

Enabled Health Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Enabled Health Limited is a domiciliary care agency providing personal care support to people in their own homes. At the time of our inspection 5 people were receiving support. Not everyone who used the service received personal care. 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.

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

People received safe care that met their needs. Staff provided support with people's medicines, as required. There were sufficient numbers of staff to provide consistent care to people. Safe recruitment practices were in place and staff had received appropriate training to ensure they had the knowledge and skills to keep people safe. Staff supported people from the risk and spread of infection through following good infection control procedures. There were processes in place to record and learn from any incidents that occurred.

There was clear and consistent management and leadership at the service. The registered manager met with staff and people using the service regularly to obtain their views on service delivery. There was a regular programme of audits and spot checks to ensure a high quality service was provided that met people's individual needs. The registered manager was aware of their regulatory duties in line with their registration with the Care Quality Commission. They were working with other domiciliary care providers and the local authority to share ideas and stay up to date with best practice guidance.

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

Rating at last inspection

The last rating for this service was good (published 3 December 2021).

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Enabled Health Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 22 March and ended on 23 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 3 staff, including 2 care workers and the registered manager. We reviewed 2 people's care records and 2 staff records. We also reviewed records relating to the management of the service, staff training and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People received safe care and support. One person said, "I feel safe with them, they make me feel safe." Staff had assessed risks to people's safety and involved people in the development of risk management plans so everyone had up to date information about how risks were to be managed.
- Staff liaised with other professionals, such as occupational therapy teams, if they felt people could benefit from the use of additional equipment to support their needs safely at home, particularly regarding mobility needs. One person told us, "The staff make sure my environment is safe and things are out of the way and my path is clear."
- Staff received training to ensure they understood how to support people safely. This included in relation to diabetes care.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. At the time of our inspection the people being supported had capacity to make their own care decisions, which staff respected. One person told us, "Staff are very respectful and treat me nicely and they treat me as an individual and respect my own opinion and my choice."

Staffing and recruitment

- Safe recruitment practices were in place to ensure suitable staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were sufficient numbers of staff to meet people's needs and provide them with consistent care. One

person said, "I have had the same care worker since I joined them." The provider also had additional staff recruited and ready to provide support should they take on additional care packages.

Using medicines safely

- Safe medicines management processes were in place. One person told us, "I sort my medicines out and they [care workers] check that I've done it properly. They check that I have taken my tablets and I keep a record of it. There hasn't been any problems, it's all working well."
- Care records informed staff what medicines people took and the level of support they required with managing and administering their medicines. Accurate medicine administration records (MAR) were maintained.
- If staff had any concerns regarding a person's medicines they liaised with the person's GP or prescriber.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection. A person said, "It is excellent. As soon as they come in, they wash their hands and put on their apron, and they always wear their uniform."
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems and processes in place to report, record and investigate any incidents so they could be learned from.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in their care and service delivery to ensure it met their needs. There was regular face to face and phone contact from the management team to obtain people's feedback about their care and the support provided by care workers. One person said, "Me and my daughter are involved in reviewing my plans. They always book an appointment that suits me to do the review." They also said, "It is managed very well; the manager always calls me at least once a month to find out how things are or if I have a need or any issues and how the service is going".
- The registered manager had a good understanding of people's individual needs to ensure there was meaningful engagement taking account of people's needs in line with their protected characteristics.
- Staff felt well supported by the manager and able to speak openly about care delivery. One care worker told us they had regular supervision with the registered manager, they said, "It helps a lot because if you don't know something you can ask the manager and they will tell you or if you have a problem when working you can talk about it and discuss new ideas and reflect on what went on and if it happens again you will not make the same mistake next time".
- There was good team working and colleagues supported each other to ensure good outcomes for people. One care worker told us, "The work is good because we work as a team and when we work as a team, we get new ideas from each other, and the work is easy when we work as a team and it helps the service users and us."

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of checks and audits to review the quality of care provision and action was taken should improvements be required.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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 service apologised to people, and those important to them, when things went wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The registered manager took part in the local authority's provider forum to stay up to date with best practice and build relationships with other domiciliary care providers.
- The registered manager was building links with other local authorities with the hope to grow the business and take on other care packages. We were assured that the registered manager had the appropriate systems, policies and staffing to take on additional care packages.