

# Independence and Well Being Enfield Limited

## Enablement Service

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Enablement Service provides personal care to people in their own home. The service offered support to people that had left hospital or were recovering from a recent illness or injury. The service provides short term, intensive support to help people with everyday tasks that includes personal care. At the time of our inspection, there were 111 people who received personal care from the service. Due to the nature of the support the number of people receiving a service varied from week to week.

This was the first inspection of the service which was registered in March 2017.

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.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs.

People they currently supported needed minimal help with their medicines, the registered manager had ensured that appropriate systems were in place if the service was to administer medicines on people's behalf.

Staff told us that they received the support and development opportunities they needed to be able to meet people's needs. However we found that staff had not been recently trained in key areas of mandatory training.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt appropriate action was taken to ensure people's well-being was protected.

People experienced positive outcomes because of the service they received and gave us good feedback about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service; as a result, staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made to people using the service and their relatives to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

We made three recommendations with regard to staff training on medicines management, manual handling and equality and diversity.

## 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.

People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People experienced positive outcomes because of the service they received and gave us positive feedback about their care and support.

Staff received supervision and told us they were supported.

Many staff were not up to date in key areas of mandatory training.

Staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs

### Is the service caring?

Good ●

The service was caring.

Staff were committed to a person-centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning and decision making.

Staff were approachable and there were regular opportunities to feedback about the service received .

### Is the service well-led?

Good ●

The service was well-led.

The Registered manager had not identified the shortfall in relation to staff training

The service promoted strong values and a person-centred culture. Staff were supported to understand the values of the organisation.

There were processes in place to monitor quality and understand the experiences of people who used the service

# 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 the 28 September and 1 October 2018. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

The inspection was carried out by two adult social care inspectors and two experts by experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was phoning people using the service and their relatives to ask them their views of the service.

During the inspection we spoke with five care staff, a care coordinator, the deputy manager and the registered manager.

We reviewed the care records for eight people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at staff recruitment information that was held in the provider's head office. We reviewed further records relating to the management of the service, including complaint records, spot checks, the training matrix and records of audits.

After the inspection, we spoke with 17 people who used the service and nine relatives.

# Is the service safe?

## Our findings

People said they felt safe and that staff understood their needs. Comments from people included "Oh yeah I feel safe I always have a laugh and joke with them "and, "They're all very pleasant and friendly and make me feel safe."

There were safeguarding policies and procedures in place. Staff understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. A care worker told us "People can be fearful and don't talk much then you know something is wrong."

Risks relating to the service and to individual people were assessed. These included risks associated with the environment, mobility and skin care. Risk assessments formed part of the support plan for each person and included details for the care worker, for example, how to position a walking frame. We saw these were included in the paper and electronic records we viewed.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. Recruitment records were kept with the Local authority HR department and these records were sent to us immediately after our inspection. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included two reference checks, Disclosure and Barring Service (DBS) checks were also completed.

However, we noted that several DBS checks were over ten years old. We discussed this with the registered manager who told us that they would discuss with their management and introduce a system to ensure that these checks were undertaken on a more regular basis.

There were sufficient staff employed to keep people safe. People told us that visits were mostly punctual and there had been no missed calls, people were always informed if a carer was running late. One person commented, "They're roughly on time. We live in a bad place for traffic" and another told us, "No missed calls and they all come within the specified time."

Staff told us that they had no concerns with staffing levels and cover was in place if they needed time off.

We saw calls to people were arranged in geographic locations to cut down on travelling time. The service's visit schedules included appropriate amounts of travel time between consecutive care visits. Staff said travel time was not normally an issue, that they never had to rush and there was plenty of time allocated to each visit to ensure people's needs were met. A care worker told us "we always have enough time, it not a problem here." People told us their care workers normally arrived on time and provided support at a relaxed and comfortable pace.

At the time of our inspection, staff did not administer medicines to any of the people they supported. When required staff had prompted or assisted people with taking their medicines and this was recorded in people's care plans. Nevertheless, training was provided since there were occasions when people may

require medicines to be administered. The deputy manager told us that medication training should be refreshed every two years. We checked staff training records which were held electronically. We found that of the 54 members of staff listed, 18 (33%) were overdue their training by up to a year. We discussed this with the deputy manager who told us the provider accessed training from the local authority and there were often difficulties getting staff on to courses.

We recommend that the service ensures all staff are up to date on training in regards to medicine management.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service learned lessons and made improvements when things went wrong. For example, the service had recently updated their 'safe service' care plans to ensure that risk assessments were more robust.

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.



## Is the service effective?

### Our findings

People told us that staff had the skills and knowledge to meet people's needs. One person told us, " I think they're trained for my requirements "and another said, " Yes they're very good. They know to help you and encourage you. I've got arthritis in my hands and have trouble trying myself; they even dry between my toes which I can never do."

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.

Mandatory training included safeguarding, first aid, infection control and food hygiene, all of which should be done every three years; as well as manual handling which should be done on an annual basis. Supplementary courses included self-neglect; hoarding awareness; diabetes; epilepsy; challenging behaviours in older people and falls prevention in older people. We were told these courses were provided as and when the need arose. The provider was in negotiation to have a pressure ulcer prevention and management course designed specific to their service; they told us the current one available was "too medicalised". However, we found there was no Equality and Diversity training listed. We confirmed with the deputy manager that this was the case and they acknowledged this training was not provided to staff.

We noted that the 'dignity in care' course was a supplementary rather than a mandatory course and none of the 54 listed members of staff had done this. We were told that manual handling training should be refreshed on an annual basis. We noted that 21 (39%) out of 54 staff last did this training in 2016. Manual handling is important as this service provides support to a number of people who require assistance with their mobility needs and can be put at risk if staff are not adequately trained.

We recommend that the service ensures that all staff are up to date with their manual handling training.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Care workers understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They could tell us how they obtained consent from people before they provided personal care. One care worker said, "Every part of care must be explained and we must check if the client is okay with it." People's care records contained and signed documents of consent which confirmed agreement of the care

that was provided to them.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist(OT). Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency. The registered manager told us they liaised with community health and social care professionals whenever people needed this.

Care staff told us they sometimes supported people at mealtimes to access food and drink of their choice. A care worker told us "people need to eat well to regain their strength especially if they are just out of hospital. "Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

# Is the service caring?

## Our findings

People we spoke with were complimentary about the staff and found them to be kind and caring, comments included They're very kind and caring. I look forward to them being here; I would miss them very much if they didn't come back "and" I can't find fault there; they are kind and caring."

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. A care worker told us, "You have to treat people how you would like to be treated, it's about keeping them independent and gaining trust."

Staff spoke of the people they supported with a genuine fondness and respect and encouraged people to be as independent as possible. They told us how they ensured they did not rush people and allowed time for people to do what they could for themselves. A relative told us "Yes, they do (respect her privacy) sometimes she can do things and sometimes she can't and they go with that."

We observed a member of staff speaking on the telephone to a person using the service. They offered their condolences for the death of their relative. This call was unrushed and the member of staff made sure the person was safe and had no additional needs. They also offered helpful advice.

The registered manager told us how they endeavoured to keep the same care staff by using a permanent rota and use the same group of staff for people. People who used the service confirmed that they usually had their needs met by familiar staff and that they always knew who was going to be visiting them. Staff was motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "I give privacy and praise and encouragement to people to show they are improving."

The registered manager told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

The service also responded positively to requests for culturally appropriate care; a care worker told us "if I go to someone's house and they want me to take shoes off, I use overshoes." Care workers told us that they would treat all people the same. A care worker told us "we treat people like we would like to be treated ourselves." However staff had not received any training in equality and diversity.

We recommend that staff are provided with Equality and Diversity training so that they can provide culturally appropriate care.

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support.

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. 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.

Care plan summaries contained an outline of the person's needs, their schedule of activity and agreed goals. Most goals were for increased independence; for example, being able to wash independently; dress independently and prepare meals. We saw an update from a care worker, which noted that the person was not yet confident in the shower; in another, they noted that the person could climb stairs independently.

We saw that two telephone call checks were made to each person, at three weeks and five weeks after they began using the service. Since the service was contracted for six weeks, the telephone call focused on the current level of need and on-going concerns. Any concerns were raised with the local authority social worker.

All the care plans we reviewed provided clear guidance on how to meet the person's individual care and support needs. Staff were provided with details of the level of support the person normally required during each planned care visit and guidance on supporting people to be as independent as possible.

Staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us, "I was involved, they came before they started the service and did a care plan." Reviews were undertaken regularly with people, which included important details such as people's current circumstance and the progress being made to ensure people were independent without support.

During each care visit staff completed detailed daily records of the support they had provided. These records were regularly returned to the service's office for review by senior staff. These records were informative and included details of the care provided, staff arrival and departure time and details of any observed changes in the person's mood or care needs. Staff had used these records to share information with care workers due to make subsequent care visits.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to

ensure people's wellbeing was protected. Discussions with staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response.

We saw evidence on care records of multi-disciplinary work with other professionals.

We found that feedback was encouraged and people we spoke with described the managers as open and transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional or decreased help. A person told us, "My needs have changed re bathing; they now send someone in to bath me." A relative told us "They are very receptive to suggestions and they do it gracefully. My husband is not very talkative but the regular carers help him with that, they deal with things appropriately and they are responsive."

People and their family members knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. There were systems in place to record complaints and we saw that the service had one recent complaint that had been handled appropriately. A person using the service told us, "In the booklet I have there is a telephone number and I would call that. I've not had to complain so far."

# Is the service well-led?

## Our findings

People who use the service told us they had a good relationship with the management team and all the people we spoke with people told us they felt confident the service was well-led.

Comments from people included, "Yes (to be a well-managed service). It's the first time I've needed it and I've had a good service" and, "Overall I'd give them 4 out of 5 – they're good."

The service operated in an open and transparent way by being inclusive with its staff team and the people it supported. The registered manager focused on putting people first, working together and ensuring care was person centred and individualised. The registered manager and senior staff regularly monitored the operation of the service through frequent spot checks and audits. These included checking care practice, checking records which demonstrated people received their visits on time; monitoring care plans to ensure they were regularly reviewed and monitoring accidents and incidents. However, the audits had failed to identify the shortfalls in relation to staff training in relation to manual handling and equality and diversity.

Staff told us they could visit the office to speak with members of the senior staff team and the registered manager at any time. Our discussions with staff found they were motivated and proud of the service. The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable.

Care workers praised the registered manager had told us they an 'open door' policy and were "always friendly and helpful." Comments included, "they are all very good and helpful and "the manager is really nice and approachable, when you come in you are always offered a cup of tea and even cakes sometimes."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

There were on call systems in place to support people and care staff outside of office hours. Staff told us these systems worked well and that they were always able to access support when needed.

Staff told us they knew each other well and worked as a team. A care worker told us, "We have regular team meetings, it's always good to see the other girls." They said they felt able to raise any concerns they had about the service at team meetings organised by the deputy 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 service worked in partnership with other agencies to support care provision and development. The registered manager told us of attending a local authority's providers meetings and working closely with other managers from the providers head office.