

Enhanceable

EnhanceAble Living

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

EnhanceAble Living is a domiciliary care agency. It provides a personal care support service to people in their own homes. At the time of inspection, four people were receiving support with personal care from this service.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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

At the last inspection monitoring and audit systems did not always identify issues in relation to the quality of care provided through keeping up to date records, including recruitment, medicines administration and spot checks.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection monitoring and audit systems identified issues in relation to the quality of care provided by keeping up to date records, including recruitment, medicines administration and spot checks and action taken was clear.

The agency management and leadership were transparent and there was an open culture that was honest and positive. The statement of purpose clearly defined the agency vision and values, that staff understood and followed. Areas of responsibility and accountability were made clear to staff and they were willing to take responsibility and report any concerns they may have, when needed. The agency reviewed service quality and made changes to improve the care and support people received. This was in a way that best suited people. The agency had well-established working partnerships that promoted people's participation and reduced social isolation. Registration requirements were met.

The service provided was safe for people to use and staff to work in. People were supported to live in a safe way and enjoy their lives, by staff who were appropriately recruited and trained. Risks to people using the service and staff were assessed and monitored. The agency reported, investigated and recorded accidents, incidents and safeguarding concerns. Medicines were safely administered, by staff trained to do so. The agency met shielding and social distancing rules, used PPE effectively and safely and the infection prevention and control policy was up to date.

Rating at last inspection

The last rating for this service was Requires Improvement (published 17 July 2019).

Why we inspected

This inspection was prompted in part due to ongoing concerns about audits and monitoring systems not always identify issues in relation to people's care and safety. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about staffing numbers and audit management.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

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

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 well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

EnhanceAble Living

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

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke in person with the registered manager. We contacted four people and their relatives, seven staff and one health care professional, to get their experience and views about the care provided. We reviewed a

range of records. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment, training and staff supervision. We checked 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 agency to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff and training information, and audits. We received the information which was used as part of our inspection.

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

- People were safe using the agency services.
- People's relatives said they thought the service was safe. One relative said, "I feel very safe leaving [person using the service] with them when I go out."
- Training enabled staff to identify abuse and the action required, if it was encountered. Staff were aware how to raise a safeguarding alert and when this was needed. There was no current safeguarding activity. The agency safeguarding, prevention and protection of people from abuse policies and procedures were made available to staff.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The agency gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport.

Assessing risk, safety monitoring and management

- People's risk assessments supported them to take acceptable risks and enjoy their lives safely, by underpinning their care plans.
- Risk assessments included aspects of people's lives including health, activities and daily living. Assessments were regularly reviewed and updated as people's needs changed. Staff knew people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. One relative told us, "These people [staff] really go the extra mile, I recently had to go to hospital with an emergency, at four am and staff came out to take over."
- Policies and procedures explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.
- There was a staff disciplinary policy and procedure.

Staffing and recruitment

- The agency staffing, and recruitment was safe.
- The recruitment procedure and records demonstrated that it was followed. There was an interview process containing scenario-based questions identifying prospective staff reasons for wanting to work in health and social care, skills, experience and knowledge. Before employment prospective staff had

references taken up and Disclosure and Barring service (DBS) security checks carried out. There was also a six-month probationary period with reviews and a buddy system for new staff. People's needs were flexibly met by suitable numbers of staff. People and their relatives confirmed this and the staff rotas and way they were managed, demonstrated it.

- Staff induction and mandatory refresher training was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff files had a checklist that confirmed the recruitment process and training had been completed. Staff were provided with a handbook. Staff told us that the training was very good and meant they could do their jobs well. One member of staff said, "Nothing better than being properly trained to do your job." During the pandemic care staff were offered well-being support.
- People were supported by staff in small hubs, to promote continuity of care and reduce footfall. The agency facilitated discussions that identified best outcomes for each person, during handovers and meetings including things that didn't work. A relative told us, "I cannot express my gratitude enough for the enormous help they[staff] provide."
- Staff received minimum six-weekly supervision and an annual appraisal.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff received infection control and food hygiene training that people said they followed when working. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the agency to resources to develop their approach.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to identify themes and take necessary action.
- Staff completed a reflective event analysis document to enhance their learning from events and situations they had encountered and improve their knowledge base.

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 requires improvement. At this inspection this key question has now improved to 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

- At the last inspection monitoring and audit systems did not always identify issues in relation to the quality of care provided through keeping up to date records, including recruitment, medicines administration and spot checks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach.

- The agency quality assurance systems were comprehensive and contained key performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then acted upon. Monitoring and quality assurance audits took place at appropriate intervals. Audit action and business contingency plans identified if business operations may be affected by COVID-19, including staff availability and staff travel. Audits included daily logbooks, support plans, risk assessments, medicine administration records, complaints and file changes. The carer files and data base contained recruitment, training, performance and development information.

- The agency identified areas for improvement to progress the quality of services people received, by working with voluntary and statutory partners, to meet needs and priorities. Feedback from organisations was integrated to ensure the support provided was what people needed including district and palliative nurses and GPs. This was with people's consent. The agency also worked with hospital discharge teams to prevent vulnerable people being discharged without appropriate support being available.

- The registered manager and staff were clear about their roles and its importance.

- The agency had a care planning system that provided appointment scheduling, client details, and rota that updated staff, people who use the service and their relatives. Staff said they were enabled to make their visits due to the quality of scheduling and visit allocation. Data was collated to update and improve services provided. One relative said, "They [staff] are so accommodating. If we need support at a different time, at short notice, it is always provided." A staff member told us, "Everyone knows what is expected of them and does their jobs as a team."

- The registered manager and team contacted field staff to give support and this enabled staff to provide the service that people needed. Regular meetings took place to discuss any issues that had arisen and other information, such as care workers that may not be able to cover calls and any tasks that were not completed and why. A staff member told us, "Such a good team, good office support, someone always available if you

need them."

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

- The agency culture was open, positive and honest. Relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. One relative said, "The service always responds to us, everyone is on first name terms and they are so helpful." Another relative commented, "Honest people, we have had many different agencies, and this is by far the best, over a number of years." A staff member told us, "I feel valued."
- The agency explained the services available to people and their relatives so they were clear about what they could and could not expect of the service and staff. Staff told us they generally felt well supported by the registered manager and office staff. The statement of purpose, mission statement and user guide were regularly reviewed.
- The agency had a clear set out vision and values, that staff understood, and relatives said were reflected in staff working practices. They were explained at induction training and revisited during staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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 agency was aware of their duty of candour responsibility.
- There was a transparent management reporting structure and an open-door policy.
- Our records recorded that appropriate notifications were made to the Care Quality Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People's relatives and staff were enabled to give their views about the service and the agency worked in partnership with them. Their views were sought by telephone, visits to people, and feedback questionnaires and surveys. People's needs were better met by the provider focusing feedback information to re-shape the service. The agency identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information relayed included updates from NHS England and CQC.
- Staff received annual reviews, regular supervision and there were virtual staff meetings that covered priorities such as Covid-19 and PPE training including infection control, high-risk health & risk assessments.
- The agency maintained links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- People's vulnerability regarding social isolation was reduced by the agency and staff sign posting them towards other organisations that may be able to meet their needs, within the community if it could not. It also provided a day centre facility.

Continuous learning and improving care

- The agency improved care through continuous learning.
- The agency kept people, their relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- The audits fed action plans to identifying any performance shortfalls that required to be addressed and progress made towards them. Senior management was also in daily contact, generally in person.

- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed. A staff member told us, "We receive and give a lot of feedback."