

London Borough of Lewisham

Lewisham Enablement Service

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

This inspection took place on 11 August 2016. The provider was given 48 hours' notice as they are a domiciliary care provider and we needed to be sure staff would be available to meet with us.

This is the first comprehensive inspection of the service by the Care Quality Commission (CQC) since registration in January 2015.

Lewisham Enablement Service provides up to six weeks support to people in their own homes to support them to regain their independence or to learn new skills. At the time of our inspection they were providing support to approximately 86 people. Due to the nature of the support the number of people receiving a service varied from week to week.

The service had a registered manager in post. 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.

Staff knew how to keep people safe from harm and understood their responsibility to report any concerns to their managers. The service carried out and completed risk assessments before people started receiving a service. Care plans and risk assessments were personalised.

People received support from staff with sufficient knowledge and experience to meet their needs safely. The service monitored and reviewed people's progress and involved other healthcare professionals as appropriate.

There were enough staff to meet people's needs. The provider's recruitment process was robust and ensured that suitable staff were recruited in a safe way. People received the support they required to take their medicines safely as prescribed.

Staff felt supported in their role and received the training which enabled them to plan and deliver people's support safely and competently. Staff received regular supervision and annual appraisal in line with the provider's policy. Staff sought consent from people in line with legislation and guidance and provided their care as they wished.

People were supported with their nutrition and hydration needs as they required. Staff knew and respected people's needs and preferences. The service supported people to access healthcare services as required and had good links with community health services.

People were happy about their care and said staff were kind and caring. People and their relatives were involved in planning people's support and care. Staff assessed people's needs and plans were in place to keep them safe and to ensure they received the support they required.

People were encouraged to be as independent as possible. The service had a robust complaints policy and procedure which the registered manager used effectively to resolve people's concerns.

The quality assurance and audit processes in place were not sufficient as they did not monitor all aspects of care provision at the service. Staff felt the registered manager listened and acted on their concerns. People's feedback and views were used to develop the service.

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.

Risks to people were assessed and managed appropriately.
There were enough staff to support people safely and meet their needs. Staff were recruited in a safe way.

Staff knew how to recognise abuse and report any concerns to keep people safe.

People received the support they required to take their medicines. Staff knew what precautions to take to protect people from risk of infection.

Is the service effective?

Good ●

The service was effective.

Staff received training they needed to develop skills to meet people's needs.

People were supported to have a sufficient amount to eat and drink and access the healthcare services they needed.

Staff supported people in line with the requirements of the Mental Capacity Act 2005. People's consent was sought prior to staff supporting them and their choices were respected.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

Staff knew people and how they preferred to be supported.
People were treated with dignity and their privacy respected.

People told staff treated them with respect and their views were considered.

Is the service responsive?

Good ●

The service was responsive. People received care and support which met their individual needs. People's needs and preferences were assessed. People and their relatives were involved in planning of their support.

Complaints were responded to appropriately and people were asked for their views of the service.

People followed their interests and participated in a range of social and community based activities.

Is the service well-led?

The service was well led. People, their relatives and staff told us the registered manager was approachable and welcomed their ideas to improve the service.

People said the service was well run and the quality of the service was good.

The processes in place to monitor quality and understand the experiences of people who used the service needed to be strengthened.

Good ●

Lewisham 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.

This inspection took place on 11 August and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager and appropriate staff would be available to talk to us. The inspection was carried out by one inspector 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 all the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used this information to plan our inspection.

During the inspection we spoke with five members of staff and a social worker from a local authority that commissions the service.

We looked at eight people's care records, eight staff files which included their recruitment, training records and staff duty rotas. We looked at records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

After the inspection, we spoke with 11 people, five relatives and a healthcare professional.

Is the service safe?

Our findings

People told us they felt safe at service. One person told us, "I feel safe and well looked after." Another person said, "I feel safe with them [staff], they're very nice. If I don't I know what to do I just ring the office, the numbers on the paperwork I was given." A person's relative said, "Whenever they arrive they show their identification so it doesn't matter if it might be someone different. My relative does feel safe with them [staff]."

Staff assessed risks to people's safety and their welfare and had plans in place to manage the risks identified. For example, risk assessments looked at various areas of people's lives such as, how they moved around within the home and outside and the equipment they used to help them with this. Staff accompanied people in the community if they were at risk of falls, to help support the person and maintain their safety. Care records included regular reviews of people's risk assessments to ensure they were effective.

People were protected from the risk of avoidable harm. Staff were able to explain to us how they would recognise any abuse or neglect and report it to ensure action was taken to protect people. Staff were aware of the safeguarding procedures they had to follow and knew how they would use these to report any concerns to ensure people were safe. Staff understood how to 'whistle-blow' to alert authorities of abuse cases or poor practices if this was necessary to keep people safe. The registered manager understood and followed safeguarding procedures to protect people from abuse. Records showed the registered manager worked effectively in partnership with the local authority to protect people from abuse and neglect.

The service maintained a record of incidents and accidents to monitor trends and keep people safe. Each accident record showed the action taken immediately after the incident and any future action required to prevent the situation happening again.

People received their medicines safely as prescribed. People using the service had a range of health conditions and many had recently been discharged from hospital. People's care plans contained information about what medicines people were taking. Staff supported people to administer their medicines by means of verbal prompting and encouragement. One person told us, "I don't need help to take my medicine but staff do check that I've taken it." Staff explained to us that they assessed what assistance people needed with their medicines when they started using the service. Care plans showed risk assessments were in place to give staff guidance on how to support people to self-administer medicines. People told us they were supported to take their medicines when they were due and in the correct dosage.

People told us there were sufficient staff on duty to meet their needs safely. People and their relatives told us they received support from a regular and consistent staff team. One person told us, "I have the same carer that comes every day." A relative told us, "My relative has two consistent carers who are very good and three or four regular replacements. One person comes at a time which is absolutely fine." People told us they were informed of changes made to members of staff who supported them and did not experience any missed visits. Local authority commissioners told us the feedback they received from people and their relatives was positive and calls were delivered as planned.

The provider had ensured people were safe by using robust recruitment procedures. Staff files contained necessary pre-employment checks which included two written references, criminal record checks, evidence of their identity and their right to work in the country. Interview records showed that staff were assessed on competencies that were relevant to the role they were applying for. This meant the service was recruiting suitable staff in a safe way.

Staff minimised the risks of infection to people through their practice. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff understood their responsibilities to reduce the risk and spread of infection. They told us they had access to personal protective equipment (PPE) such as gloves and aprons. Staff explained how to minimise cross contamination through wearing PPE and practiced good hand hygiene.

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. One person told us, "Staff know what to do and support me the way I want." One relative said, "They (staff) are very knowledgeable, they understand what [relative's name] needs."

Staff told us they received regular one to one supervision sessions with their managers to review their performance and to establish if they had any further training needs to improve the quality of care and support provided to people. We saw records which confirmed this. Staff said they felt listened to in supervision and this was important for them to carry out their role effectively. Staff also completed an annual appraisal to review their performance against set objectives for the year. Staff told us the registered manager was always available to give advice.

People were supported by suitably qualified staff. Staff underwent a comprehensive induction process to ensure they were competent at meeting people's needs before they started to support them unsupervised. Records of induction completed by staff showed classroom based training and shadowing experienced members of staff. Managers observed new staff delivering care and support and in addition monitored their performance during their probationary period. Staff had completed all mandatory training and observations of their practice before they were considered competent to support people. Records showed that staff received training in moving and assisting people and safe use of equipment. This ensured staff knew how to use equipment that was supplied to people to help them regain their independence. Staff told us they received good training to help them develop the skills they needed to perform their roles. This meant staff had the knowledge and skills required to perform their roles effectively.

Staff received on-going training to ensure they were up to date with guidelines and had the skills and knowledge to support people effectively. Staff completed training in Mental Capacity Act 2005 (MCA), safeguarding of vulnerable adults, person centred approach, fire safety, infection control and managing people's medicines. There was also person specific training to the needs of people using the service such as supporting people with behavioural support needs. People received support from staff who had appropriate training and knowledge to effectively meet their needs.

People were protected by staff who had a good understanding of what to do in emergencies. The service had at least one senior member of staff on duty for staff to call for guidance when faced with situations they required additional support or guidance with. Staff knew the response services to contact should they recognise sudden changes in a person's health which required immediate action.

People were involved in discussions about the arrangement of their care and support and consented to the care and support provided by staff. Staff were knowledgeable about the legal requirements of the MCA and how they used it to support people to make decisions. A member of staff told us, "We involve people in making decisions that affect them". Records showed people were supported as appropriate to make decisions about their care. Although no applications had needed to be made, the registered manager told us they would liaise with the person's GP. The registered manager explained she would obtain the support

of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed. Staff told us they sought and got people's consent before they supported them.

People received the support they needed in relation to their nutrition and hydration which ensured they had a sufficient amount to eat and drink. One person told us, "Staff ask me if I want tea or coffee and they make it for me. They don't give me options for food because I just tell them what I'm going to have." We saw records where staff had shared concerns about a person's eating and swallowing to the person's family and speech and language therapist to ensure appropriate action was taken to support them meet their needs. Staff told us they had received specific training in managing the health and nutrition of people with complex eating needs.

Staff supported people to maintain good health. Staff told us they monitored the physical and mental changes to people and recognised when they were unwell and supported them to get access to appropriate healthcare. Records showed staff supported people to access their GP, dentist and optician as appropriate. People's health needs were included in their recovery support plans to ensure they received the support they required to have their needs met.

People were supported to access the health care services they required. The majority of people who used the service were able to access healthcare services independently or with the support of friends and family. Records showed where staff were concerned about people's health people were encouraged and supported to access appropriate healthcare professionals. The service had social workers and occupational therapists working within the team who were qualified to prescribe assistive equipment. As the service was within the local authority, there were clear and effective referral mechanisms to healthcare professionals including physiotherapists and community nurses

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person told us, "Staff are very understanding they explain what they are about to do before they do anything when they're washing and dressing me." A relative told us, "Staff are very efficient and caring. They talk to [relative's name] whilst giving them a wash and are very encouraging." Another relative said, "Staff are very caring and have been very helpful."

People told us staff respected their privacy and treated them with dignity. One person told us, "Staff are respectful when they help me." Staff spoke about the people they supported in a respectful way and were able to give examples of how they upheld people's privacy and dignity. One member of staff told us, "When providing personal care to a person, I ensure blinds and windows are closed." Another member of staff said they maintained people's dignity by keeping them covered as appropriate whilst providing personal care and closed doors. People told us staff asked them what they preferred to be called and used the names they liked. Records showed staff received guidance during their induction in relation to dignity and respect.

People said staff encouraged them to be as independent as possible. One person told us, "I have a good relationship with them, they help me to be independent, and I feel respected." Another person said, "They help me to get on with it in a way which is good." One relative told us, "Staff are caring, they've helped [relative's name] very much to try to do things on their own." A relative said staff enabled people to do things for themselves and supported them with their choices. Care records showed people were supported to be as independent as they could according to the support they needed in completing tasks. We saw care records of a person which showed staff prompted them to do as much for themselves as they could to enable them to retain independence and control over their lives. For example one person told us, "I don't need help to take my medicine but staff do check that I've taken it."

People were supported by regular staff who knew and understood their needs well. One person told us, "I have the same carer that comes. They know me well." A relative told us, "Well the [staff member's name] asks [relative's name] to do exercises and because they're very good at making them feel at ease she/he does them." Another relative said, "They are very good, very helpful and very encouraging which is what you need when you're recovering after a hospital stay."

People and relatives we spoke with were pleased with the care and support they received from the service. They told us they felt staff listened to them and acted upon what they said. One person told us, "I was given six weeks of enablement and the care plan is excellent. I was asked about it." A relative told us, "My relative has the same carers and they have a good relationship, there's never any bad atmosphere or bad blood." People told us staff engaged them in activities in their day to day living. One person told us, "Staff support me to dress myself." People told us staff were patient and communicated with them effectively.

Is the service responsive?

Our findings

People received care and support that met their individual needs. People and their relatives told us they were involved in planning people's care and support to meet their individual needs. Staff met with people and their relatives prior to using the service to obtain information to carry out an assessment of the person's needs. Care records of people's assessments contained information about their health, background and preferences. People confirmed the information gained by the service was used to plan and deliver care that met their needs. People's needs were assessed and reviewed regularly. A relative told us, "A relative told us, "We [family] have a care plan folder with an interim action plan for [relative's name]. Staff are helping [relative's name] as agreed."

Staff told us they were kept up to date with changes to people's health needs and knew the support they required. People's needs were monitored and their care records updated to reflect any changes to their health needs and the support they required. For example, staff told us they had shared information on how a person required more support with their mobility and how they would put this into practice. Records showed the registered manager had met with members of staff to update them on the new guidelines for supporting the person.

People received appropriate support with any physical disabilities they had. We saw where people used equipment, such as a walking frame, their records explained how staff should support them to use it safely. This meant that staff had sufficient detail to support people effectively with their specific needs.

People told us staff supported them in line with their preferences and delivered their support in the way they wished. Staff supported people to pursue their interests and encouraged them to take part in activities of their choice which were important to them. People's care records showed their interests and preferences and the support they required. Staff told us they supported people to access the community and encouraged them to undertake activities to support a healthy lifestyle. People were also supported to undertake activities of daily living including basic meal preparation.

The service followed the local authority's complaints procedure and this was supplied to people when they first started using the service. People knew how to make a complaint about the service. One person told us, "I would contact Lewisham Enablement Team if I had any complaints." Another person said, "I've never complained but I'd speak to the carers themselves personally." People told us the registered manager investigated and responded to their complaints. We confirmed the provider's complaints process was effective. We saw records of a written acknowledgement to a person's complaint followed by a full written response to the concern raised. The registered manager ensured complaints were dealt with promptly within the timescales in the provider's complaints procedure.

People shared compliments about the service. We saw a record of compliments received and read some of them. One person wrote, "The team are very pleasant. My recovery would not have been as good without them." A relative stated, "Thank you to your staff who have been so very kind, respectful and attentive to my relative. I needn't have worried because the staff were marvellous." Another person's relative wrote, "Thank

you to your staff for all the kindness. I will miss your wonderful service".

People were asked to complete a satisfaction survey to feedback about their experiences. We viewed the findings for the past twelve months. The findings showed people found staff to be helpful and had a good attitude towards them. People's feedback also showed the service listened to them and responded to their concerns.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service. A person told us, "The care is good." Another person told us, "The manager is readily available." A person's relative told us, "The manager calls and checks with us if the support is good."

People and their relatives told us the registered manager sought their views of the service and used feedback to develop the service. People were able to make suggestions and felt the registered manager listened to them.

Staff felt supported by the registered manager and management team. Staff told us the management team was always available to offer them advice and support. They said the registered manager encouraged them to develop good team effort and share best practices. Staff told us they contributed to improve the service and the registered manager considered their ideas. Staff said the registered manager was approachable and were positive she would take action to address any concerns or poor practice issues they raised. Staff told us they felt well motivated and understood their roles and responsibilities.

There were some arrangements in place for checking the quality of the care and support people received. These included staff performance through one to one supervision meetings, checking people's care records and making contact with people using the service to obtain their views on the care provided. However, the arrangements were not sufficient to identify all areas of the service which required improvement, such as checking medicine administration charts, needs assessments, and staff practice in the community. We discussed this issue with the registered manager who told us that due to the breadth of the service the provider had recruited a manager prior to our inspection whose role was to check the quality of the service.

We recommend the service seeks and follows best practice guidance on monitoring the quality of care the service provides to people to ensure people's needs are fully met.

Staff told us they knew each other well and worked as a team. They said they felt able to raise any concerns they had about the service at team meetings organised by the registered manager. Meeting records showed that the registered manager discussed the issues raised by staff about the operation of the service and how people should be supported. Staff told us they understood the provider's vision and values and explained how they aimed to involve people in their care and support.

The registered manager and the service adhered to the requirements of their registration with the CQC. There was a registered manager in post and they were aware of what incidents the CQC were to be formally notified of. The service submitted notifications as required to CQC.

The service followed the provider's arrangements for recording accidents and incidents affecting people. Staff reported and completed incident forms when people had incidents or had been harmed, for example, by having a fall. The registered manager ensured follow up actions and an investigation took place. Records showed the service responded to incidents in a way that ensured that lessons were learnt and staff

protected people from harm. Minutes of team meetings recorded the discussion of incidents and risks to people. This showed management oversight to identify and respond to risks faced by people who used the service.

The registered manager worked in partnership with other healthcare professionals. For example, the service had arranged for input from healthcare professionals in relation to the care and support of people with their enablement needs. Records showed staff received practice sessions to develop their skills to meet the needs of people's different health conditions. Staff told us the sessions were useful and made them better prepared to support people in a way that reduced their discomfort.