Enham Trust

Enham Trust - Care & Support at Home

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
Enham Trust - Care and Support at Home is a domiciliary care service. Personal care was provided to 16 people in their own homes, accommodation let by the provider, in specially built or adapted accommodation or in supported living.

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.

Coopers Chase is a ten bedded supported living service. Enham Trust – Care at Home provided all support for people living in this service.

People's experience of using this service and what we found
The service was safe. People were cared for by staff who had been trained to identify safeguarding concerns and who would not hesitate to report concerns.
Risks associated with people, their environment and needs were assessed and actions to mitigate risks taken to ensure that people lived safe and fulfilling lives.
There were safe recruitment procedures however there were some difficulties in providing us with evidence of this when we inspected. All relevant documents were supplied after we inspected.
Staffing shortages had been addressed through use of agency staff who had been provided with on-site accommodation to facilitate flexibility in their working time.
Medicines training and competence checks were completed by staff before supporting people with medicines. Medicines of people that self-medicated were checked regularly to ensure that the correct medicines were taken at the correct times.
A quality team reviewed accidents, incidents and dangerous occurrences. Trends were identified, and actions taken to reduce future risks.

People's needs were assessed before they commenced a care package from the service to ensure their needs could be met. People were involved with their care plans and told us they were always involved with discussions about their care.
Staff completed an induction when they commenced in post followed by a period of shadowing colleagues.
Staff were happy with the amount of training offered and could complete qualifications in social care to further their careers.
Staff received regular supervision and attended a regular staff meeting which they told us was useful.
People were supported as needed with their meals, some people were supported to develop independent.
Living skills while others required full support.
People told us they were supported to make and attend healthcare appointments and that the provider would adjust their call times to facilitate this.
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 that staff were caring and they felt treated with respect.
People were encouraged to maintain and develop their independent living skills and staff worked to ensure people retained their dignity at all times.
Most people were happy that they had been included in the development of their care plans.
People had person-centred and holistic care plans and, when they wanted to, had completely written their care plans.

The provider had produced some of their publications in different formats such as easy read and a staff member was an expert in producing easy read documents and Makaton.
The Accessible Information Standard had been met.
People could participate in a range of activities, training and work opportunities on the Enham Trust campus. People were also supported to access the community individually.
People could 'bank' hours and use them for longer sessions of support so they could have a full day out for example.
People knew how to make complaints and would contact the providers office in the event they had concerns.
People were given information about the complaints procedure when they commenced their care package with the provider.
Regular reviews of support plans gave people an informal opportunity to raise any worries without the need to make a complaint.
When we inspected no one was receiving end of life care.
People had been asked if they wished to consider their end of life care. Plans we saw were person-centred and reflected people's preferences.

When we inspected, the manager had applied to be registered with the Care Quality Commission. There had been no registered manager in post since August 2018.
A new manager had developed a more open culture within the service, staff received regular supervisions and had improved communications.
A quality team reviewed accidents and incidents within the service and learning was shared throughout the organisation. Quality checks had been developed to ensure that the manager had oversight of the service.
Staff told us they were happy with the recent changes to the management team, it had been unsettling but they were happy with the resulting team.
The provider engaged people and relatives in surveys to find out people's views of the service they received. More opportunities to gain feedback were planned for the future.
The provider worked in partnership with local health and social care professionals and organisations.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
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 for them to gain new skills and become more independent.

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 10 February 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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?

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.

Enham Trust - Care & Support at Home

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 completed by two inspectors 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. It provides personal care to people living in their own houses and flats and in one 'supported living' setting. 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 manager had applied to become the registered manager of the service. The application had been submitted to the Care Quality Commission and the manager was awaiting an outcome.
The registered manager 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
We gave the service 24 hours' notice of the inspection. This was because the service is a domiciliary care service and people are often out and we wanted to be sure there would be people at there to speak with us. Inspection activity started on 9 July 2019 and ended on 11 July 2019 We visited the office location on 9 July 2019.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We looked at notifications. Notifications are sent to us by the service to tell us about significant events.
We used all of this information to plan our inspection.

During the inspection-
During our inspection we spoke with seven staff members including, the manager, care coordinator, supported living manager, and care assistants. We also spoke with seven people who used the service to find out their experiences of the care provided.
We saw records concerning the service, recruitment files for five staff members and six care records. We also reviewed policies and procedures followed by the provider.

After the inspection
The manager provided us with additional information requested following the inspection in a timely manner.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• There was a system in place to deal with safeguarding concerns. Staff were trained in safeguarding and received regular updates in their training. Staff could tell us of the signs and symptoms of possible abuse and were familiar with the different types of abuse they may see.
• Staff told us they would approach a senior staff member if they saw or heard anything of concern and they would not hesitate to report poor practice of a colleague using the whistle-blowing procedure.
• Everyone we spoke with told us they felt safe. Their comments included, "Safe?... generally, yes", and, "Yes, I feel safe", and "I have never worried about not being safe".
• Safeguarding concerns were alerted to the local multi agency safeguarding hub and thoroughly investigated. The provider ensured that they notified the Care Quality Commission of any safeguarding concerns.

Assessing risk, safety monitoring and management
• Peoples care records contained a wide range of risk assessments about all aspects of their lives. These included assessments on mobility, home environment, food storage, community access and financial matters. The assessments were well considered and actions to mitigate risks were in place.
• People were aware of their risk assessments and understood what they should do in the event of emergencies such as a fire.
• Staff informally monitored risk each time they visited a person. They would check for hazards as they delivered care, removing trip hazards, food that had passed its best and any other concerns that were noted.

Staffing and recruitment
• Recruitment files were reviewed for five staff members. When we inspected there were several important pieces of information missing from these records including references, full employment histories and a current Disclosure and Barring Service check for one staff member. The day after our inspection, the missing pieces of information were found and forwarded to us. Recruitment had been completed safely however improvements could be made to the storage of important documents.
• There were sufficient staff deployed to meet the needs of people. The staff team had been supported through use of agency staff which people had found to be acceptable. The provider had linked with a care staff agency and had provided accommodation for several agency staff, so they could live and work onsite. This had provided a consistency in staffing for people using the service. One person told us, "The carers know me well. We did have some agency carers but always the same people, so it was fine." As new staff

were recruited the use of agency staff reduced.

Using medicines safely
• Staff participated in training before supporting people to take medicines. Staff told us they were regularly observed to ensure their practice was safe. Many of the people supported by the provider took their medicines independently. An assessment was completed to ensure they were able to do this safely.
• Some people needed to be prompted to take their medicines and other people needed to be observed taking medicines in case they dropped any due to their physical disability. Staff supported people as required and completed regular checks of medicines to ensure the correct medicines were being taken and the right amount remained.

Preventing and controlling infection
• Staff participated in infection prevention and control training at induction and regularly received updates. The providers policy stated, 'In house sessions should be conducted at least biannually and all relevant staff should attend'. This meant that training should happen twice per year. Training records did not support staff being trained as per the policy. We saw training records for 26 staff, four staff were to be booked on the next available training, so we did not have their last training days, six staff had been trained in the last year and sixteen staff had not received training in the last year.
• Staff understood their responsibilities in terms of minimising the risks of infection. They ensured that gloves and aprons were used for all care and food preparation tasks and washed their hands regularly and before and after tasks.

Learning lessons when things go wrong
• A quality team reviewed accidents and incidents and gave feedback in the form of advice to the manager in terms of actions to minimise future occurrences, and any trends seen in issues. This feedback was to be shared with the staff in team meetings.
• Following an accident or dangerous occurrence, risk assessments were reviewed, and measures taken to reduce a reoccurrence.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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
• Admissions were only made to the service and people were only provided with a package of care once an assessment had been completed. Once completed and analysed by the provider to ensure that they were able to meet people's needs, people would move in and further assessments and care plans would be devised.
• Most feedback from people about their involvement with their care was positive. One person told us, "I discuss every aspect of my care". Another person said, "I'm totally involved in any discussions about my care." One person was less positive telling us, "I haven't had a care plan for years...since 2015." We looked into this and there was a care plan in place that the person had declined to sign as they were awaiting a further assessment before agreeing it.

Staff support: induction, training, skills and experience
• Staff participated in an induction when commencing in post with the provider. This consisted of a variety of core training courses to ensure they had appropriate skills to care for people. Courses included for example, safeguarding adults and children, fire safety, health and safety, infection control and food safety.
• Staff told us, "There's lots of training and shadowing. I did a couple of weeks experiencing morning calls. I now train people and get them involved as soon as I can as they need to find and learn the things you can only learn from doing".
• Staff could complete qualification training to progress their careers in caring. The provider would negotiate study time to ensure that staff had reasonable time available to complete coursework.
• Staff told us they had regular supervision meetings with their line manager. They also felt they could go to any of the senior staff for a chat when they needed to.
• Staff attended a monthly meeting which they found to be useful. One staff member told us, "I went to the staff meeting, it was good".

Supporting people to eat and drink enough to maintain a balanced diet
• All staff received training in food and hygiene and some staff had also completed training in nutrition. People had differing levels of support with food preparation.
• People were pleased with the support they received. One person told us, "They do my food and it's always good and I have a choice". Another person said, "I get help with cooking and they let me do what I can which is how I like it", another person told us, "I do as much cooking as I can, and they help me with the things I find difficult. If I'm feeling off colour they do it for me". Support was person centred, those who needed

meals fully prepared were supported to choose what they wanted to eat while others needed staff support with some tasks they found physically challenging.
• People were supported with specialist diets such as providing suitable meals for people living with diabetes or if people wished to lose or gain weight.

Staff working with other agencies to provide consistent, effective, timely care
• Referrals were made as required to other agencies including local authority social work teams, speech and language therapist and through the GP to other healthcare professionals.
• The provider had onsite day time activities and a physiotherapist available to people and work opportunities could also be joined.

Supporting people to live healthier lives, access healthcare services and support
• People told us they were supported to access healthcare services. One person told us, "They will contact my GP if needed and they take me to appointments. My healthcare is well managed". Another person told us, "They help me go to appointments and will always change the rota around to fit it in, even at short notice". A third person said, "If I needed any help or was unwell I would only need to ask".
• Staff knew the people they supported well, though there had been some issues with a lack of staff, several staff were long serving. Staff noticed if people were unwell and offered additional support and closely monitored them as needed.

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.
• Staff had all participated in training in the MCA and had some working knowledge of the Act. Staff were aware they should always ask people to make choices and that consent should be sought before providing care. One staff member told us, "Everyone I care for has capacity". They also told us they would ask people to make simple choices whether they had capacity or not.
• Capacity had been considered in all areas of the care record. The provider was working within the principles of the MCA.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 happy with the way they were treated by staff. They told us, "They know me really well", and "I think of them as friends", and "I've known some of them for years".
• Staff were respectful when speaking about people and described how they maintained people's dignity and showed respect when providing care. One staff member told us, "I cover people with a towel and close the blinds or curtains. If they need to use the toilet I support them then go out of the room and close the door".
• People felt respected by staff. One person said, "I am always treated with respect". Another person told us, "Without exception they are thoughtful and considerate at all times".
• One person felt less happy with the care they received. They did not find staff to be caring or understanding of their needs. They told us, "I need proper help and they don't listen to me at all". We have bought these concerns to the attention of the provider, so they can address them.
• People's needs with respect of their diversity were identified in assessments and care plans and were met according to their wishes.

Supporting people to express their views and be involved in making decisions about their care
• Care plans were written with people whenever possible. One person had written their plan independently. It was very detailed, and person centred and though we found it confusing, staff that worked with the person found it to be informative. Two people would provide support for the person and there would always be one staff member with experience of supporting them present.
• People told us that the care they received was as they wanted it to be. One person told us, "My care is done my way' thankfully."
• One person did not feel included in their care plan and was not happy with how their care was delivered. We have informed the manager of the concerns raised so they can be dealt with on an individual basis.

Respecting and promoting people's privacy, dignity and independence
• People were supported by staff however staff ensured that people maintained their skills and did what they could to support themselves, so they did not lose their independence.
• Most people we spoke with were happy to be supported to remain independent. They told us, "They support me to be independent and encourage me to do as much as possible", and "They encourage me to keep my independence and don't interfere if I want to do something by myself.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 support plans were person-centred, and needs were met as people wanted them to be. One person told us, "They know how I like things done", another said, "They know me well and know what I like".
• People could write their own support plans and completed plans were agreed by people and staff to ensure they reflected their views fully.

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.
• We spoke with the manager who told us that they could provide information in different formats such as larger print or with added symbols. They would also source interpreters if needed for people who did not speak English. Some of the providers information has been produced in an easy read format.
• Information had been presented in different formats on noticeboards in the supported living location. A senior staff member was also an expert in Makaton and using symbols to create easy read documents.
• The provider was meeting the Accessible Information Standard.

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 could access activities, work placements and social opportunities which mainly took place within the Enham campus.
Most people supported by the service were independent and accessed activities however told us, "I do whatever I want to do, and they would always support me if I wanted to try something new". Another person told us, "They support me to go to the shops when I want to go. I can choose what I want to do...it's up to me."
• One person told us they could 'bank' hours. For example, if they had hours in their package for cleaning and wanted to have a trip out, they could shorten the time allocated for cleaning and take the time elsewhere. The manager told us this was the case, if a call was missed then the hours would be banked for use later. People would always get the hours they were entitled to and the person we spoke with was happy that they had some flexibility which enabled them to access the community.

Improving care quality in response to complaints or concerns
• People told us they knew how to complain and who they should complain to. Most people would speak with the care coordinator who they knew well and who had worked in the service for some time. They were a familiar and friendly person to approach and people felt they would sort out problems for them.
• One person told us, "I've never had a reason to complain. I would call the office if I had a problem or talk to one of the carers". Another person told us, "I know how to complain if it was necessary."
• Information on how to complain was given to people when they began to receive care from the provider. People had regular reviews with staff and management to ensure their care was as needed and were asked at these reviews if they had any complaints.

End of life care and support
• When we inspected the service, no one was receiving end of life care.
• Peoples care records showed they had been asked whether they wished to consider their end of life needs. We saw end of life care plans in some care records. One had detailed information about the persons preferences and their faith which was very important to them. Plans were person centred and written in partnership with the person.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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
• People had person-centred support plans and told us that care was delivered as they wanted it. People were encouraged to maintain and develop independence skills, so they could, if possible live with less support in future.
• The supported living part of the service had been developed to provide support and development in daily living skills. People had been placed there with a view to moving into their own properties after approximately two years working with support staff. When we inspected, only two people met the criteria of the service. Other people were more suited to residential provision and the provider and manager of the supported living service were working towards making more suitable placements for them.
• The new manager had forged a more open and inclusive culture for staff. Staff members had participated in supervisions and could speak with the manager when needed. People also found the new management more open with them. One person told us, "Their communications were sometimes not good, but much better now".

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 provider had a quality team that reviewed accidents and incidents and aspects of the service. The previous registered manager had begun to develop manager quality checks and the new manager had taken these forwards.
• The provider was overseen by a board of trustees. All significant decisions about the service were made at trustee / director level.
• When significant events happened within the service, the provider notified the Care Quality Commission as required. Relevant persons were informed when things went wrong, the provider understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• There had been several changes to the senior management team of both the provider and the service and when we inspected, these changes were still becoming embedded into the service with new staff in post and long-standing staff no longer with the service. There was a new interim associate director of care who had

applied to be registered by the Care Quality Commission and a new manager commenced in post two weeks before our inspection.
• There had not been a registered manager in post since August 2018. Applications had been made to become registered however none had progressed through the process and become fully registered.
• We looked at the providers quality improvement plan for the service. We saw that until the current manager commenced in post, progress against actions was either very slow or there was none. The new manager had taken on all outstanding actions and achieved significant progress and had a clear oversight of what actions would be needed going forwards.
• Staff told us they were pleased with the recent changes. One staff member said, "Had a few managers that have not been brilliant, come and gone just not acceptable. This lady here (new manager) very good, very approachable been here a couple of weeks".
• People told us they had found the changes to the management teams unsettling as they had not always known who was in charge or who to contact. They were happy with the most recent changes as the new manager had been to meet with them.
• People were happy with the service however, "Everything is lovely. The staff, office and managers really listen, and they are all lovely people". Another person told us, "I think it is very good. They listen and help and are always kind". One person was less positive about the provider telling us, "I have some reservations about the organisation, but the care staff are great. I would recommend them to someone else in my situation".
• We received positive feedback about the care coordinator. Both people and staff had relied on them when the management team had been unsettled. The care coordinator had provided a much-needed stability through periods of change.
• Recruitment paperwork had not been filed where human resources staff members had expected it to be. Information essential to meeting Regulations should be available to evidence compliance. The provider would benefit from reviewing procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• A questionnaire had been sent to people to obtain their views about the service they received. The quality improvement plan indicates that there will be more feedback sought from people, this would be directly, through observations and through other services as many people receiving a service also had other links with the provider for example through daytime activities or physiotherapy.
• Staff meetings were to provide feedback to teams from the Quality Management reviews. This was to include staff in both the positive and negative findings and to work together to improve the service provision.
• A focus group had been arranged to involve people using the service to get their feedback on both the service and staff. People had been contacted using their preferred method, email, telephone etc., only one person had attended the group. Future feedback was to be sought in person.
• People did attend 'residents' meetings which were regularly held. People found these useful and told us that if they didn't attend they were able to have their views taken along by other people using the service.

Working in partnership with others
• The provider was well established both in the area and in social care. There were strong relationships with local health and social care providers, GP's, dental surgeries and schools and colleges.
• The service also linked with a number of different commissioning authorities. People using the service were from many different areas of the country.
• The board of trustees were active in the local community developing an awareness of their service provision.