulnerable to infection. We asked enablement staff how they minimised risk of infection and cross contamination. They told us they were supplied with Personal Protective Equipment's (PPE) when supporting a person. They told us they disposed of PPE in a separate bag when completing personal care and washed their hands thoroughly. People and relatives told us that staff used PPE when providing support and maintained good hygiene.

There was system in place for staff to alert the service if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. There was an electronic monitoring system in place to record visit times. Staff had to electronically log in and out of each visit through the use of a telephone. The system was able to monitor if staff had attended a visit and at what time. The system also alerted management if staff had not attended a visit, were late or did not log in so a member of the management team could then make checks. One person told us, "Yes, always someone to come around on time" and another person told us, "They are always on time and they stay for as long as is needed. Sometimes they have left 5 minutes later then they're meant to." A third person told us, "I cannot remember a time when they have been late." A relative told us, "Always on time, never been any issue" and another relative told us, "There has been no missed visits." The registered manager told us that if emergency cover was needed, then staff were available to provide cover. Staff told us that they had no concerns with staffing levels and cover was in place if they needed time off. There were systems in place for the management team to identify any missed visits and investigate this in full to minimise the risk of re-occurrence. Enablement staff told us that they were not rushed in their job and were provided with enough time to complete tasks and engage with people. One enablement staff member told us, "We are given enough time to do job" and another enablement staff member told us, "I do have enough time to support people."

Records showed the service had collected proof of identity, references and information about the experience and skills for most staff. Some staff had been working for the provider for a number of years and as a result in accordance with the providers retention policy some records had been destroyed. The provider followed safe recruitment practices which included checking to ensure staff were safe to work with people using the service through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who may be at risk of harm. Staff we spoke to confirmed that these pre-employment checks had been carried out prior to them supporting and caring for people.

During the inspection, the registered manager told us that people did not administer medicines for people on their behalf. They confirmed that staff only prompted people to take their medicines when required. Staff and people we spoke to also confirmed this.

The service had recently undertaken a complete review of how they managed people's medicines when they supported them. Although people they currently supported needed minimal help with their medicines, the registered manager had ensured that appropriate systems were in place if the service was to administer medicines on people's behalf.

Each person was assessed before being supported and this assessment included how they managed their medicines and any risks associated with this. The results of this assessment were clearly recorded. A follow up assessment after the first week of care was used to adjust the support given if needed. We saw that where

possible people were encouraged to manage their own medicines and where they needed support this was tailored to their individual needs. For example we saw that one person had support with all of their medicines for the first week and then felt confident to manage alone under the supervision from staff.

Each person who was supported with medicines or creams had a medicine administration record (MAR). We saw that the MAR was completed by staff accurately and senior staff audited them to ensure the medicines were taken by the person as prescribed. However, the frequencies of doses on the MAR were not clear. This was fed back to the registered manager. We saw evidence after the inspection that showed this had been implemented and communicated to the management team to inform the enablement staff. Errors were noted and followed up appropriately with staff. All staff had received training and an additional workshop to promote safe practice with medicine management and had been competency assessed. A clear and comprehensive medicine policy was available to support them.

Is the service effective?

Our findings

People and relatives we spoke with felt that staff had the skills and knowledge to meet people's needs effectively. A person told us, "They [staff] always know what they are doing and how I would want things to be done" and another person commented, "They know what to do." One relative told us, "The ones we get are really good, nice and helpful. They know what they are doing and get on with it" and another relative told us, "I was very happy with them. They did everything and offered to do more."

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.

Staff told us that they had received MCA training and training records confirmed this. The staff we spoke to were able to tell us how they worked in line with the principles of the MCA. Staff told us that they always asked for consent before providing personal care and if people refused then this was respected. One enablement staff member told us, "I get consent all the time" and another enablement staff member told us, "I ask people how they want to be cared and supported and always respect their choices." People and relatives confirmed that staff asked for consent before doing anything. One person told us, "They are always talking to me asking me do you want to do this or that" and another person commented, "Never been forced into anything."

Records showed that staff had undertaken mandatory training, which included first aid, moving and handling and infection control. The registered manager told us that staff would also undertake training in specialist areas such as diabetes and epilepsy. The service had systems in place to keep track of which training staff had completed and future training needs. We saw evidence that where staff had not completed training, a reminder was sent to the management team by the registered manager to ensure staff had completed outstanding training. Staff told us that they had easy access to training and had received regular training. The registered manager told us that new members of staff would complete the care certificate when employed. The care certificate is a set of standards that social care and health workers adhere to in their daily working life. An enablement manager told us, "At every supervision we go through training." An enablement staff member told us, "Training is brilliant" and another enablement staff member told us, "Training is good." A senior enablement staff member told us, "Training is very good."

The enablement manager told us that she is currently developing an enablement skills programme working group for enablement staff with the support of an occupational therapist to identify training needs for enablement staff and how they can be supported. After the inspection, the registered manager sent us evidence to show that meetings had taken place to develop the programme.

The service had systems in place to keep track of supervisions that had been completed and had scheduled supervisions for the year ahead. Staff confirmed that they received supervision and support from

management. Records confirmed this. An enablement staff member told us, "The management team is very supportive" and another enablement staff member commented, "They [management] are very supportive, we have regular supervisions and group meetings." Individual one-to-one supervisions were provided recently. Topics included challenges, training and health and safety. We saw that staff appraisals had been scheduled for this year.

The registered manager and staff told us that staff only prepared meals that had already been made and they did not cook meals from scratch. People were able to make their own meals with the support of relatives and staff supported people to eat the meals, if required. People relatives and staff we spoke to confirmed this.

People's care plans listed details of health professionals such as GP and included their current medical condition. The service also had links to the provider's occupational therapist should people need an assessment on how to be independent with the provision of equipment's such as bath rails. Records showed that referrals had been made to occupational therapist when required.

Staff we spoke to were able to tell us how they would identify if people were not feeling well such as a change in their mood, withdrawal or not being able to communicate. Staff told us depending on the situation they would report to family members, management or in serious situations would call a doctor or ambulance. An enablement staff member gave us an example that they had found a person had fallen when they came to provide care and support and had phoned the emergency services immediately as the person was in pain. The staff member told us they stayed with the person until the ambulance came and also went to the hospital until the person's family arrived. We were informed by the staff member that management were very supportive during this time. A relative told us that a enablement staff member had identified their family member was not well, the relative commented, "Yes one of the staff he said to me one morning, your [person] is not 100% himself and I asked [person] and [person] arm was hurting. [Person] wanted to go to the memory clinic so we went there and the nurses said you didn't look too good there as well and they called an ambulance and [person] was in hospital for two weeks. It's because of the carer that we even realised [person] had internal bleeding and has aenemia."

Is the service caring?

Our findings

People and relative that we spoke with told that staff were friendly and caring. One person told us, "They are all very nice and caring" and another person commented, "I think they are very caring and helpful." One relative told us, "Very nice and caring. They look after [person] the best they can" and another relative told us, "They are extremely helpful and caring."

The enablement staff we spoke with told us that they would build relationship with people by spending time with them and engaging with them with in general conversation when they were supporting them. This was to build trust and positive relationships. People confirmed that they had a good relationship with staff. One person told us, "We have friendly banter when they [staff] come around."

The staff we spoke to demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. They were able to tell us about the background of people and the support each person required. They also told us that the care plans helped them to get to know people better. People and relatives confirmed this. One person told us, "They make sure all of my needs are taken care of before they go" and another person told us, "They know all of my problems and they seem to know how to look after me."

Staff told us that they respected people's privacy and dignity. They told us that they would always knock on people's door and wait for an answer before entering to ensure people's privacy was respected. People and relatives confirmed this, one person told us, "They will ring the bell even though I have a key safe and wait for me to answer" and another person told us, "They do ring the bell." Staff told us that when providing particular support or treatment, it was done in private. One enablement staff member told us, "I will make sure curtains are closed and doors are locked when I shower them [people]." People told us that staff treated people with respect and with dignity when providing personal care. One person told us, "When showering me they will cover up parts of my body."

Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against on the basis of their race, gender, age and sexual status and all people were treated equally. People we spoke to had no concerns about staff approach towards them.

People and relatives told us that staff communicated well and took the time to make sure that they were involved in people's care. They felt that staff explained clearly before going ahead and carrying out any care tasks. One relative told us, "Yes, I always make sure I am around when anything important is decided."

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs. A person told us, "Always, they seem to take the time to listen and joke around with you" and another person told us, "The ones [staff] I have are really good."

The care plans we reviewed had a personal profile outlining the person's name, ethnicity, religion and the language the person spoke. The care plans also contained information on people's medical conditions, physical health, allergies and types of medicines they took. There was a background section detailing people's residency and their health history.

There was an 'I prefer to be called' section that listed the name people would be preferred to be called and also a section on how to access people's property. Care plans also contained information such as people's ability to move around, support needs, family relations, nutrition's and social situations. We found that people had input into the care plans and choice in the care and support they received. Care plans were signed by people to ensure they agreed with the information in their care plan.

Enablement staff told us they had time to provide person centred care and to interact with people. As people received care and support for a short period of time to regain independence, there was a goals section and a support section on how to achieve the goals in each plan. Records provided general details on how to support people to achieve their goals, but lacked specific guidance for staff on how to support people in this respect. We fed this back to the registered manager and service manager, who told us this would be addressed.

When we spoke to people and relatives, they did not have any concerns about the support people received and told us that staff knew how to support people to regain independence. One person told us, "They will help me walk around and make sure I don't fall over" and another person told us, "When washing up they will get me to help them. They always try and do things like that." One relative told us, "Yes things like when they shower [person] they will let [person] do what [person] could do. When [person] couldn't wash [person] feet and back, [person] would ask them and they would do it" and another relative told us, "They will take [person] out for a walk just around the block but they do try and encourage [person]."

Staff were knowledgeable on how to support people and gave us examples on how they support people to regain independence. An enablement staff member told us, "I do not take control; I encourage them [people] to do as much as they can for themselves." One enablement staff member gave us an example on how they helped a person to regain independence. The person had injured one of their arms. The enablement staff member told us that they supported the person to use the uninjured arm to wash their upper body and staff supported the person wash the lower part of the body until the injured arm got better. When the injured arm got better, staff encouraged the person to use both arms to wash themselves until they were confident to do this independently.

Reviews were undertaken regularly with people, which included important details such as people's current

circumstance and the progress being made to ensure people were independent without support.

People told us that they did not have any complaints about the agency and felt they could raise concerns if they needed to. One person told us, "This service has been wonderful and helpful to me and another person told us, "Nothing, they are good as they are." One relative told us, "Nothing, they are good." Records showed complaints received had been investigated and a response sent to the complainant. There was a delay in responding to one complaint and an apology was provided to the complainant for the delay. Records did not show that learning from this complaint had been analysed and discussed with staff. The registered manager told us that learning from the complaints had been discussed but not recorded. We saw that systems had been created to monitor and analyse complaints for this coming year, which the registered manager told us would enable to learn from complaints and identify patterns to ensure high quality care was always delivered.

When we spoke to staff about how they would manage complaints, they told us that they would record the complaint and inform the management team to investigate. People received a complaints booklet prior to receiving an enablement service, which provided information on how to make complaints. People and relatives told us that they knew how to make complaints. One person told us, "I have a number in the book they gave me. I would ring that" and a relative told us, "I would ring up the number which is in the book I have here."

Records showed a number of compliments had been received last year about the service and their staff. Compliments from December 2016 included, "All my carers were very good and polite and helped me a lot", "I found all round an excellent service and the care I received after being discharged from hospital", "The enablement workers were courteous and arrived on time. Very happy with the service" and "I would like to thank all the carers for their support. Nothing was too much for them they were kind helpful and understanding. Their manner was always calm and they had lots of patience. All the carers were lovely I feel very lucky to have met them and would recommend them to anyone."

Is the service well-led?

Our findings

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. An enablement manager told us, "They [registered manager and service manager] are hands on, approachable. That's not been like that before" and an assistant enablement manager told us, "We are very much supported." An enablement staff member told us, "Managers are brilliant" and another enablement staff member told us, "They [management] are very approachable and supportive to us. [Assistant enablement manager] will always call me to see how I am." A third enablement staff member told us, "Culture is good, we are supported." A senior enablement staff member told us, "They [management] are fantastic; there is always somebody you can go and talk to."

Enablement staff told us they were happy working for the agency. An enablement staff member told us, "I love it because you can see how people progress to become independent."

Staff told us that the registered manager had made a number of improvements to the service. There was a clear management structure that clearly showed reporting lines and line management. An enablement manager told us, "There is proper line management." The management team were divided into four clusters in accordance to geographic regions. All the staff we spoke with told us that reporting lines were clear and that management were approachable. We observed that the registered manager and the management team sat close to each other, this ensured that they could support each other when required or speak to a member of the team for advice.

There were systems in place for quality assurance. The provider's quality assurance procedure listed that audits should be carried out by an assistant enablement manager on the first week of people's placements. These audits included spot checks and reviewing care plans, speaking to the person and follow up actions were recorded. In addition the registered manager would also carry out random audits on the care plans to ensure processes were being followed and information had been recorded in full. Records showed that the outcome of the audits was communicated to staff. The service manager also carried out a proprietor's audit that covered medicines, care plans, complaints, training and health and safety. We discussed our concerns with risk assessments that had not been identified during the audits carried out by the assistant enablement managers with the service manager and registered manager. They assured us that the concerns with risk assessments had been identified through the registered manager's audits and the quality assurance process would be made more robust and training had been scheduled to train both staff and management on risk assessments.

The registered manager also undertook a number of self-audits, which included supervision and training arrangements, care plans and incidents. Systems had also been put in place to analyse complaints. Action plans had been created following the findings of the audits to make continuous improvements to the service. The service had a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around independence, service, staffing, complaints and choices. The feedback was very positive and had

been analysed to identify improvements or best practises.

Team meetings took place for staff at all levels. Records showed that weekly meetings took place between enablement managers and two weekly meetings for assistant enablement managers with the presence of their line managers. Records showed that during these meetings staff spoke about audits, complaints, staffing, training and people who received a service. Monthly meetings took place for enablement workers. This enabled staff to share information and topics included, rotas, care plans, medicine management, training, risk assessments and health and safety. The meetings were also attended by members of the management team.

The registered manager told us that the service was planning to create a forum for service users whereby people who receive personal care would be able to meet with each other and provide feedback of the service. The forum would also include people who had received personal care previously. The registered manager told us that this was in its early stages of planning but hopes to have the forum created this year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service provider was not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p>