

Enableability

Enable Ability

Inspection report

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Date of inspection visit:
15 November 2016

Date of publication:
14 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

This inspection took place on the 15 November 2016 and was announced. This last inspection took place in October 2013 and was found to be compliant in the areas we inspected.

Enable Ability is a domiciliary care agency who is registered with the Care Quality Commission to provide the Regulated Activity 'Personal Care'. Enable ability provide support to both children aged 0 to 18 years and younger adults with learning disabilities, physical disabilities and sensory impairments. At the time of this inspection, the service was supporting 10 children who may require personal care whilst being supported through the befriending scheme. None of the adults they supported required any personal care.

The recruitment process was not robust. We found that four out of the five staff recruitment files we looked at, did not have full employment histories recorded.

Staff had received appropriate training essential training in order for them to carry out the care and support required.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and children's coordinator ensured that staff had a full understanding of the children they were to be supporting, prior to them starting work with them. They knew the child's care needs and ensured the staff had the appropriate skills and knowledge to be able to support them.

Parents of the children who were supported by Enable Ability felt their children were safe with the care and support they received. Staff knew how to recognise signs of abuse and what action to take if they needed to report it.

Children received a service which was based on their personal needs and their family's wishes. Changes in their care needs were identified and amended as required. The service was flexible to changes if they were requested. Parents said their children had positive relationships with the support workers and felt their children were treated with respect and dignity and the staff were mindful of the child and families privacy.

The feedback we received from family's members was positive. They felt their children were safe with the care and support provided by the staff from Enable Ability. The registered manager and staff were aware of their responsibility to provide the care and support to the child. There were systems in place to ensure the risks to the children's safety and wellbeing were identified and addressed.

Staff told us they felt supported and that they received formal supervision twice a year, but were able to speak with the registered manager or children's coordinator at any time if they felt they needed support. They said they felt fully supported by the registered manager and had received a full induction with training and supervision.

The registered manager demonstrated the importance of effective quality assurance systems. Annual surveys were sent out to families and used to continuously improve. This feedback would then be used and actions taken.

During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment was not robust. Required checks on staff had not been completed.

Risks were assessed appropriately and staff knew how to keep children safe from harm.

There were sufficient staff to meet the needs of those using the service.

Is the service effective?

Good ●

The service was effective.

Staff received essential training and knew the children they supported well.

The registered manager understood the importance of the mental capacity act and when they needed to apply this.

Staff supported children to attend healthcare appointments, when required to do so.

Is the service caring?

Good ●

The service was caring.

Staff treated children and their families in a kind and caring way.

Parents had been involved in the planning of their children's care and support.

Staff respected the children and their family's privacy and maintained the child's dignity at all times.

Is the service responsive?

Good ●

The service was responsive.

The service knew the children well and were responsive to the

changes in the child's needs.

Children were supported to attend activities which were important to them. Parents were asked to provide feedback to the service and action was taken to address any issues raised.

There was a formal complaints procedure in place which responded to complaints appropriately. Parents knew how to complain and were confident their complaint would be responded to.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post and a clear management structure. Staff felt supported by the registered manager.

Quality assurance checks were being completed and there were policies and procedures in place which staff followed.

The registered manager was aware of when and how to report concerns to the Care Quality Commission.

Enable Ability

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 22 November 2016 and was announced. This was because the service was a domiciliary care agency and we wanted to ensure there was someone available to speak with us. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one family member, the registered manager, the children's coordinator, the adult's care coordinator and two care staff. We looked at records relating to the service. Including 10 care records, five staff recruitment files, daily record notes, policies and procedures and quality assurance records including feedback from a survey which had been sent out to people who used the service.

Is the service safe?

Our findings

Parents said they felt their children were safe with the care and support they received from the support staff at Enable Ability. One parent said, "They (staff) keep them safe." There were no concerns with the current support their child was receiving. Feedback from the questionnaires the service sent out stated that everyone who completed the questionnaire felt safe with the care and support they received.

We looked at five staff recruitment files to see if the recruitment process was safe. We found they all contained an application form, two references and a check with the disclosure and barring service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found that photographic identification was kept separate to these files and we were told by the children's care coordinator that this was due to data protection. Instead it was kept with payroll as it was a requirement in order for staff to get paid. We found that four of the staff recruitment files, did not have full employment histories contained within them. They listed the person's previous employment but in one instance there were no dates recorded and in another the staff member had just recorded the years they were employed, so it was hard to evidence if the employment had been continuous. We also saw, one person had received negative feedback in the references but the service had not taken any action to gather any further information from the referrer about why they would not employ the person again. This means the service had not taken appropriate steps in order to ensure staff who were suitable to work with vulnerable people. The person who had the negative reference on file had worked for Enable Ability for quite some time, feedback and supervisions had raised no concerns about their ability to work with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We saw on the staff training matrix, that all staff had undertaken safeguarding children and adults training and staff we spoke with confirmed this. Staff were knowledgeable about signs of abuse and how to report concerns, they were also aware of the whistleblowing policy. They said they were able to report anything to the registered manager or the provider who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. This showed the service knew how to keep people safe.

We looked at 10 care files, each file contained a generic risk assessment form which had been completed to show the individual risks to each child. We found these to be personalised, they captured details about the risk and how that could impact on the child and others as well as possible actions which could be taken to prevent such a risk occurring. For example, we saw the service had identified triggers which could impact on the child's behaviour and had recorded how actions staff could take in order to minimise the risk.

Staff were able to describe how they kept the children they supported safe. For example, one staff member told us, "It depends on the activity we are going to be doing. We carry out risk assessments. We are looking out for their [the children's] safety first." We saw where accidents and incidents were recorded and

responded to appropriately. This showed the service understood how to keep children safe by minimising the risks and when incidents had occurred, took appropriate action.

We discussed with the registered manager and staff members about the administration of medicines by staff to the children they support. We were told that generally, staff were not required to administer medicines to children during their day to day support. However, staff who supported children during holiday play schemes were trained to administer medicines and had been observed doing so and their competency to administer medicines was assessed. Staff we spoke with confirmed that staff who administered medicines were competency assessed. The service had a medication policy in place which was given to all the care and support staff. We were not able to view any medication administration records (MARs) as the service did not support anyone with medicine at the time of our inspection.

At the time of this inspection the service had two full time staff members and 17 'as required' staff members. The registered manager explained that this was due to the type of services they offered. The service was commissioned for a set number of hours each week, and people receiving the service were able to decide when and how they wanted to use this time. This showed the service had sufficient staff to meet the current level of need and had the flexibility to adapt to changes in requirements.

Is the service effective?

Our findings

Parents were confident the care staff had the skills to care for their children effectively. Parents told us the staff carried out all the care and support they were supposed to during their visits or when their child was at the play scheme. One parent told us that they were, "Very happy with the staff. I can't praise them enough." Feedback on the questionnaires the service had sent out, also supported this; it showed that children using the service were consistently supported by the same staff who had the skills and knowledge to provide the care and support.

Parents felt the care staff were trained sufficiently to meet their children's needs. This was echoed by the staff members who reported that they felt they were getting enough training. We looked at the staff training records and spoke with staff about the training they received. Training records showed that staff had received essential training in areas such as safeguarding adults and children, moving and handling, fire safety and first aid. Staff had also completed additional training and gained vocational qualifications in childcare. Staff confirmed they received appropriate training to support them in their role. One staff member commented, "Yes, I've had access to enough training. "

Staff we spoke with confirmed they had received an induction where they undertook essential training before shadowing a more experienced worker. Staff told us that they had to undertake moving and handling training before they could provide hands on support. One staff member told us how they had received additional training to support someone using specialist equipment. The registered manager explained they were working towards introducing the Care Certificate to new staff members. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. At the time of inspection there had been no staff new to the caring role, employed by the service. This showed the service ensured staff received appropriate training to undertake their role.

Staff told us they received support to understand their roles and responsibilities through supervision. Supervision provides the opportunity for staff to discuss any concerns they have and areas they believe they want to progress in and identify any additional support they may require. Supervisions consisted of a one to one which staff had twice a year. One staff member told us they had not yet received an annual appraisal but felt sufficiently supported. A second staff member confirmed they had received their annual appraisal. An annual appraisal provides staff with the opportunity to see how they were progressing. This showed the service supported their staff appropriately.

Staff told us that the children they supported had their meals prepared for them by their families. If they were supporting a child out in the community over a mealtime they would ensure the child had access to food and drink of their choice as per their care plans and parents' wishes.

Parents told us that staff were available to support the children to access healthcare appointments if needed and liaised with health and social care professionals involved in their care as required. We were told that the children's coordinator had recently attended a meeting with the health team to discuss the changes

in their child's needs. The care records included information about those professionals who were involved with the children.

Parents confirmed the care staff spoke with their child before undertaking any task. The registered manager was able to explain when they needed to use the Mental Capacity Act 2005 (MCA) and was able to show a copy of one that had been used for a young adult who they were providing care for.

Is the service caring?

Our findings

Everyone was positive about the care and support they received from the staff. Family members told us all the care staff were caring and spoke to their child in a kind and respectful way. When asked if they thought the staff were caring, they answered, "Yes, very much so."

Parents told us that staff spoke in a caring manner to the children they supported. Staff told us they had built positive relationships with both the children and their families and developed an understanding of the way in which the child communicated and recognise non-verbal cues. Staff said how rewarding their role was and how their input provided positive support for both the child and their families.

Both the parents we spoke with and the feedback on the questionnaires, confirmed they received regular care workers and they never needed agency workers to cover shifts. One parent said "We have regular carers who are very good, we know them and they know [the child]". "Staff are very supportive."

Parents told us they had been involved in making decisions about the care and support their child needed. One parent told us, "[Name of children's coordinator] is very supportive and comes out to one to ones to discuss any change in [name of child's] needs." Staff knew about the children's lives, families and interests. Information about this was recorded in their support plans and staff used the knowledge to interact with the child and communicate effectively. This helped staff get to know them as individuals and build positive relationships.

Staff explained how they respected the child and the family's privacy and maintained their dignity at all times. They told us that when they were assisting a child they would ensure that doors were kept closed and they provided as much support as the individual needed.

Is the service responsive?

Our findings

Parents said the service they received was personalised and met their needs, choices and preferences. Staff understood the support the children and their families needed and were given time to provide it in a safe, effective and dignified way.

Families told us they received care which was responsive to their child's needs; when their needs changed this was identified and prompt appropriate actions were taken to ensure that the child's well-being was protected. We saw families had been involved in making decisions about what support they and their child required. Families we spoke with confirmed they had been involved in planning their child's care and support. This was reflected in their support plan which showed a summary of the child's abilities and stated what the child could do, before identifying what support they needed. This ensured staff were aware of child's abilities and could provide support to maximise the child's independence. The registered manager told us that they felt consistency of care was an important aspect of the service, as it helped ensure children and their families received their care from staff they were familiar and comfortable with. Staff told us that they were able to build relationships with the children and their families who used the service and increased understanding of their needs. Staff also told us that the support plans were reviewed regularly to meet the changing needs of the children.

Staff were knowledgeable about the children they supported and were able to tell us about their preferences, backgrounds, and medical conditions and how these may impact on the way they react towards staff. Staff knew what person-centred care meant and could explain how they provided it. One staff member said that they were there to support the individuals to live a "Fulfilled life as they can"; another said it was about "Supporting them as individuals."

We saw the care and support plans had been reviewed annually by the children's coordinator, or whenever there was a change in the child's need. This was evident in the files we saw. This showed the service was responsive to the child and their needs.

We saw in the care files we viewed and staff also told us that children were supported to access activities that were important to them. The registered manager explained that staff supported children to go out and attend activities most days, and their families chose what they wanted to do and their support was arranged around this. They were able to do as much or as little as they wanted. Families told us that their support times were changed to meet their child's needs. We saw that staff supported some of the children to attend school and other activities in the community.

Family members told us they were encouraged to provide feedback to the service, whether it was positive or negative. Families said the service was flexible and responsive to their needs and staff rotas were changed whenever possible to meet the child's needs. The registered manager told us that the door to the service was always open, and if anyone wasn't happy about anything, they know they can go and speak to them.

We saw there was a formal complaints procedure in place. The registered manager explained how they

responded to complaints and provided feedback to the complainant once the complaint had been looked into. Families said they knew how to complain and felt confident to approach the registered manager or any of the children's coordinator if they weren't happy about something. The service carried out annual satisfaction surveys. This showed the service responded to complaints appropriately.

Is the service well-led?

Our findings

There was a clear management structure including a registered manager and a children's coordinator. Parents and staff we spoke with, knew who the registered manager was and felt they could approach them at any time. A parent told us, "I can always ring [children's coordinator] or the office if I have any problems. They are always open to any questions I might have. I know I can always get hold of someone."

Staff were positive and proud of the job they do, they told us that they felt supported by the registered manager and they could go to them about anything, be it work related or personal. They also said that they felt able to approach the children's, if the registered manager wasn't available. The registered manager told us that they were supported by the trustees. Team meetings were held, but weren't regularly attended by all staff. This was due to their working pattern. However, staff spoke of an open and transparent culture within the service, how nothing was hidden from them and things were shared outside of the team meetings.

We asked the registered manager what they felt had been their greatest achievement since being at the service. They told us they believed they were, "Adding value to vulnerable children and adult's. Improving their quality of life." They told us their biggest challenge to ensure this continued was down to "Funding". The service's vision is reported to be 'providing flexible support to families with disabled children'. Staff explained to us how they were working to this vision by providing care for the children. Staff said it's about "enriching the lives of the children". Another staff member gave an example of how they carried out their role with regards to people's independence, dignity and respect. They told us that "You need to allow them (children) time to do things for themselves."

We saw the service completed quality assurance checks to identify if there were any issues or areas which required improvement. We saw what action the service took to manage any identified issues and what needed to change in order to achieve this. The service had policies and procedures in place which staff were aware of and followed.

We were told by the registered manager and staff we spoke with the service always looked at ways in which to improve. As well as carrying out audits, families who used the service were asked to provide feedback through questionnaires. These were sent out annually and out of the 27 sent out, 9 were returned. One staff member said "The service is almost like a family, it's an honour to help". They used this feedback to develop and shape the service. We saw the service also monitored the service they provided by carrying out regular reviews of the care and support they provided. This showed the service was developing and changing in order to meet people's needs.

The registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. At the time of the inspection there had been no incidents which CQC needed to be notified about, but the registered manager was able to explain when and how they would notify CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment checks had not been completed as required.