

Enabling Care For You Limited

Enabling Care for You Limited Head Office

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

The inspection was announced and was carried out on 20 December 2016.

Enabling Care for You Limited Head Office is a domiciliary care agency providing personal care and support to children, young people and older people living with physical or learning disabilities in their own homes, in the South East area. Eighty people received care from the agency at the time of our inspection, 40 of who were children and young people aged from three to 18. The agency had just moved into a new office at the time of the inspection.

There was a registered manager in post who had registered with the Care Quality Commission to manage the service in November 2016. Like registered providers, registered managers 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 were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and travel time was taken into account to reduce lateness of visiting calls. The registered manager followed safe recruitment practices.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines were monitored to ensure they were accurately kept and medicines were administered safely to people according to their needs.

Staff knew each person well and understood how to meet their support needs. People told us, "They are dependable, reliable, responsive and they look after my children very well." Each person's needs and personal preferences had been assessed before care and support were provided and these were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported, such as in respiratory care. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation.

Staff sought and obtained people's consent before they provided care. When people declined, their wishes were respected and staff reported this to the registered manager so that people's refusals were recorded and monitored.

Staff supported some children, young people and older people with serving their meals and knew about people's dietary preferences and restrictions.

Relatives told us that staff communicated effectively with their loved ones, responded to their needs promptly and treated them with kindness and respect. Satisfaction surveys and feedback indicated people were very satisfied with how care and support were delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs when they had visual impairment. Care plans were available in a pictorial format to help children understand.

People's privacy was respected and children young people and older people were assisted with their personal care needs in a way that respected their dignity.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, likes and dislikes and preferred activities. The staff promoted people's independence and supported them during activities. They encouraged people to do as much as possible for themselves.

Children, young people and older people's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. Care plans were updated when needs changed to ensure these were met in practice by staff.

The registered manager took account of people's complaints, comments and suggestions. People's views were sought, considered and acted upon. The provider sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the manager had an action plan for making the improvements.

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.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

All staff had completed essential training to maintain their knowledge and skills.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were appropriately supported with their nutritional needs.

People were referred to healthcare professionals promptly when required.

Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. Children, young people and older people were involved in the planning of their care and support when appropriate.

Staff respected people's privacy and dignity.

The staff promoted people's independence and encouraged people to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

Children, young people and older people's needs were comprehensively assessed before support was provided. People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated routinely and when needs changed.

People knew how to complain and people's views were listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture which focussed on people. The registered manager sought people and staff' feedback and welcomed their suggestions for improvement.

Staff had confidence in the registered manager's response when they had any concerns.

There was a system of quality assurance in place. The registered manager and senior staff carried out audits of every aspect of the service to identify where improvements to the service could be made.

Enabling Care for You Limited Head Office

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 20 December 2016 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager and staff we needed to speak with were available. The inspection was carried out by one inspector.

The manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during our inspection. Before our inspection we looked at records that were sent to us by the registered manager or the local authority to inform us of significant changes and events.

We spoke with seven relatives to gather their feedback about the care provided to their loved ones. We also spoke with the registered manager, the field supervisor, the senior care worker designated as the 'elderly lead', and four members of staff.

We consulted three local authority social workers who oversaw children's welfare while they received support from the service, to obtain their feedback.

We looked at records that included ten children, young people and older people's care plans and reviews, risk assessments, and medicines administration records. We consulted six staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures.

Is the service safe?

Our findings

Relatives told us that their loved ones felt safe when staff provided care and support. They said, "When the workers are here, my son feels absolutely safe and confident in their presence", "My husband feels safe with them, definitely, because he knows they know what they are doing" and "I have peace of mind knowing they are there; I am absolutely sure they would cope well in any emergency."

There were sufficient staff on duty to meet people's needs and ensure continuity of care. There were 24 care workers deployed to visit 80 people in their homes. The registered manager attended the office daily, being supported by a deputy manager, a field supervisor, and a senior worker allocated as the 'elderly lead'. Travelling time was taken into account when staff visits were scheduled. Relatives told us they received a weekly rota in advance so they and their loved ones knew who to expect and at what time. They told us that they never had a cancelled visit and that cover was consistently assured. The registered manager told us, "We definitely have enough staff to ensure people's needs are met in the community". A care worker told us, "We are given enough time to get from one person to another, and we have time to spend with everyone". When care workers were late in reaching people's home due to unforeseeable circumstances such as heavy traffic, people were informed promptly. A person told us, "On very few occasions the staff were late due to car trouble or traffic but they always let me know."

Care workers were provided in pair when appropriate to keep people safe. Whenever children, young people and older people's needs changed, their care plans were reviewed and staffing levels were increased accordingly when necessary. This ensured there were enough staff to meet people's needs. A care package that included laundry tasks had been extended to accommodate drying times.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and up to date. Staff had received appropriate training in the recording, handling, safe keeping, administration and disposal of medicines. This ensured people's medicines were administered by knowledgeable and skilled staff. People's needs relevant to their medicines were assessed before the care began so care workers were aware of these needs at the onset. People's care plans included clear guidance for staff to follow which the staff understood and used in practice. This included how and when to administer medicines that were prescribed to be taken 'as required'. Staff signed individual Medication Administration Records (MAR) to evidence that people had taken their medicines. Appropriate coding was used to indicate when people refused, were absent or too ill to take their medicines. MAR sheets were collected by the field supervisor every four weeks and were audited by the registered manager to check that they were accurately completed.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff had made appropriate referrals to the local authority when they had been concerned about people's safety. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who required personal care. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Assessments of people's environment were carried out in their homes before the staff started to provide care. These included checking the access and exit of properties, and identifying potential hazards such as those associated with stairs, floorings and kitchen appliances. Relatives had been helped with locating and installing a safe keeping system for their keys. All equipment that assisted people in their home was regularly checked by an external company to ensure they were safe to use.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff. For example, risk assessments had been carried out for a young person who displayed behaviours that may challenge; for a child whose temperature varied in regulation; and for a person who was at risk of falls as their stairs were steep. Control measures were clear and proportionate, including distraction techniques; the provision of gloves socks and special boots; and additional support while using stairs. Staff applied the control measures in practice and recorded these in their daily logs.

Accidents and incidents were appropriately recorded and monitored daily by the registered manager. If people had experienced a fall, their environment and the care they received were re-assessed to ensure hazards were identified and reduced. The registered manager audited all accidents and incidents monthly to check whether there were any common triggers that could be further avoided. As a result, a pattern had been identified associated with a child's particular behaviour and a meeting had been held with the registered manager, the child's parent and the care worker to discuss how triggers could be avoided.

The landlord ensured that the office premises was secure and had carried out a fire risk assessment in September 2016. Evacuation plans were clearly displayed in the office. There was a suitable amount of fire protection equipment in the office that had been serviced in May 2016. All staff were trained in first aid and fire awareness and they knew how to respond appropriately to keep people as safe as possible.

The provider had an appropriate business contingency plan that addressed possible emergencies such as natural disaster, restricted access, loss of power, and infection amongst staff. There was an on-call system to respond to enquiries during out of hours, managed by the office staff in rotation.

Is the service effective?

Our findings

Children, young people and older people's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. Relatives' comments were very positive about the service's effectiveness and staff efficiency. They told us, "They appear to be well trained and definitely knowledgeable", "The whole set up is very efficient", "They came to our home to discuss exactly what we wanted and they deliver exactly what we have agreed and more" and, "The communication with the office is very good, we get informed of any changes, they use texts and emails so they can reach me straight away."

A local authority team manager whose team referred children and young people to Enabling Care for You told us, "We have found them to be very efficient, reliable and proactive; they also are able to provide care workers experienced on working with clients with Autism which is really helpful."

Staff had appropriate training and experience to support children, young people and older people with their individual needs. Staff confirmed they had received a comprehensive induction that included studying for the Care Certificate. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that domiciliary care agencies are expected to uphold. Staff had demonstrated their competence before they had been allowed to work on their own.

Essential training was provided annually and staff had the opportunity to receive further training specific for the needs of people they supported. This included dementia care, behaviours that challenge, autism, care of children with disabilities, epilepsy, diabetes and how to care for people who had undergone a surgical procedure that opens up the windpipe. The registered manager had booked a training course for all staff, to cover all aspects of wheelchair use.

The staff we spoke with were knowledgeable about the specific needs of people they cared for. They were provided with information sheets about medical conditions and illnesses so they could understand how these affected children, young people and older people. This included specific heart conditions, global development delay, specific autism and Attention Deficit Hyperactivity Disorder (ADHD).

Staff were supported to gain qualifications in health and social care. One member of staff told us, "All of us are encouraged to study for a National Vocational Qualification (NVQ) at level three and above". Five new members of staff were booked for a diploma study programme at level two and three in January 2016.

All members of care staff received regular one to one supervision sessions. All staff were scheduled for an annual appraisal. Two members of staff told us, "We get very good support and I can discuss anything freely" and "I really value having this time put aside just to talk about my work and discuss any problems".

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. We checked whether the service was working within the principles of the MCA and discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A suitable system was in place to assess people's mental capacity for decisions, for example whether or not to accept assistance with personal care or the administration of medicines. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. However, an assessment of mental capacity had not been warranted to date. A system was also in place to hold best interest meetings to make decisions on people's behalf when appropriate. A meeting had been held with a child's parent to decide how best to address a certain behaviour that challenged and the least restrictive options had been considered.

Staff sought and obtained children, young people and older people's consent before they helped them. One relative told us, "The staff are very respectful; they always check before they do anything with my child that it is OK with him."

Staff were not preparing meals for children, young people and older people at the time of our inspection. However they served meals that had been prepared by parents or brought in by an external catering company. Staff were made aware of people's allergies, food preferences and dislikes. They baked cakes with children during activities.

Referrals to health care professionals were appropriately made and followed up. For example, the registered manager had referred a child to the local authority who had come from abroad and whose presence had not been discovered. This child had since been allocated a social worker and regular transportation. Another child had been referred to a community wheelchair service; an older person needed specialist equipment to enable them to remain at home and the registered manager had signposted them to obtain it; a person who had a pressure sore acquired in hospital had been referred to a GP and a district nurse for treatment and pressure relieving equipment.

Is the service caring?

Our findings

Relatives told us they were satisfied with the way staff supported their loved ones. Their comments included, "They try harder than any other care agencies, we tried three agencies before them and their staff are the most caring", "Brilliant staff, ever so nice and patient" and, "The care workers are very dedicated, you can tell it is more than just a job for them." In a satisfaction survey in January 2016, relatives had described staff as, "Very responsive, reactive and caring" and, "Having all our best interests at heart."

Positive caring relationships were developed with children, young people and older people. All the relatives we spoke with told us how care workers engaged positively with appropriate humour and encouraged children, young people and people to participate in activities of daily living. One relative told us, "I am amazed at how my husband allows the workers to do their job with personal care, they know the way to cheer him along and he is fine with them." Staff told us they valued the people they visited and spent time talking with them while they provided care and support. One member of staff said, "We have time for quality time at each visit, which is why I enjoy working here so much."

Attention was paid to children, young people and older people's emotional state and possible apprehension. Care workers were matched with individuals after their personalities and interests were taken in consideration. A Local authority team manager whose team referred children to the agency told us, "We like that there are also male workers who are excellent role models for some of our more challenging young men who come from female oriented single parent families." The service ensured that same workers were allocated to individuals as much as possible. This meant that children and people could be assured that familiar care workers could be recognised. New care workers received a comprehensive handover before they were introduced to children, young people or older people and before they started delivering care. One person experienced anxiety and their care plan included, 'If [X] is showing signs of anxiety, staff are to try and find out what is wrong without getting in her personal space; inform her of what she is going to do next; try and distract with positive deflection, using what she likes or is good at.'

People commented on how well the staff communicated with them. A relative said, "The care workers took the time to get to know my husband and build a good rapport." Staff used specific communication methods to engage with children, young people and older people. These were clearly indicated in care files and included the use of laminated images, Makaton and sign language. A person had a hearing impairment and staff were instructed to speak slowly and clearly, maintaining good eye contact and ensuring they were understood. Another person experienced breathlessness and was unable to express themselves verbally; their care plan included explanations for staff about how to interpret the person's sounds and body language.

Information was provided to people about the services available, the cost and how to complain. A brochure was given to people before care started and was available in a larger print format to assist people with visual impairment. It included information about what to expect from the service and who to contact if they needed to call the office at any time. People had a folder in their home which contained an updated care plan, daily notes, medicines administration records, and who to contact if the care worker had not arrived

on time. One person told us, "If they are a bit late they call me". The service's website was in process of being updated to reflect the change of office location, registered manager and current staff. Care plans were colourful and in a pictorial form to help children understand them.

The service informed families by email, texts and phone calls of the staff rotas one week in advance. A relative had commented in a satisfaction survey in January 2016, "We appreciate particularly the emails system for a quick response" and, "[Care worker] is dedicated in all that she does for mum and keeps the house to a high standard of cleanliness; she is always kind to mum and notices any problem straight away and keeps me well informed." A local authority social worker told us, "One family previously advised that care workers were continually changing and consistency was important for the child due to their diagnosis of Autism and need for routine and structure. This was rectified quickly, with photos of the carers for the week ahead being provided to the family weekly so that they could prepare their child prior to the session."

Attention was paid to equality and diversity. Two people needed to pray at certain times of the day and needed to observe a period of fasting due to their religion requirements. This was taken in consideration when the care was planned and delivered. A child's parent had limited use of English and a care worker of the same nationality had been provided so they could converse effectively. A person who had come from abroad received a large package of care and was visited by several members of staff. All staff had been instructed to be conscious of cultural differences and to respect them at all times during their visits.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. All the care plans that we looked at included people's individual preferences, likes and dislikes. For example, a young person liked reading, puzzles, watching romantic films, and disliked crowds, darkness and being alone. A child liked being outside, playing with sensory toys, snakes, frogs and bugs, and disliked loud sudden noises. Staff we spoke with were aware of these individual requirements.

Explanations were provided by staff to people appropriately. For example, when care workers helped a person with their personal care. Their relative told us that staff kept talking with the person and explained every step of their intervention beforehand. A relative told us, "They always tell my child what they're going to do and ask him what he would prefer". This caring approach ensured people were involved in planning their care and support and that explanations were provided.

The staff held information about advocacy services and followed guidance that was provided by the local authority. A system for referring people to advocates was in place. An advocate can help people express their views when no one else is available to assist them. There had been no cause to use this service at the time of our inspection.

People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality. A relative confirmed to us that staff ensured their privacy and dignity was respected. One relative told us, "They are very respectful in all aspects." This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

The staff promoted people's independence and encouraged children, young people and older people to do as much as possible for themselves. The registered manager told us, "We aim to encourage them to do all they can and enable them instead of disabling them." A staff member told us, "We focus on what they can do and give them full encouragement and celebrate with them when they achieve any goal however small this may be." Several children and young people received support with transport and escort to a destination of their choice. A young person with acquired brain injury was presented with options and encouraged to do some cooking and choose their next outing; a care worker was on his way to accompany a person who had

wished to visit a London museum; people self- medicated when able to do so; a person's goals were, 'to maintain an independent life while being offered support, safety, companionship and friendship.'

Is the service responsive?

Our findings

Children, young people and older people received personalised care and support that was responsive to their individual needs. Relatives told us, "The staff adapt to provide what is needed, they are flexible and understand about moods, or good days and bad days", "The staff try harder than other care workers; they are pro-active, they look to see how they can help beyond the care plans and always do extra stuff if there is time left." Relatives' comments in a recent satisfaction survey included, "What do they do well? – they listen, react and care", and "They are dependable, reliable, responsive and they look after my children very well."

The registered manager told us how the service provided no less than one hour's worth of support, "To ensure we have enough time to carry out tasks without rushing and give quality time to those who need it." Comprehensive assessments of needs and risk were carried out before the care and support were provided. This included needs relevant to children, young people and older people's mobility, health, communication, likes and dislikes and social activities. These assessments were carried out in their homes or in hospitals by the registered manager, the 'elderly lead' and the field supervisor. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they started their visits. Within 24 hours, these assessments were developed into individualised care plans and these were updated as the care package progressed. A local authority team manager whose team referred children and young people to Enabling Care for You told us, "The registered manager ensures that assessments are completed very soon after referrals are received and she develops comprehensive care packages; the care workers are skilled in working with children and young people with complex needs and are able to think creatively to engage the children and meet the aims of the care plan."

Care plans were developed with children, young people and older people's involvement, and included specific requests about how they wished to have their care provided. People's care was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve, when they preferred to go to bed, what they liked to eat, which activities and outings they enjoyed, and particular routines to follow during personal care. Relatives told us that staff were aware of these preferences. A person had expressed the wish to have only female workers; another had requested specific routine to be followed during their evening care; a child who was prone to fatigue needed to be enabled to have regular periods of rest. These individual requests and requirements had been responded to and were respected in practice. Some of the staff had been trained by a specialist respiratory hospital team in how to dislodge secretions from children's chest and this was practised by two care workers for a child who had respiratory difficulties.

People's individual assessments and care plans were reviewed every two months or sooner if needs changed. They were updated appropriately to reflect any changes. Children, when appropriate, young people and older people or their legal representatives were informed in advance when the reviews were scheduled. This ensured people were able to think ahead about any changes they may wish to implement. A parent told us, "I am totally involved in what is being decided". The registered manager told us, "We constantly review care plans, as with children especially, there can be so many changes; we contact the families by their preferred modes of communication and check whether the times of visits are still

satisfactory. Some timings had been changed recently due to the season and darker morning and evening times." A relative told us how staff had responded to their needs and changed their visiting times to accommodate their family requirements.

Care workers sometimes went beyond the scope of their duties to ensure children's needs were met. A local authority case manager told us, "I have heard very good things from parents about the quality of care workers and also that they are overall provided with consistent care workers. Some of the care workers work hard with the children and really go the extra mile. For example one carer who has recently been working with a young girl has gone into school to ask their advice on what games she could play at home with the young person. The support from the carer has been excellent and the young girl has really gained more confidence from this."

The provider had a complaints policy and procedure that had been updated in November 2016. Only one complaint had been lodged, and this had been addressed appropriately as per the service complaint policy. Another complaint had been verbally communicated to staff regarding a wheelchair procedure and the registered manager had contacted the family and the local authority before conducting an internal investigation. They told us, "We are transparent and if we make a mistake we own it and learn from it."

People's views were sought, considered and acted upon. People's feedback was collected shortly after the provision of care had begun and at each review of the care plans. Additional comprehensive questionnaires were sent annually to people and their families, seeking their views on the service. The last questionnaires had been sent by post in January 2016 to all and ten had been completed and returned. These had been already audited and the audit showed a high level of satisfaction. Comments included, "Our feelings and wishes were always listened to", "We are well informed of changes", "Good match of care worker". One person had reported that they were unsure of who to contact in case of emergencies and as a result, the registered manager had sent all relevant details to them again. The registered manager told us, "We are very vocal and we talk with families, good communication is vital."

Staff escorted children and young people, providing transport when this had been agreed during the planning of their care. This meant that children, young people and older people had access to facilities in the local community, such as leisure centres, garden centres, parks, tea rooms, and shopping malls. Several children were accompanied by staff to attend hospital appointments, and after school activities such as ice skating, trampolining and swimming. A member of staff told us, "We provide the support they need when they go out for any activities, we are aware of how to keep them as safe as possible and enable them to have a good time".

Is the service well-led?

Our findings

Our discussions with relatives, the registered manager and staff showed us that there was an open and positive culture that focussed on people. A relative told us, "Every time I had any contact with the registered manager I found her to be very good indeed, very tuned into what needs to be done." A relative's comment in a recent satisfaction survey included, "Dealings with the manager have been exemplary." A local authority team manager whose team referred children and young people to Enabling Care for You told us, "The agency are usually able to honour the calls that are assigned to them and we like the fact that if a care worker is unwell the manager will complete the call herself rather than let the family down. The registered manager has a professional manner and attends 'Child In Need' meetings when required, as well as raising any issues promptly with the social workers. The agency care workers and manager have made appropriate safeguarding referrals and the manager has been part of the strategy discussions for these cases."

Members of staff were welcome to come into the office to speak with the management team at any time. Members of staff confirmed that they had confidence in the registered manager, the 'elderly lead' and the field supervisor. They told us they found the registered manager, "Supportive", "Very approachable", and "Easy to talk to, active and hands on."

Staff had easy access to the policies and procedures that had been reviewed and updated in November 2016. Attention was paid to changes ahead of new legislation that could affect the service. All staff had been informed when updates had taken place. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

Management meetings were held every two months, attended by the Nominated Individual (person responsible for the running of the service), the registered manager, the field supervisor and the office manager. The registered manager held twice yearly meetings with care staff and daily meetings with senior care workers. Minutes of the last meeting and new information were promptly distributed to staff by emails and text messages on their mobile phones. Staff were encouraged to discuss practice issues during team meetings, to make suggestions about how to improve the service and were invited to comment on how the service was run. The registered manager had plans to create lead roles, such as a champion in diabetes, to motivate staff in taking on more responsibilities. As a result of a staff meeting, a care worker had put herself forward to become an activities coordinator; another care worker had suggested holding a coffee morning for families to attend. This was in process of being implemented.

A system of quality assurance checks was in place and implemented. Staff practice was monitored through regular unannounced 'spot audits' The registered manager told us, "This is useful to identify any need for additional staff training." These audits checked whether staff arrived on time, used a safe mode of entry, their appearance and personal protective equipment, and that they consulted and followed care plans in people's homes. The audits also checked how staff communicated with children, young people and older people, and whether they were satisfied with the staff. When shortfalls were identified, action was taken. One spot audit had led to appropriate disciplinary action.

Audits were carried out to monitor the quality of the service and identify how the service could improve. These included regular audits of the records related to people's care, staff files, and the running of the service. Checks were made to ensure that all care plans and risk assessments were appropriately completed and maintained. All staff training was monitored to check they attended scheduled training and refresher courses. The registered manager monitored and audited any accidents and incidents to identify how further risks could be reduced. All satisfaction surveys and people's complaints were audited by the manager to identify how the service could improve.

The registered manager had carried out improvements in the way the service was run. They had moved the service to the present location that offered more accessible access for people with disabilities; they had introduced 'mini summary of care' in people's files that provided 'at a glance' vital information; and they had implemented a new care plan template for each person using the service, that included their individual likes and dislikes. The registered manager had plans to extend the service to include the provision of support and activities in a dedicated day centre.

The director spoke to us about their vision and values about the service. They told us, "We want to provide a safe service with a personal touch; we started small and the support we provide is much personalised, we do not want to lose that element."

The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. The manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep children, young people and older people safe, and kept families involved in decisions concerning their family members' safety and welfare.

People's records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.