

Enable Support Limited

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Inspection report

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Date of inspection visit:
28 April 2022
15 May 2022

Date of publication:
29 June 2022

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

About the service

Enable Support Limited is a domiciliary care agency providing personal care to older and younger adults. The service supported 3 people at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 2 people receiving regulated activity at the time of the inspection.

People's experience of using this service and what we found

Staff understood how to safeguard people from the risk of harm and abuse. Incidents were investigated and acted upon in a timely manner. People were supported to take their medicines safely by trained staff. Staff were recruited safely, and people were supported by staff who knew them well. Risks were assessed in people's homes to ensure they could be supported safely. Infection control measures were in place to protect people from the risk of infection.

People's nutritional needs had been fully assessed, risks associated with eating and drinking were managed and advice had been sought when needed. Staff were trained and competent and care was delivered in line with best practice guidance and the law. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were provided with consistently kind and caring support. Care was delivered at people's preferred times and people told us they received care from caring staff who respected their wishes. Records showed people were given choices and they were consulted about all aspects of their care.

People and their relatives were involved in planning their care. People had been supported to develop person-centred end of life care plans. There was a complaints policy in place and people and staff told us all concerns were dealt with immediately by the registered manager.

The registered manager had systems in place to ensure care was delivered safely and to a high standard. The registered manager completed monthly audits to ensure any issues could be identified and improvements could be made. People told us and records showed people and their relatives were fully involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 March 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Enable Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2022 and ended on 16 May 2022. We visited the location's service on 28 April 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and what changes they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, senior carer and carer. We spoke with one person and reviewed feedback from one relative about the experience of the care from Enable Support Limited. We reviewed three staff files in relation to recruitment. We reviewed two peoples' care plans, medicine records and supporting documents in relation to their care and the visits they received. We reviewed a range of information requested from the provider, including policies, rotas and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and avoidable harm.
- Safeguarding concerns were investigated, and action taken to protect people from the risk of abuse. For example, action had been taken to protect a person following concerns relating to missing personal items.
- All staff received training in safeguarding, staff were aware of who to report safeguarding concerns to.

Assessing risk, safety monitoring and management

- Risks were assessed, managed and monitored.
- Records we reviewed detailed risks associated with people's care and support needs had been fully assessed. For example, risks associated with a health condition were clearly documented and directed staff what action to take reduce the risk of complications associated with their health condition.
- Risk assessments relating to people's environment were in place to ensure staff could care for people safely in their own homes.

Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet people's needs.
- People received care and support at their preferred time from consistent staff who knew them well. For example, people told us, "I always have the same staff, they know what I like and need."
- The registered manager had a robust recruitment system in place to ensure only suitable people were employed. References and a Disclosure and Barring Service checks (DBS) for all staff had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- People were supported to take their medicines safely. Where medicine risks were identified, risk assessments were in place to support people to maintain their independence.
- Staff received training in medicine administration and had their competency assessed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through their practice.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents were recorded and investigated appropriately.
- Themes were identified and shared with staff to ensure incidents could be learnt from. For example, an incident relating to a fall was investigated, risk reduction measures implemented and shared with staff to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed and detailed assessments were in place to direct staff in how to support people safely.
- Records contained detailed information and were updated when people's needs and wishes changed. For example, a person who's needs had changed in relation to end of life care had been updated immediately.
- Records demonstrated people's needs had been assessed in line with best practice guidance. For example, a person who lived with pain had their pain assessed to ensure they were comfortable.

Staff support: induction, training, skills and experience

- Staff were suitably qualified, inducted and supported.
- Staff received a comprehensive induction which included working alongside the registered manager. The registered manager tailored induction programmes to individual staff members.
- Staff told us the registered manager was supportive and the training provided enabled them to carry out their roles safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's health needs were managed effectively.
- Staff engaged with healthcare professionals to ensure people received timely support. For example, staff ensured immediate contact was made to a medical professional when they found a person to be unwell. Staff ensured the person received their prescribed treatment without delay.
- Care plans documented people's nutritional and hydration needs including their preferences.
- Referrals were made for nutritional support when this was required. For example, staff found a person to be losing weight, a referral was made for nutritional supplements to ensure the person did not become malnourished.

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

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was not supporting anyone who had been deprived of their liberty in order to meet their care needs.
- People's rights under the MCA were always respected, consent was gained, and people were supported to live their lives independently.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and compassionate staff and their lifestyle choices respected.
- People told us staff were kind, caring and always had time. For example, people told us, "The staff are very kind to me, they are very good and never rush me."
- Care plans we reviewed demonstrated that people's individual lifestyle choices had been fully assessed. For example, care plans detailed significant events and interests important to them. This ensured staff had the right information in order to support them to live fulfilled lives.
- All staff received training in equality and diversity and were supported by a detailed policy.

Supporting people to express their views and be involved in making decisions about their care

- People had been fully involved in making decisions about their care.
- People were supported to make informed decisions. For example, one person we spoke with told us the registered manager had supported them in gaining access to an independent advocate to discuss their choices and needs regarding end of life care.
- Monthly reviews took place with people ensuring they gave their views about their care and if any changes or improvements were needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and promoting independence was at the heart of the service.
- People told us their privacy and dignity were always respected. For example, one person told us, "The staff care for me with kindness and patience, they only do what I ask and let me do as much as I can at my own pace."
- The registered manager was passionate about providing high-quality person-centred care which promoted people's independence in every aspect of their lives. For example, care plans detailed different pieces of equipment for different areas of a person's home and the importance of this being available in order to maintain their independence. We also found the registered manager recognised the increasing cost of living and the impact this may have on people. The registered manager supported people to apply for financial support they were entitled to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care and support tailored to their needs and preferences.
- Care plans were detailed and directed staff how to support people safely according to their needs. For example, there were detailed care plans in place relating to a person who lived with pain and how staff should support them to manage their pain.
- People told us they had been fully involved in shaping their care and records we reviewed supported this.
- Care plans relating to end of life care were very detailed and person centred. This ensured people would receive the support they require or want at the end of their lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained clear information about how people communicated.
- Communication needs had been fully assessed. For example, a care plan for a person who was hard of hearing had clear instructions in how to communicate with them, what equipment was required and how to ensure this equipment was maintained.
- The registered manager ensured all written information provided was accessible for everyone using the service. For example, the registered manager had included care plans in a specific font to ensure these were easily read.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and we found that complaints and concerns had been documented and responded to in line with this policy.
- People and staff told us the registered manager took concerns and complaints seriously and took immediate action. For example, staff told us, "The registered manager always resolves any issues and also advises how I can resolve issues."
- People were supported to make complaints if needed, the registered manager had ensured all people had access to the complaint's procedure and contact details for an independent advocate.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager ensured the service was person centred, open and inclusive.
- The registered manager and staff were committed to ensuring high-quality person-centred care was provided. Feedback from a relative we reviewed demonstrated the positive impact the service had on both people using the service and their families.
- People and their needs were at the heart of the service. For example, staff told us, "I am continually learning in how best to support people, recently we have adjusted care hours after listening and observing a person to ensure we can meet their needs fully."
- The registered manager and staff worked with health and social care professionals to ensure people received the care and support they needed. For example, people were referred to medical professionals when concerns were identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in regards to duty of candour and acted appropriately when things went wrong.
- The registered manager was open and honest when things went wrong. For example, we reviewed an incident involving an over payment, the registered manager immediately contacted the person and rectified the issue without delay. This was followed by a written response from the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their legal requirement to inform CQC of certain incidents, they discussed in detail what incidents they would be required to notify us of.
- Care records were audited monthly by the registered manager to identify any shortfalls in care delivery.
- The registered manager and staff strived to continually improve the quality of care provided. For example, staff told us, "This service encourages me to try harder and improve the quality of care we provide."
- Lessons were learnt following incidents. For example, following an incident involving medicine, action was taken immediately to ensure the incident was not repeated.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People using the service were encouraged to speak up about the care they receive. Monthly reviews were completed in order to gain people's feedback and implement any changes needed.
- People were supported to make their own choices and were treated with respect. For example, people told us, "They only do what I ask of them, I always get the same staff and new staff are introduced to me by the manager which I do like."
- Staff received monthly supervisions in order to give feedback and were encouraged to share their views and suggest improvements frequently.