

# Ms Verity Amanda Hannigan

# Enable Support

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Enable Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with a disability. At the time of our inspection one person was receiving personal care as part of their care package.

This is the provider's first inspection since registration.

A registered manager was not required because the registered provider managed the service. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person who used the service was protected from abuse and avoidable harm because the registered provider understood their role and responsibility of what action to take to safeguard the person. Risks associated with the person's care and living environment had been assessed and planned for. The registered provider at the time of our inspection did not employ any staff. They provided care themselves and as part of their registration requirements with CQC, checks had been completed on their suitability to provide care. The person was prompted to take their medicines safely. The registered provider knew how to minimise the risk of cross contamination and followed infection control best practice guidance. When incidents had occurred, these had been recorded and action was taken to reduce further risks.

The registered provider had completed appropriate training to enable them to fulfil their role and sought external support and advice when required. The person who used the service retained responsibility for their health care and the registered provider supported them, where needed, to access healthcare services. The person was supported with meals and drinks where required and choices were respected and acted upon.

The person who used the service had maximum choice and control of their life and the registered provider supported them in the least restrictive way possible. The person was fully involved in making choices and decisions about how they wanted to receive their care and support. The registered provider understood the principles of the Mental Capacity Act 2005 and how to respond if the person no longer had capacity to make specific decisions.

A positive relationship had been developed between the person who used the service and the registered provider who was caring and respectful. The person's privacy and dignity were maintained and they felt comfortable with the registered provider. The registered provider had not made available information about independent advocacy service but agreed to do this.

The person felt confident that any concerns they raised with the registered provider would be listened to and acted upon.

The registered provider monitored the service they provided. Whilst they had policies and procedures in

place that were based on best practice guidance and legislation, some policies were missing and it was not clear on the frequency policies were reviewed to ensure they were up to date.

## 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.

The person was protected from avoidable harm and abuse because the registered provider knew how to identify the types of abuse and how to report concerns.

Risks to the person's safety were regularly assessed with them and appropriate care plans were put in place to maintain their safety.

The person was prompted to take their medicines safely. Infection prevention measures were followed.

Accidents and incidents were recorded and action was taken to reduce further risks.

### Is the service effective?

Good ●

The service was effective.

The registered provider was appropriately trained and sought external support and advice when required.

The person was supported where required with meals and drinks. The person's health was monitored and support was provided if they became unwell.

The registered provider understood the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

The person was supported by the registered provider who was kind, caring and knew them well.

The person's views were regularly listened to and acted upon.

The person's privacy and dignity was maintained at all times and independence promoted.

The registered provider had not made available information about independent advocacy service but agreed to do this.

### Is the service responsive?

Good ●

The service was responsive.

The person received support at the times they requested. Their care and support needs were regularly reviewed with them.

The provider's complaint procedure had been made available.

### Is the service well-led?

Good ●

The service was well-led.

The person was positive about the care and support they received.

The registered provider monitored the service they provided. Some policies and procedures were missing but this did not impact on the quality and safety of the service.

# Enable Support

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on the 8 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider would be available.

The inspection was conducted by one inspector. On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We visited the person who used the service to gain their views about the service they received and visited the registered provider's office and spoke with them about their service. We looked at the support records for the person who used the service, as well as a range of other records relating to the running of the service such as audits and policies and procedures.

# Is the service safe?

## Our findings

Care and support was provided safely. The person who used the service told us they felt the registered provider supported them safely. They were confident in how they were supported and felt safety issues were addressed well.

The risk of abuse to the person was reduced because the registered provider could identify the different types of abuse that they could encounter. They also knew the procedure for reporting concerns to external bodies such as, the local multi-agency safeguarding team, police and CQC.

The person who used the service gave examples of how they were supported to manage known risks. For example, they told us they were at risk of falls and how they were supported to reduce and manage this, using equipment such as a mobility walking aid. We saw other potential risks had been assessed and planned for such as needs associated with skin care. Care plans included personal and environmental risk assessments and these were up to date. The person's care records confirmed risks were assessed and discussed with them, and were monitored and reviewed to ensure they were managed effectively and safely.

At the time of our inspection, the registered provider did not employ any staff but provided care to the one person who used the service. The person who used the service confirmed the registered provider visited them at the time agreed and they stayed for the duration of the call. When the provider registered with CQC, we completed checks on their suitability to provide care, this included criminal record checks to ensure the provider posed no risks to people.

The person who used the service required a prompt from the registered provider to take their medicines. The person who used the service confirmed they were supported appropriately and we saw during our visit to the person, how the registered provider supported the person with their prescribed medicines. This included following the information recorded in the person's care plan, of how they liked to take their medicines. The registered provider had completed training in the management and administration of medicines and had a medicines policy and procedure to inform their practice. They were clear about their responsibility, good practice guidance and legislative requirements. This demonstrated the registered provider ensured the safe management of medicines.

Infection control measures were used to protect the person from the risk of cross contamination. This included the registered provider completing training in the practice on the prevention and control of infections. They wore personal protective equipment such as aprons and gloves appropriately and had an infection control policy and procedure to inform their practice.

Incidents were recorded and action was taken to reduce further reoccurrence. For example, the person had experienced a fall whilst on their own in the garden. To reduce the likelihood of this occurring again, the person's care plan had been reviewed and gardening had been added to the support the person required. We saw how the person was supported to sit in the garden whilst the registered manager completed

gardening tasks delegated by the person.



# Is the service effective?

## Our findings

Before using the service, the registered provider completed an assessment of the person's needs. The assessment was based on good practice guidance and current legislation. The assessment considered the person's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. For example, the person's care plan considered their age, disability, religion and their needs and preferences in how they wished to be supported.

The person who used the service was confident the registered provider was competent and knowledgeable about their needs. They said, "They know me quite well now and what I need and like." The registered provider had completed appropriate training such as first aid and moving and handling. They had a diploma in health and social care and was registered with the health and social care professional council as a social worker. The registered provider told us how they sought support externally, to discuss any areas of concern or development and that they felt this was supportive and important. This meant the registered provider had the required qualifications, skills and knowledge to provide effective care and support.

The person received some assistance with meals and drinks and told us the registered provider respected their choices. The person's dietary needs had been assessed and care plans contained information about their preferences and needs. We saw the person received drinks as described in their care plan and the registered provider prepared the person's breakfast as requested.

The registered provider with the consent from the person who used the service, liaised with the person's relative and contacted their GP if required to ensure the person received consistent and coordinated support. The person who used the service told us how the registered provider had contacted the GP following a fall and this support had been helpful. A 'grab sheet' was used to share essential information about the person with others, such as ambulance and hospital staff in the event of the person requiring urgent assistance. This meant others had information to assist them with the person's ongoing care.

The person who used the service told us about some of their health needs and their care plans reflected this information. This meant the registered provider was aware of the person's needs and what support and consideration was required to manage their health needs effectively.

The person who used the service told us the registered provider asked for their consent before providing support. We also saw how the registered provider gained consent before supporting the person. They consulted the person, gave choices and acted upon the person's decisions. Examples included a choice of drinks and support provided. The person had signed documents to confirm they had been consulted and that they agreed with how they received their care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the

time of our inspection the person using the service had full mental capacity to consent to their care and support. The registered provider was aware of their responsibilities should a person lack capacity to consent to a specific decision.

## Is the service caring?

### Our findings

The person who used the service told us the registered provider was, "Caring and kind." They went on to say, "Yes, they are very good, never late and they have time to chat with me."

From speaking with the registered provider and seeing how they engaged with the person, it showed us a positive relationship had developed between them. The person appeared relaxed within the company of the registered provider and friendly, caring and good-natured interaction was seen. The registered provider treated the person as an equal.

The person who used the service was supported to remain independent and from speaking with the person, it was clear this was important to them. The person's care plans demonstrated how independence was considered and promoted. The registered provider understood the importance of their role in maximising the person's independence and respecting the person's lifestyle choices in supporting them to live in the community.

The person who used the service told us they were treated with dignity and respect. They said, "Yes, I'm treated very well, they are respectful and polite and do not rush me."

The registered provider had not made advocacy information available for the person who used the service but said they would source some information and make this available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection one person was using the service who was able to advocate for themselves and had family to act in this capacity if they required this support.

The registered provider had regular review meetings with the person to ensure the care plans were reflective of the person's current needs. The person confirmed they were involved in reviews and were positive the care package was changed to include any new needs or support required.

The registered provider was sensitive in respecting and managing confidential information. Information was stored and managed in line with the General Data Protection Regulation.

## Is the service responsive?

### Our findings

Following an assessment of the person's needs, care plans were developed with the person and regularly reviewed. This was to ensure the person received care and support that met their individual needs, preferences and routines. The person who used the service confirmed they received care and support that was responsive to their needs. This included receiving care and support in a manner that they wanted and met their preferences and routines. The person's care records also confirmed that regular meetings were completed to review the care package provided.

The registered provider complied with the Accessible Information Standard. This was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. The person's communication and sensory needs had been assessed. At the time of the inspection the person who used the service did not have specific needs in relation to their communication. The registered provider told us they would provide information in alternative formats in the future if required, such as large print, easy read, audio and alternative languages.

The registered provider's complaint procedure had been made available to the person who used the service. The person who used the service told us they felt confident to raise any issues or concerns. They said, "If I was unhappy with anything I would say, I don't like all the writing they have to do but understand it has to be completed."

The registered provider told us they had not received any complaints about the service but told us the process they would take to respond to any concerns or complaints received.

## Is the service well-led?

### Our findings

The person that used the service was positive about the service they received. They said, "Yes, I'm satisfied with the support I get, it meets my needs and the support helps me to live my life at home. I would recommend it to others."

The registered provider had a person centred approach in the delivery of care and support provided. They said, "The aim of the service is to enable people to live the life they want and avoid admission to residential care." The registered provider was organised and showed a commitment in providing care and support that was person centred and good quality.

The registered provider had procedures to check and monitor quality and safety and records were kept to confirm this. This included reviews of care plans and daily records were kept to confirm what support had been provided and any actions, such as contact with health care professionals. The registered provider had policies and procedures in place to inform their practice. On reviewing these it was not clear the frequency these were reviewed, to ensure they reflected current best practice guidance and legislation. We also noted some policies were missing and the business continuity plan required further detail, to demonstrate how the service would operate in the event of the service being disrupted for any reason. The registered provider assured us they would take immediate action to review and amend these documents where required.

Due to the registered provider also delivering the care to the one person who used the service, they had regular and ongoing discussions about the care and support provided and any adjustments to the care package was responded to with immediate effect.

The registered provider was aware of their responsibilities to report any notifiable incident to CQC, whilst they had not been required to do this they understood what was required for them.