

Enable Health Ltd

Enable Health Ltd

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

We undertook an announced inspection of Enable Health Ltd on 7 September 2017. We told the provider two days before our visit that we would be coming.

Enable Health provides personal care services to people in their own homes. At the time of our inspection 21 people were receiving a personal care service.

We had previously carried out an announced comprehensive inspection of this service on 20 February 2017 and identified a number of areas where improvements were needed to ensure that people were receiving care that was safe, effective, caring, responsive and well-led. At the inspection on 20 February 2017 we found the service to be in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). The provider did not provide care and treatment in a safe way. Risks to people were not assessed and regularly reviewed and medicines were not safely managed. People were not protected from abuse and improper treatment. Staff did not understand their responsibilities to report abuse. The provider did not have effective systems in place to monitor and improve the service and there were not sufficient suitably qualified, competent, skilled and experienced staff deployed to meet people's needs. Following the inspection on 20 February 2017 we imposed a condition on the provider's registration to require them to provide monthly reports of action they were taking, through their quality assurance systems, to address the concerns.

We undertook this inspection to check the service had made the required improvements from the inspection in February 2017. We found not all the improvements had not been made.

There was a lack of leadership, governance and managerial oversight of the service. Systems in place to monitor and improve the quality of the service were not effective. Most staff did not have confidence in the management of the service.

Medicines were not managed safely. Medicine records were not always completed accurately and staff competency to administer medicine was not always appropriately checked before staff supported people with their medicines unsupervised.

Risks to people were not always identified and assessed. Where risks were identified action was not always taken to reduce the risks.

Staff did not feel supported through regular supervision and appraisal. Staff did not always have access to training and development. Scheduled spot checks to assess staff competency were not conducted to ensure they had the skills and knowledge to meet people's needs.

The registered manager, provider and staff did not have a clear understanding of the Mental Capacity Act

2005 (MCA). Staff had received training to understand their responsibilities to support people in line with the principles of MCA. However, this training was not effective. Care records were not completed in line with the principles of the Act.

People were not always supported to access support from healthcare professionals. Appropriate referrals to healthcare professionals were not always made. Where healthcare professionals provided advice and guidance this was not always followed.

People told us they felt safe. Staff understood their responsibilities in relation to safeguarding. Staff had received training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels were consistently maintained and planned visits were generally punctual. No missed visits were recorded. The service had safe, robust recruitment processes.

At this inspection we found the service to be in continuing breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking further action in relation to this provider and full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Risks to people were not always identified and where they were there were not always plans in place to manage the risks.

Medicines were not always safely managed by staff who were appropriately trained and assessed as competent.

People told us they felt safe.

Is the service effective?

Inadequate ●

The service was not effective

The registered manager and the provider did not have a clear understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

Staff did not always receive effective support. Staff training was not up to date and many staff had not received scheduled spot checks.

People were not always supported to receive support from healthcare professionals

People were supported to have food and drink to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

Staff promoted people's independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

The provider had a complaint policy and procedure. Some people were not confident they would be listened to.

People's opinions were sought. However, where people raised concerns we could not be confident their concerns were addressed.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

The service was not well led

The registered manager did not have effective oversight of the service.

Systems for monitoring and improving the quality of the service were not effective.

Most staff did not have confidence in the management of the service.

Inadequate ●

Enable Health Ltd

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 checked whether the provider was 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 7 September 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by two inspectors.

Before the inspection we reviewed notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also contacted the local authority commissioner for services and reviewed the monthly monitoring action plans sent to us by the provider.

People appeared reluctant to talk with us about the service. No reason was provided by the people we spoke with. However, we spoke with two people, two relatives, five care staff, the registered manager and the provider. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

At our inspection on 20 February 2017 we found not all risks to people's safety had been appropriately identified and assessed. There were not always consistent plans in place to identify how the risks would be managed. We also found medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition on the provider's registration that they must submit monthly reports of actions they were taking to improve.

At this inspection we found there had not been sufficient improvement to keep people safe. For example, one person was identified as being at 'high risk of falls' and identified that two care workers and a hoist were required to support this person. The risk assessment stated "Can become anxious and shout out". There was no guidance on the management plan or the care plan to guide staff in how to manage the person's anxiety when they were displaying this behaviour. This meant staff were not provided with the information required to support this person safely.

Another person was identified as being at high risk of falls. The support required was identified as "Double handed call for all transfers", this was as a result of an assessment conducted by an occupational therapist and the registered manager on 2 September 2017. However, the care plan gave conflicting information. The care provision risk assessment completed on 1 September 2017 identified the person was at medium risk of falling. The same risk assessment identified a high risk in relation to manual handling and stated 'high risk using handling belt as [person] refuses to use sling and hoist'. There was no guidance provided for staff on how to manage this. At the time of our inspection the health professional's advice had not been followed to keep this person safe and they were still being supported by only one staff member. We raised this concern with the provider who said they would provide a second staff member for all transfers. We spoke to the staff member who supported this person. They said, "I don't really know what's going on. [Person's] mobility has deteriorated and we need to use the hoist, one person can't do it. I'm now getting help but I raised this in December 2016 and nothing was done about it until now". The provider refuted the staff member's comments that this issue had been raised with them in December 2016. However, they accepted that changes had not been made promptly following the risk assessment on 2 September 2017.

Staff had not always received appropriate training to administer medicines safely. For example, one person was prescribed a controlled drug for their condition. The local protocol was that staff should be signed off by a district nurse before administering this drug. We spoke to the staff member who administered this controlled drug and asked if they had been trained. They said, "I've been giving the person [controlled drug] since about the 22 August (2017). I've had no particular training but I have experience, I've given this drug in the past". The provider told us they had informed the staff member they should not be administering the drug without being signed off by a district nurse. We could find no record of this staff member being signed off by the district nurse.

One person's medication risk assessment identified staff 'need to support [person] to take their medicines'. However, the section headed 'Details of support to be given by staff' was not completed. There was no guidance on the person's medicine administration record (MAR). The risk assessment was not signed or

dated. This meant the person may not have received their medicine safely.

The system to ensure staff were competent to administer medicines was ineffective. Staff had completed medicine competency questionnaires following medicines training. However, these were not always fully completed and were not always correctly answered. For example, one question was 'what do you understand by the term risk assessment?' The answer provided by staff was 'if client does not have risk assessment'. This incorrect answer had been marked as correct by the registered manager. Another staff member's competency check questionnaire contained incorrect answers. For example, one question asked 'which of the following should be considered when a service user asks you to purchase an over the counter medication'. The answer provided by staff was 'ignore the request'. Again the registered manager had marked this as correct. Records for these staff did not evidence staff had been assessed through observation. We could not be sure these staff had the skills and knowledge to administer medicines.

These concerns are a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2017 there were not sufficient suitably qualified, competent, skilled and experienced staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. People told us staff were punctual and they experienced no missed visits. This was an improvement since the last inspection. An electronic telephone monitoring system was used to manage visits, which alerted the office if staff were delayed. This enabled office staff to contact people and inform them of the delay and, if required, deploy other staff to make the visit.

People told us staff were generally punctual and they were informed if staff were running late. One person said, ""They are not often late". A relative commented, ""They sometimes let me know if they're going to be late but I have had to ring up when they're late to chase them".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People told us they felt safe. People's comments included; "Yes I feel safe" and "I get very good care".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would contact the office or call CQC (Care Quality Commission)", "I'd report to the office and I can also report to safeguarding" and "I'd report any concerns to the office or I can go to the police if it is serious enough". The service had systems in place to investigate concerns and report them to the appropriate authorities.

Is the service effective?

Our findings

At our inspection on 20 February 2017 we found the registered manager and staff did not have a clear understanding of the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 imposed a condition on the provider's registration that they must submit monthly reports of actions they were taking to improve.

At this inspection we found improvements had not been made. Staff still did not have a clear understanding of the MCA 2005. For example, we spoke with staff about the MCA 2005. We asked them about the Act and how it affected their work. Staff comments included; "This law makes sure the client and work area is safe", "I had some training in this but I don't remember it" and "I had training in MCA. Clients are all different, is it making decisions, I think". None of the staff we spoke with had a clear understanding of the MCA 2005, this was despite training records confirming the majority of staff had received training in the MCA 2005.

We spoke with the provider and registered manager about the MCA 2005. Neither demonstrated a clear understanding of their responsibilities within the act. For example, we asked the provider whether they conducted any mental capacity assessments. They said, "We are not qualified to do that". They showed us a copy of a letter sent to people's relatives on 25 August 2017 requesting a copy of any mental capacity assessments. The provider did not understand they had an obligation to make an initial assessment if they suspected a person was struggling to make a certain decision and could then refer the person to their GP or mental healthcare professional. This lack of knowledge put people at risk. For example, one person had an acquired brain injury and other complex mobility needs. The person was refusing to use a hoist for transfers which put them at high risk of falls. The person's care plan did not contain a capacity assessment to establish whether this person was capable of making this decision. There was no consideration of this person's best interests and no guidance for staff relating to least restrictive practices to protect this person's rights. This was not in line with the principles of the MCA 2005.

This was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2017 there were not sufficient suitably qualified, competent, skilled and experienced staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were scheduled to receive support through training, spot checks and supervision. Supervision is a one to one meeting with their line manager. Records confirmed the provider had introduced a system to ensure staff received regular supervision. The majority of staff had received at least one supervision meeting. Records demonstrated that actions from supervisions were followed through. For example one member of

staff had identified at supervision on 9 March 2017 that they required medicines training. They completed training on 14 June 2017. However, records showed nearly half of the staff group had not received a spot check in 2017 and most staff were overdue specific training. The provider's policy stated staff would receive supervision and spot check four times per year. For example, 17 staff were overdue first aid refresher training and 21 staff were overdue health and safety training. Records did not stipulate how long this training was overdue.

We spoke with staff about training and support. Staff gave a mixed response to our questions. Staffs comments included; "I couldn't ask for better. I am always asked how I am getting on and I have had my first spot check", "I am not supported. I've been here four years, I had one supervision a couple of months ago. I am not monitored at all", "I did have medicine training but I am never checked", "Support? Not at all. Promises are made but never followed up. I even had to wait over three weeks for some gloves so in the end I brought my own" and "Training is good and I am now getting supervision which is useful".

This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. However, people were not always referred to healthcare specialists. For example, one person was assessed as being at risk of choking when taking medicines on the 17 August 2017. The assessment stated 'do not rush me' and identified the person had 'compromised swallowing'. The person was also assessed to be at risk of choking when eating and guided staff to ensure the person's food was cut into 'bite size pieces'. There was no record of an assessment by a speech and language therapist (SALT). We asked the provider where this advice had come from and they told us, "It would have come from the nursing home assessment". This was prior to the person receiving care from Enable Health service. This meant the person could be at risk of choking.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people and their relatives told us staff knew their needs and supported them appropriately. People's comments included; "The girls know what they are doing, I always get two carers" and "I am quite happy with the care I get". One relative said, "They are very thorough and there is no trouble asking them to do what we ask". However, another was not so positive but felt things had improved. They said, "Sometimes they (staff) cut corners. I just think the staff are under a lot of pressure. Things have got better in recent months".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these preparation needs were met. People either bought their own food or families went shopping for them. One person spoke about staff preparing their meals. They said, "They always ask me what I want and always do things the way I want".

Staff spoke with us about people's nutritional needs. One staff member said, "I only support one person with their meals, it's all fine. Clients mostly help themselves". Another staff member said, "Most clients are independent with their food".

Is the service caring?

Our findings

People and their relatives told us they benefitted from caring relationships with staff. One person said, "I am very happy with my care. Things have got better. There was a problem with two or three of the carers but they've left now". Another person said, "I am quite happy with the care I get". One relative said, "They are all very kind and knowledgeable".

Staff spoke with us about positive relationships at the service. Comments included; "I really like this work, the clients and the way it is all run", "Oh yes I am definitely fond of my clients", "I just like the clients" and "Yes I do love the people I support".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. Staff used people's preferred names.

People told us they were treated with dignity and respect. One person said, "They always ask me and always do things my way". Another person said, "They (staff) are very respectful".

Staff told us how they promoted people's privacy and treated them with respect. Staff comments included; "This is important and I respect them all. I keep things private and protect their privacy", "I never leave clients naked, I cover them. I draw curtains and I am respectful" and "I prevent them being exposed and I always ask permission before I work".

People were informed and had access to their care plans and other information. Details of what care was to be provided was contained in their care plans. For example, one care plan detailed the person's skin would be monitored and the person would be 'repositioned at each visit'. People also received rotas informing them when staff would be visiting. One person told us, "I get a rota through the post telling me whose coming". A relative said, "They do sometimes send a rota but it can change rapidly". The relative went on to tell us how things had improved recently.

Staff told us how they promoted people's independence. Staff comments included; "I try to get them to help themselves but I am there to help if I am needed", "If they can do it I let them. I won't take their independence away" and "I encourage clients to do things themselves".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example,

one staff member had noted in one person's care plan 'Had a nice chat and a cup of tea together. All was well when I left'.

Is the service responsive?

Our findings

Most people's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated 'I like to attend church'. Another person enjoyed 'shopping for clothes'. Staff we spoke with were aware of people's preferences.

Most people's care records contained information about their health and social care needs. Those care plans we saw reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person was cared for in bed and was at risk of developing pressure ulcers. Records confirmed staff monitored the person's skin and repositioned the person at each visit. This was in line with the guidance provided. The person did not have a pressure ulcer. Another person had stated 'please take me to the bathroom before hoisting me to bed'. Daily notes evidenced staff respected this request.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "This is all about meeting every client's needs as individuals. I always follow their own routines" and "This is care provided in the way the individual wants it provided".

People knew how to raise concerns but were not confident action would always be taken. We spoke with people about complaints but received conflicting views. One person said, "'I speak with [Provider] or [Registered manager], they are very good". However, one relative said, "Historically they have not been very responsive to concerns but more recently they have been better".

The provider had a complaints policy in place and the service had received one complaint since the last inspection. This complaint had been dealt with in line with the policy and a letter of apology had been sent. However, this policy had not been reviewed since 2013. We asked the provider about this and they said, "We are currently reviewing all our policies to bring them up to date".

The service sought people's opinions. Telephone monitoring calls were conducted and recorded and regular surveys were sent to people. We looked at the latest survey results from June 2017. Five responses had been received. Most people had raised a concern relating to complaints, improvements and communication. The surveys contained little detail about people's concerns as they had simply ticked a 'yes', 'no' or 'don't know' box. However, the provider could not provide us with any evidence these concerns had been followed up and resolved. The provider told us, "Any issues are dealt with individually, I speak to the clients. People's individual concerns have been dealt with".

We saw numerous compliments received by the service. People and their families had written letters and cards thanking the service and staff for their care.

Is the service well-led?

Our findings

At our inspection on 20 February 2017 we found the provider did not have effective systems in place to monitor and improve the service. We imposed a condition on the provider's registration that they must submit monthly reports of actions they were taking to improve.

At this inspection we found not all the required improvements had been made. Systems to monitor and improve the quality of the service remained ineffective. For example, we saw that individual staff visits were recorded and the provider monitored these visits. The provider had taken action to address identified concerns within the staff group where a particular staff member was identified as being persistently late. However, the provider could not demonstrate that they had oversight of all visits to enable them to identify patterns or trends within the information gathered. We asked for details of the overall percentage of late visits and any analysis of this information. The provider said, "I don't do that, I don't run a monthly report". This meant the provider did not have a system to monitor all care visits and take action where needed.

Audits were conducted but data from audits was not fully investigated or analysed and follow up actions were not always completed. For example, a medicine audit in July 2017 identified two staff had failed to sign the medication administration records (MAR). This error had occurred on 8 July 2017. The outcome of the audit stated 'no record in comms' (Communication sheet). We asked an administrator what would have happened as a result of this error being identified. They replied "I would have spoken to them [the staff members who made the errors]". There was no record of those conversations or any follow up actions. We spoke with the provider about this who said, "There is no system to collate the information".

Another audit of a person's daily communication sheets for July 2017 identified 18 recording errors. For example, on 1 July 2017 there was no record of the morning call made to this person and the wrong date had been recorded for the evening and bed visit. The outcomes column of the form showed that the staff who made the calls had been identified. There was no evidence of any action being taken to address the issues with staff involved to reduce the risk of a reoccurrence.

We asked the provider for action plans resulting from audits or surveys to assist them to monitor improvements to the service. We were not provided with any action plans. The provider said, "I have no action plan at the moment". We could not find any evidence the systems in place at the service were used collectively, as a management tool to improve the service.

The provider did not have effective systems to ensure they met the requirements of the regulations. We found four repeated breaches of the regulations during the course of this inspection.

We spoke with staff and asked about the registered manager and provider. Staff gave us some conflicting views. Staff comments included, "I get on great with them (registered manager and provider), they are very good at communicating", "I don't have much to do with them. They are not supportive at all", "They are not always helpful and rarely available. If anything goes wrong you get horrible emails, very inappropriate". Staff also commented about the running of the service. One staff member said, "It has got better but could do

with better co-ordination". Another said, "I can't say it is well run. There is no co-ordination".

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded. An accident book was in place but no accidents had been recorded for 2017. One minor incident was recorded and had been dealt with appropriately.

People we spoke with knew the registered manager and provider and felt the service was well run. People also told us they felt the service had recently improved. One person said, "If I had any worries I would call the office definitely. They sort out any problems straight away and things have got better". One relative said, "Things have got better in recent months. They're OK. It's fairly stable; overall it's OK".

Staff told us knowledge was shared amongst the staff group. Staff told us they received updates through text messages. One staff member said, "I get text messages with information and I read the care plans as any updates should be in there". Another staff member said, "Yes I get informed through messages".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Details of how to whistle blow were displayed in staff areas and on notice boards around the building.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.