

Enabling Others Limited

Bretby Business Park

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

About the service

Bretby Business Park - Enabling Others, is a domiciliary care agency and provides personal care and support to people with learning disabilities and/or mental health and complex needs, who require assistance in their own home. At the time of our inspection 10 people were being supported by the service. 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were happy with the care and support they received. People were supported by a regular team of staff who knew them well. This promoted continuity of care. Staff enabled people to access specialist health and social care support. 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.

Right Care: People's needs and preferences were assessed prior to receiving the service. People received consistent care from staff who knew them well. People and those important to them were involved in planning their care. Staff understood how to protect people from poor care and abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe. Risk assessments identified and reduced any risks to people and staff.

Right Culture: The registered manager, nominated individual and staff listened and responded to people's views. They maintained oversight and daily monitoring of the service which was used to identify shortfalls and improve the service for the people who used it. People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Staff prepared food and drink to meet people's dietary needs and preferences. People received care that was tailored to their needs.

Staff and the registered manager worked effectively with community health and social care professionals to ensure people's needs were met. People knew how to raise issues or complaints, and said the service was responsive to their needs. People felt consulted and involved in the running of the service.

We have made a recommendation around the development of more robust quality assurance systems.

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 2 November 2021 and this was the first inspection.

Why we inspected

This was the first inspection of a newly registered 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.

Bretby Business Park

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

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency, specialising in supporting people with learning disabilities and/or complex needs. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 25 October 2022 and ended on 27 October 2022. We visited the location's office on 25 October 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to share this information during this inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives by telephone. We also received feedback from a healthcare professional. We case tracked three people including their care plans and care records. We spoke with seven staff including the registered manager, the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed staff recruitment and training records and a range of documents relating to the day to day running and oversight of the service.

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

- People were protected from harm and the risks of abuse; staff demonstrated they understood their safeguarding responsibilities and processes. Staff told us managers listened to their care concerns and were confident timely action was taken to keep people safe.
- People and relatives told us staff kept people safe. One person told us, "I have the same staff member every week. If it is someone new, they are introduced to me and work alongside regular staff to ease them in. This makes me feel safe." A relative told us, "[Name] is safe as both managers have worked in mental health. They have seen [Name] at their most distressed and manage this really well to keep them safe."
- Staff supported people to understand potential risks from abuse. They worked with external agencies to ensure measures were in place to protect people whilst respecting their lifestyle choices.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The registered manager and staff assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Some people communicated through distressed behaviours. People's care plans included detailed positive behaviour support strategies, which gave clear guidance on how staff should avoid known triggers. Information guided staff on how they should respond and intervene when people became distressed to ensure they, and others around them, were kept safe.
- A relative described how managers supported staff to 'think outside the box' when identifying positive behaviour support strategies in response to distressed behaviours. This personalised approach had had a positive impact of their relatives emotional well-being and reduced the frequency of incidents they experienced.

Staffing and recruitment

- People told us they received care and support from regular staff who knew them well. Relatives told us their family member's were supported by sufficient numbers of staff to meet their needs. One relative told us, "[Name] has a staff team giving 2:1 support, 7 days a week, 24hrs a day and this works well."
- Staff were carefully matched to ensure people's needs and preferences were met. For example, people's preference for gender of care staff, car drivers and shared interests. This supported staff to establish positive relationships with people.
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). 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.

- During our inspection, the registered manager moved from a weekly to a monthly staff rota to support staff in day to day planning.

Using medicines safely

- Medicines were managed safely; some people managed their own medicines and other people were supported by staff. One person told us, "I do my own medicines, but staff remind me to take them." A relative told us, "[Name's] medicine management is critical, they always have a shift lead managing it and there are electronic prompts. They can also provide screen shots of medicine records which helps to reassure us medicines have been administered."
- People's care plans included information around how they liked to be supported to take their medicines and how they communicated if they were in pain or distress. This supported the safe administration of as and when required medicines (PRN), for example, medicines for pain relief.
- Staff worked with health professionals and followed best practice guidance around stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP). This involved regular reviews and monitoring of the effects and benefits of people's medicines.
- Staff completed training in the safe administration of medicines. The registered manager and nominated individual maintained a daily overview of medicines through electronic monitoring. This helped to ensure there was good oversight and any medicine errors were identified and acted on quickly.

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. There were arrangements for keeping people's homes clean and hygienic if this was required.
- Staff followed the providers' infection control policy and procedure and kept up to date with the latest government guidance. People and relatives confirmed staff followed safe practices in wearing personal protective equipment (PPE) including gloves and masks.
- The registered manager had a supply of lateral flow tests which were available to people and staff if they were displaying symptoms of COVID-19 or feeling unwell.

Learning lessons when things go wrong

- Staff knew how to respond to and report accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things reoccurring.
- The managers reflected on incidents to ensure lessons were learnt. For example, each incident was reviewed to identify if positive behaviour strategies were effective or new interventions or responses were required.

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

- Before people started using the service, the registered manager and nominated individual carried out an assessment of their needs. This reviewed the support people needed, and if the service could provide this support. The assessment took into consideration people's protected characteristics, like human rights and communication.
- Relevant guidance was followed such as positive behaviour support guidance on how to support people who are communicating a need, expressing feelings or an emotional reaction.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. Such as to be more independent and to take part in day to day activities.
- Assessments also identified people's preferences for staff who supported them. For example, gender preferences, specific skills or interests and abilities. Relatives told us this was important to ensuring people achieved positive outcomes from their care.

Staff support: induction, training, skills and experience

- Staff shared mixed views about the training they received. Training was predominantly on-line with some face-to-face training in key subjects, such as distressed behaviours and moving and handling. One staff member told us, "A lot of my training has been on-line. I have attended face to face moving and handling as well. The training is very informative and I enjoyed doing it all, but it does depend on how you prefer to learn. I did a course recently in challenging behaviour and I am due to do Makaton training." Another staff member told us they felt they struggled with on-line training as it didn't suit their learning style.
- Staff shared mixed views about the formal supervision they received. For example, one staff member told us they only received formal supervision after asking for it. Another staff member told us they had regular supervision and managers had observed their working practices to ensure they were confident in their role. We gave this feedback to the registered manager and nominated individual who told us they would arrange supervision with all staff to ensure staff felt fully supported.
- Staff were inducted into the service which included working alongside experienced staff and spending time getting to know people before supporting them.
- Staff told us managers were responsive to requests for support and guidance if this was required, and would often work alongside staff to ensure they had full insight into staff roles and responsibilities.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff assisted people to attend a variety of healthcare appointments and check-ups and worked closely

with a range of health and social care professionals. Health professionals described positive partnership working with staff and managers. One health care professional told us, "Staff show clear compassion and a positive attitude. They communicate in a timely manner with professionals and are transparent in their approach; keen to accept support and guidance and adapt their practice accordingly."

- Relatives described as staff as being responsive to any changes in people's health and well-being, liaising with medical services and keeping in touch with people during hospital admissions.
- People's care plans included information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate and share information with the person.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have sufficient to eat and drink and maintain a healthy diet. People and relatives were positive about the support staff provided. One person told us, "My favourite food is pasta, especially with a cheese sauce of some kind The staff support me in getting food ready to freeze." A relative told us, "Staff will offer choices for [Name] in what food they would like, either by bringing a few things to them, or taking them out to the kitchen to choose."
- Staff worked with healthcare professionals, including speech and language therapists, to support people to eat and drink safely. Information and guidance was included in people's care plans.
- A relative described how staff had supported their family member to follow a prescribed diet and activities to reduce health risks associated with being overweight. This had a significant impact on their health, well-being and general happiness.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make their own decisions as much as possible. Staff knew about people's capacity to make decisions through verbal or non-verbal communication and supported people to make their own choices about their daily care and support. A relative told us, "Staff absolutely encourage and enable [Name] to make their own choices where they can. They use a range of [Name's] preferred communication methods to enable them to make choices and decisions."
- Daily care records in people's care plans included information around choices and decisions they had made. Records showed staff respected people's right to decline their care and support and followed guidance if this occurred with frequency to ensure the person was safe.
- Some people had certain restrictions in place to support their safety. The registered manager had shared information with health and social care professionals and relatives so applications could be made to the local authority to apply for DoLs with the court of protection. The registered manager kept restrictions on

people under review and this was discussed at people's care reviews.

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 told us they received kind and compassionate care from staff who were respectful of their preferences and individuality. One person told us, "Staff are loving, loyal, kind and hardworking." A relative told us, "Staff treat [Name] very kindly and they don't shy away from any difficulties or behaviours. We have seen that they are very good at supporting [Name] to say what [Name] wants from them. or explaining what they are doing and why."
- Staff knew people well and understood how they liked to spend their time. Staff were mindful of each person's perception and processing difficulties. People were given options including opportunities to have new experiences or follow their preferred routines.
- Managers worked with people, staff and partner agencies to ensure people had equal access and opportunity to go out and enjoy their communities, and to pursue their lifestyle choices and cultures.

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

- People were able to take control of their care package as much as they felt able to. One person told us they chose their own staff and directed what should be in their care plan.
- Staff were skilled in understanding the communication needs of people with complex needs. For example, staff understood how a person projected their feelings through the rejection of staff. This was managed through contingency and responsive planning, so the person felt their choices and feelings were listened to and acted on.
- Relatives consistently told us managers and staff ensured they were fully involved and consulted about their family members' care. One relative told us, "Managers support staff to provide a really person centred service and consistency for [Name]. This has helped [Name] to develop their communication and overall well-being. I have never seen [Name] as happy as they are now." A second relative told us, "We are involved in all the decisions concerning [Name]. Staff understand that family are integral in providing the right care."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with learning disabilities and/or mental health needs, to seek paid or voluntary work, leisure activities and widening of social circles to promote their independence.
- People had excellent opportunities to try new experiences, develop new skills and gain independence. People and relatives described new hobbies and interests that staff had supported people to try, often taking several attempts to ensure people were comfortable and didn't feel rushed.
- The service ensured people's confidentiality was respected. People's records were kept securely.

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 of 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

- Care plans were detailed with regards to people's preferences, likes and dislikes. Staff had the information available to help ensure people received consistent care to meet their individual needs. One person told us, "I was involved in putting together my care plan and am also involved in the reviews."
- The registered manager, nominated individual and staff recognised the importance of supporting people on an individual basis whilst promoting their right to equality and diversity. One relative told us, "Staff have taken their time to get to know [Name] and are helping them to broaden their interests and experiences. They support and enable [Name] to make their own choices where they can."
- Staff used person-centred approaches to discuss and plan with people how to reach their goals and aspirations. Each person had a care plan that detailed the care and support that they needed in the way they preferred and showed a positive response to. Staff had the skills and knowledge to support people with their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain important relationships. A relative told us, "The staff are inclusive and involve us. We FaceTime [Name] every day and if [Name] doesn't want to speak to us, one of us will visit to see how things are going."
- People and staff worked together to organise activities, hobbies and holidays based on their needs and interests. One person told us, "Staff know what I like to do and support me in that; normally I want to go out. I like going to the disco every week and singing." A relative told us, "[Name] likes going to the pub and staff recently took them to the theatre. If [Name] wants a day out, staff will bank the support hours and arrange a full day out somewhere."
- People's care plans included details about scheduled and unplanned activities they were interested in. Guidance included people's reactions to environments and length of time they could tolerate any stimulation. This supported staff to plan effective interactions and enabled people to achieve positive outcomes from their activities.

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.

- People were supported to communicate and receive information in their preferred way. A relative told us, "Staff support [Name] to express what they would like to do. Staff use Makaton, objects of reference, widget symbols, photo references and a calendar."
- People's preferred method of communication was clearly detailed in their care plans and included any signs or symbols that were individualised to them. Staff told us they had received training and time to learn how to communicate with people.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily through the provider's complaints policy and processes. A person told us, "I would talk to the managers if I had any concerns. I have rung them on occasion when the staff are a bit late. They ring me straight back." A relative told us, "We have found that the managers welcome any feedback we might have."
- The provider had not received any formal complaints but used any feedback or minor concerns constructively to make improvements to people's care and support.

End of life care and support

- No one at the service was currently being supported with end of life care.
- Managers had provided people and/or relatives the opportunity to discuss end of life wishes and were able to access training for staff should this be required.

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

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

- The registered manager and nominated individual understood their roles. They monitored the service to identify areas that could be improved, and lessons learnt. Monitoring included observations of staff and providing direct care and support alongside care staff. A relative told us, "The managers work occasional care shifts with [Name] so they know what works well with [Name] and understand their needs. There is good continuity of care and that's down to the management."
- Staff told us they were clear on their roles and responsibilities. Most staff felt they received good oversight and support from managers. A staff member told us, "Managers monitor the electronic care plans and logs daily. They contact us immediately if there are any changes, such as change in mood or response, or if an entry has been missed, to check if everything is okay or we need help."
- Managers also monitored incidents and electronic medicine records on a daily basis to identify any potential changes in people's needs and to ensure medicines were administered safely.
- The provider had not yet developed a robust quality assurance system that supported them to maintain effective oversight of the service and evidence monitoring of all aspects of the service to drive improvements. The nominated individual told us they would develop systems after our inspection.

We have made a recommendation that the provider establishes and develops more robust systems and processes to assess, monitor and improve the quality and safety of the service provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and managers placed significant importance on seeking positive outcomes for people. This involved placing people at the forefront of their care and support and enabling them to identify goals and ambitions as part of their care and support.
- People and relatives spoke highly of the registered manager, nominated individual and staff. One person told us, "Nothing needs improving, I have never not been happy with the support I get to help me do what I want to do." A relative told us, "The service is working for [Name] and for us and that is possible due to the support and work from managers."
- People's care plans included very personalised information about people's wishes and preferences, goals and ambitions. Records showed staff regularly reviewed and adapted how they supported people to ensure people achieved the best possible outcomes.

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 and nominated individual had a clear understanding of the duty of candour and their responsibilities in line with legislation.
- Relatives confirmed managers and staff were open and honest when issues had arisen. They had apologised, learned lessons and taken decisive action to mitigate repeat incidents.

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

- People were placed at the forefront of the service and both their views and those of their relatives regularly sought. One person told us, "If I have a point of view, staff listen to it and if they can accommodate it they will."
- As the service was small in terms of service provision, the registered manager and nominated individual had very regular direct contact with people and relatives. This supported people to share their views directly and maintained regular communication with relatives. One relative told us, "Managers are open to suggestions and staff listen to me. They also consult with me during or post incidents to make sure any approaches or interventions are working. I feel part of [Name's] care and support." A second relative told us, "Managers are really responsive in communications with me. They come back to me any time of the day or night, I can trust them and this means a lot to me. They go above and beyond to provide [Name] with good care."
- Most staff felt supported by managers and able to share their views about the service and people's care. Some staff felt they would benefit from more formal supervision time. The managers had listened to this feedback and introduced new communication methods. They told us they would undertake formal supervision with all staff to ensure they felt fully supported in their roles.

Working in partnership with others; Continuous learning and improving care

- People benefitted from a service that sought partnership with healthcare professionals and external services to drive improvements and supported people to achieve positive outcomes.
- Records showed guidance provided by healthcare professionals and relatives was implemented into the delivery of care.
- People continued to receive a service that placed great importance on continuous learning and improving.
- Relatives described dedicated staff and managers who, when faced with complex issues and needs, were committed to providing the very best care and support for people. Health and social care professionals confirmed managers and staff were open to and actively sought advice and guidance to make improvements to people's care.