

Agincare Enable Limited

Agincare Enable Ltd

Inspection report

Pattens Lane
Rochester
Kent
ME1 2QT

Date of inspection visit:
12 November 2019
14 November 2019

Date of publication:
08 January 2020

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

Agincare Enable Limited was providing care and support to six people living in one supported living setting at the time of inspection. The service provides specialist support to people with learning disabilities and autism, to help them to live as independently as possible and achieve their goals. Staff provided flexible support across 24 hours, including overnight staff.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People had access to shared areas and private areas and could lock their bedroom doors to maintain their privacy and security. Two people lived in self-contained accommodation within the grounds of the main supported living service. The garden was accessible and although a gardener helped out, people were able to get involved in gardening if they wished.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent. Staff supported people to make the choices and decisions they were able to on a day to day basis. People were part of the local community, accessing local shops and leisure opportunities. People told us about the holidays they were planning to take.

There were enough staff to make sure people received the support they were assessed as needing, including going out to their chosen activities. Some people needed to have more supervision than others. Risks were carefully and positively managed while promoting independence. Staff understood their responsibilities in safeguarding people from abuse and helping people to understand how to stay safe.

Staff received the training, support and supervision they needed to carry out their role and continue their personal development. Staff supported people to maintain and improve their health by encouraging a healthy diet and to access healthcare when needed.

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's care and support was individual, planned and provided in a way that put them at the centre of planning. Staff knew people well, their likes, dislikes and what and who was important to them. The individual way people communicated was key to the support provided, including verbally, or by their behaviour or body language.

There was an open culture, led by an operational manager and two local managers, who were described by staff as being approachable and supportive. People knew the managers and were relaxed in their company. The provider had a good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

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 11 December 2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Agincare Enable Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager left just before this inspection and the provider was in the process of recruitment. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We also wanted to be sure a representative of the provider could be available to support the inspection. Inspection activity started on 12 November 2019 and ended on 14 November 2019. We visited the office location on 12 November and visited people in their home on 14 November 2019.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

We met three people who used the service to find out about their experience of the care provided. We spoke with five members of staff, including a senior manager, two managers and care staff.

We reviewed a range of records. This included two people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We received positive feedback from two healthcare professionals who have regular involvement with people, the manager and staff at 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 for 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 the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff told us the managers were approachable and always listened. Staff felt sure action would be taken straight away if they raised concerns. However, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- We visited people in their home, with their permission. People were relaxed and comfortable, chatting to staff, which indicated they felt safe. A planned and pro-active approach helped to keep people, staff and others safe.
- A positive approach was taken to risk. Individual risk assessments clearly identified risks and how staff should support people to stay safe while moving forward in their life. Information was gathered from the person and/or their family members to form the risk management plan. For example, known triggers and past incidents where people became upset and anxious were included.
- One person enjoyed going out for long walks. However, they had a reduced concept of risk, for example, when crossing roads. A risk management plan, to make sure they could continue to enjoy the pleasure of going for walks, included two staff joining them on their walk.
- Comprehensive positive behaviour support plans were in place. These set out the guidance staff should follow when people presented with behaviour that put themselves or others at risk. This ensured a consistent approach was taken by staff, on an individual basis, to reduce the potential risks identified. The provider had sought the assistance of positive behaviour support specialists to make sure people were supported in the best way possible. Staff had positive behaviour support training to help them to understand people and how they communicated.
- People sometimes had difficulty communicating and became anxious in certain circumstances. Staff had completed a personal emergency evacuation plan for people, so staff had the information they needed to confidently support people to evacuate the property in an emergency, such as a fire.

Using medicines safely

- People's medicines were managed safely by staff. Most people needed staff to administer their medicines. Staff had received training and had their competency to give people their medicines checked regularly by a senior member of staff.

- People kept their medicines within a locked cupboard or drawer in their bedroom. Staff made sure people had enough medicines in their stock. Medicines administration records (MAR) were signed by staff when they had made sure people had taken them.
- The medicines people took, what they were for, and the side effects people may encounter, were included in their care plan to inform staff.
- Regular monitoring, including stock checks and balances, was undertaken by senior staff. This helped to identify issues and mistakes, so plans could be put in place to minimise further incidents.

Staffing and recruitment

- Staffing was arranged flexibly to meet people's needs. Some people needed a member of staff with them at all times, and sometimes two members of staff when they went out. This meant flexible arrangements needed to be in place, so staff were available to support people as they needed.
- Some people needed to have staff support them when they went out of the service to access local community facilities. A staff rota helped to make sure staff were available for planned activities or appointments. Flexibility was built in so people could decide to do something that wasn't planned at times.
- Staff told us there were enough staff to meet people's needs. They worked closely as a team to make sure when a staff member was off sick or on leave, people still got the support they needed. Relief staff were also available to fill in when needed, for example when staff were on leave.
- Staff were recruited safely. Application forms were completed, references and proof of identification were checked. Gaps in employment had been identified and discussed with new staff so they could account for the gaps. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

- People told us how staff supported them to keep their own rooms clean and helped them to do their washing. The supported living service was very clean and homely.
- Staff had access to appropriate equipment such as disposable gloves and aprons when needed.
- The appropriate training was available to staff to learn how to minimise the risk of spreading infection.

Learning lessons when things go wrong

- The provider and managers had worked with the local authority when safeguarding concerns had been raised.
- Accidents and incidents were recorded by staff when they happened.
- The provider and managers took a proactive approach to monitoring incidents. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.

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 had a thorough assessment before moving in to the supported living service. The assessment included the full involvement of family members, where appropriate, and health and social care professionals to make sure the service was designed to meet people's needs. This included their diverse needs such as religion, culture and expressing their sexuality.
- People were encouraged to discuss their sexuality so any support they may need could be identified. Staff knew people well and were confident in openly discussing people's preferences and offering support when needed.
- Assessments were used to develop individual care plans, completed before people moved in and reviewed once they were living in the service to adjust as necessary. A transition period of moving in was planned around people's specific individual needs. The plan was flexible so could be adjusted over the period. Some people had a transition period of many weeks, while other people had moved in straight away.
- During one person's assessment, healthcare professionals advised the best way to approach their move to achieve success. The person had become so anxious when they had the opportunity to move from their family home previously, that the move had not succeeded. Staff followed the advice given when developing the person's move in plan which proved successful and the person was living happily at the service.

Staff support: induction, training, skills and experience

- Staff received the training to provide people with the support they had been assessed as needing. Specialist training was available, such as positive behaviour support training and autism awareness.
- Staff completed a comprehensive induction and a period of shadowing experienced staff prior to working with people on their own. New staff completed a probation period where their performance was reviewed before being confirmed in their role.
- Staff were supported with their professional development through regular one to one meetings with a senior member of staff or a manager.

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

- People bought their own food on an individual basis. Staff supported people to go shopping to the supermarket. Some people needed support to budget their money and to plan their meals for the week.
- People cooked their own meals. Some people needed staff to support the preparation and cooking of all meals. Other people were able to make snacks and sandwiches independently but needed help with cooking a main meal.
- Staff supported people to have a well-balanced diet by advising them on healthy options. However, sometimes, people chose to have a take-away meal, which was supported by staff.

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

- People had complex needs and had needed the support of various agencies and health care professionals through stages of their lives. A multi-disciplinary approach was taken to their care and support now they were living more independently within a supported living setting.
- The managers assisted people to keep track of their health care by coordinating the continued involvement of health and social care professionals. This included, clinical psychologists, positive behaviour support practitioners and community nurses, to provide joined up care.
- Each person was registered with a local GP and dentist to make sure their day to day health needs were met. People had a health action plan which set out their specific health care needs and how staff could support them.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had capacity to make their own day to day decisions. Some people had been assessed as requiring support with some more complex decisions. Appropriate processes had taken place to make sure people's rights were upheld.
- Many people had family members who continued to take a very active role in their life. This meant people looked to their loved ones to help them when more complex decisions needed to be made.
- The managers and staff fully understood the MCA and were aware of people's rights and when they needed the support of family members or staff. People were supported in the least restrictive way possible. People's care plans advised staff to make sure they always told people what was going to happen next, so people could choose whether to agree or not, encouraging their freedom of movement.

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

- Staff told us they had seen a big impact on people's lives since moving in to the service. People had become more independent and confident in their abilities.
- The independent specialist advice and training around positive behaviour support had greatly influenced this. Staff understood people and why they sometimes behaved in particular ways. As a result, staff were able to respond to people's individual communication in a positive way.
- Staff treated people equally and it was clear people were involved in all aspects of the service. People were happy and relaxed in their home.

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

- People, and their loved ones where appropriate, were closely involved in developing plans for their care. Either through what was included in their care plan or when making day to day choices.
- People had an influence on the communal areas of the service, including how the furniture was arranged and how the areas were used.

Respecting and promoting people's privacy, dignity and independence

- People had their own room, which they could lock, so they had privacy when they chose.
- People were supported by staff to maintain and increase their independence. Supportive encouragement was given to help people to manage their own domestic tasks. These included cooking, washing their clothes, keeping their own area of the service clean and managing their finances.
- Some people went out alone and staff encouraged them to continue, while at the same time helping them to stay safe. One person had encountered an upsetting incident when they were out. This meant they lost their confidence. Staff supported them to continue to have a positive outlook, while putting safety measures in place to help them to regain their confidence and continue to remain independent.

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

- People's care plans had details of each person's needs and wishes. Plans focused on people's strengths, as well as the areas they needed support.
- People were supported by staff to achieve their goals, taking steps to get to the outcome they wanted. These included, for instance, to cook a meal, to make a cup of tea unaided, to positively manage their anxieties or to go on holiday. People's plans included increasing their skills in looking after their home.
- People, and their loved ones where appropriate, told staff what their likes and dislikes were and what made them happy or sad, so this could be included in their care plan. They were asked who the most important people in their lives were, so staff could help them to keep up their relationships. This information helped staff to plan their care, have ideas for conversation and for discussing future goal plans.
- Care plans included an account of people's life so far. This included detail about their family history, where they had lived, the opportunities they had, as well as the difficulties and the support they continued to need.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had completed a comprehensive communication assessment with people. This explained each person's individual support requirements, so if, for instance new staff started, or they needed to go into hospital, people would get the right support. For example, some people used verbal speech and others relied heavily on body language and some sign language.
- One person had very good verbal communication skills. However, this sometimes masked their ability to understand what was being said to them. A detailed plan was in place, so staff understood the person's communication methods and responded to them in a consistent and sensitive way.
- Some people used particular behaviours to communicate how they were feeling. Care plans were detailed and understanding, with a positive approach, to enable staff to recognise what the person may be communicating and support them accordingly.
- Information in the services and within people's care plans were in easy read or pictorial format when this was necessary.

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

- Staff actively supported people to find opportunities within the local community to meet their interests and boost confidence.
- One person told us about the holiday they planned to go on, supported by staff. They were discussing their plans with staff, getting excited when thinking of it.
- Some people had a weekly planner with the activities they planned to do, including daily domestic tasks and following their interests and goals. People were able to change their plan when they wanted. Some people did not like to have a plan but preferred to decide each day what they wanted to do. Staff respected this while at the same time encouraging people to slowly start to plan ahead for some things.
- People were encouraged and supported by staff to keep in touch with family and friends. Some people met their loved ones at a place convenient to both. Others visited family members at their home and others preferred their loved ones to visit them.

Improving care quality in response to complaints or concerns

- There had been no complaints about the service in the last 12 months.
- There was a written and a pictorial complaints policy in place to help people to understand.
- Some compliments had been received. One relative sent a 'thank you', part of which said, 'Settled in well, better than we imagined, and this is partly due to great staff making (our loved one) welcome and addressing their needs'.

End of life care and support

- No one at the service was being supported with end of life care.
- Discussions had taken place with some people or their relatives regarding end of life support plans. Other people or relatives did not wish to discuss the subject, and this was respected, however, it was kept under review by staff.

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 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

- The registered manager had left their position shortly before the inspection. Two managers were running the service, each with a different set of skills to enhance the support people and staff while the process to recruit a new registered manager was in progress.
- The provider had a system in place to check the quality and safety of the service. Monitoring checks included; accidents, incidents of challenging behaviour, people's care records and medicines administration.
- The provider's quality lead carried out a comprehensive audit of all areas on a quarterly basis. Improvements needed were recorded, including action taken. The October 2019 audit showed where action had been taken since the previous audit, showing clear improvements.
- The staff described managers as approachable. They told us they were supportive and helped them to maintain a work life balance by supporting them if personal issues arose.
- The managers kept up to date with best practice and developments. For instance, they attended internal and external events to learn about and share best practice. The provider also made sure information and professional updates were passed on to the managers and staff.

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

- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- Staff described how people and staff were treated with respect. One staff member said, "I am very happy, it's a very positive service with a positive vibe."
- People were comfortable approaching the managers and clearly knew them well. Managers told us they were well supported by the provider and their senior manager. One manager said, "I am very excited for the future as we are being given the time and resources to get the service right, so we can develop further, in the right way."
- Initial staff meetings had been held with the external positive behaviour support specialist to develop a service that focused on the individual, making sure their support placed people at the centre.
- When things went wrong or there were incidents, the provider and managers were open and transparent about these and informed relatives and commissioners as appropriate.

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

- People were supported and encouraged to give their views of the service on an individual basis with a manager. As people had been moving into the supported living service at different times over the last 12 months, resident's meetings or satisfaction surveys had not yet been developed. Managers said this was something they planned to do over the next few months.
- Staff were encouraged to give their ideas and views in regular staff meetings or when reviewing people's care. Staff meeting notes showed the opportunity had been taken to discuss recent incidents and the lessons learnt from these. Discussions were held about what staff could have done differently.
- Staff helped people to be part of their local community where they could. For instance, people used the local shops, leisure centres and public transport to get around.

Continuous learning and improving care

- The managers of all the providers services met each month to share good practice and keep each other up to date. Regular meetings with clinical psychologists, and the recent involvement of positive behaviour support specialists meant that staff could keep up to date with clinical best practice and guidance and to debrief when incidents had occurred.
- The operations manager attended local providers forums and events. The managers told us they fed back what had been discussed and provided local updates they needed to be aware of them.

Working in partnership with others

- Since the service registered in December 2018, people had been moving into the service, one person at a time, to make sure people received the right support at a crucial time. The provider and managers worked closely with many others, including family members, psychologists, previous care providers and social care professionals to develop effective plans.
- The managers worked closely with health and social care professionals to make sure people continued to receive good quality, joined up care to achieve their potential.