

Enfield Council

# Enablement Service

## Inspection report

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09 March 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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 97 people who received personal care from the service. Due to the nature of the support the number of people receiving a service varied from week to week.

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

People told us they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

People's care was planned and risks to their safety and wellbeing were assessed. The service reviewed these plans regularly, involving people in these reviews and asking for their opinions. They delivered good quality care which had led to improvements in people's health and well-being.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in

their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

More information is in the full report.

#### Rating at last inspection

At the last inspection we rated this service Good. The report was published on 5th October 2018.

#### Why we inspected

We carried out a focused inspection of this service on 9 March 2022. This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions safe, effective and well led.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enablement Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Enablement Service

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one 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.

#### Service and service type

Enablement service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager who was registered with the Care Quality Commission. This means 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

We carried out the inspection visit on 9 March 2022. It was announced. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager, A team manager and one of the care staff. We looked at four care records and three staff records; we also looked at

various documents relating to the management of the service.

After the inspection

We spoke to four relatives and eight people who used the service. We also spoke to an additional four care staff.

# 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 good. At this inspection this key question has now remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with, told us they felt safe using the service, A person using the service told us. " Oh yes, I am safe. I have gotten to know them. They are very helpful."
- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "I always do a personal risk assessment and make sure people are safe."

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, nutritional needs, medicines management, mobility, risk of falls.
- Assessments included plans to help keep people safe. The assessments and plans were regularly reviewed and updated.
- People using the service told us staff supported them in a safe way to reduce risks, for example, support to move safely around their homes and provided equipment to help improve their mobility.
- Staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so.
- One person told us, " I am happy with all the carers; one was late because she had to wait for the ambulance but otherwise yes on time. No missed calls."
- People and their relatives told us they knew the staff well and had built good working relationships with them.

#### Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

#### Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading. A relative told us, "They always wear full PPE."
- The service had systems to make sure staff undertook regular COVID-19 tests. They recorded information about these and took appropriate action following positive test results.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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 now remained the same. 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 preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The service employed care workers who spoke a variety of languages in order to facilitate effective communication.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- The service had access to the local authority training department and training premises.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported, and had regular supervisions. One staff member commented, "I get regular supervisions, its mainly been over the phone during the pandemic."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink.
- Not everyone received support with their meals, relatives managed their meals, or they had 'ready meals' that the care staff heated up.

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

- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.
- An occupational therapist and social worker formed part of the team that provided care and support, this meant that people had quick access to aids and adaptations to aid recovery.

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

- Where people received additional support from healthcare professionals this was recorded within their care records.
- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.

- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance.

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. 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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- A person using the service told us "They actually explain what they are going to do, and they assist me, and they talk and encourage me."
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

# 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 now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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

- People and relatives expressed confidence that the service was well run. We received comments such as, "I think the service is well managed and they respond quickly and "They always respond and deal with any issues. I have no complaints."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- Staff told us they felt well supported and praised the managers of the service one staff member told us "All the managers are lovely, very supportive and respond quickly to any concerns."
- A quality assurance officer had recently been appointed to provide an oversight on quality related issues
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.
- A feedback system was in place and formed part of the review process. This meant they were continually checking to ensure that people received the best possible care and support.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service,
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC. They had submitted all required notifications

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- A person told us "I would recommend this service absolutely; I think it's wonderful and I didn't know you can get this type of help."
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People, relatives and staff told us that they felt involved in changes and were provided with opportunities to

give feedback and offer suggestions for improvements.

- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.

#### Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls were kept to a minimum by regular audits and an Electronic Call Monitoring system, everybody we spoke to told us they had not had any missed calls.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and appropriate changes were implemented.
- Team and management meetings were used to share good practice ideas and problem solve.

#### Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.