

Kent County Council

Kent Enablement at Home

Inspection report

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Tel: 03000410404

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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

We undertook an announced inspection on 12 October 2016.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

Kent Enablement at Home (KEaH) is part of the Social Care, Health and Wellbeing Directorate of Kent County Council. It is the in-house provider for support at home for older people and adults with a physical disability. The service has been designed for people who need support to regain their independence after a medical or social crisis. The service provides time limited support to people in their own home, for a period of three weeks initially. The service supports people who have been discharged from hospital, or those referred who live in their own home. Support provided includes help with day to day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. There were 107 people using the service at the time of our inspection, living in the areas of Ashford and Shepway and surrounding areas. People were funded through Kent County Council Social Services.

There was a registered manager for this service. He was also the operations manager of the service and covered the five registered locations, providing a similar service in other areas of Kent. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People we spoke with said being supported by this service improved their safety. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. When needed people were supported to receive their medicines by staff that were trained and knew about the risks associated with them.

Staff had up to date knowledge and training to support people. They always ensured people gave their consent to the support they received. The management team regularly reviewed how people were supported to make decisions. People were supported to eat and drink well, when identified as part of their care planning. They explained that they were supported to make their own decisions and be as independent as they could. People and their relatives told us staff would access health professionals as soon as they were needed. We saw there was effective communication with people, staff and health care professionals which improved people's well-being.

People and their relatives told us that being supported by this service made a difference to their lives. They said the staff were caring and always treated them with dignity and respect. Relatives told us they were

involved as part of the team to support their family member.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings, training and one to one's to share their views and concerns about the quality of the service. Staff said the management team were accessible and supportive to them. The support provided was adaptable to changes in peoples' needs and changes were communicated to staff effectively.

The management team monitored the quality of the service in an inclusive way. The registered manager ensured there was a culture of openness and inclusion for people using the service and staff. The management team had systems in place to identify improvements and action them in a timely way.

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

People benefitted from support received from staff that knew their needs and managed their identified risks. People were supported by staff that knew how to support them in a safe way. People were supported with their medicines when needed, to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who were knowledgeable about how to meet their needs. People received support from staff who respected their right to make their own decisions, where possible. People received support to ensure they maintained a healthy diet when needed. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People received caring support from a staff team who they said made a difference to their well-being. Staff respected peoples' dignity and worked with people to achieve as much independence as possible.

Is the service responsive?

Good ●

The service was responsive

People were involved in how they were supported by staff who listened and were adaptable to their needs. People benefitted from regular reviews of their support needs. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives said the service was well managed. Staff felt supported by the management team. The culture of the service was open and inclusive for people using the service and staff. The management team had systems in place to monitor the quality of the service provided.

Kent Enablement at Home

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 was an announced inspection which took place on 12 October 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with 15 people, and three relatives. We sent surveys to 50 people that had used the service. We spoke with ten staff and the registered manager. We also spoke with an occupational health therapist who had supported people using this service.

We looked at the care records for 11 people including medicine records, two staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe because they had confidence in the staff when they were in their homes supporting them. One person told us, "They were a real life saver; I would not have been safe without their support." Another person said, "All the staff are brilliant, I depend on them to keep me safe." One relative said about the service, "They are very reliable, I don't know how I would have managed without them." Relatives told us their family member received care that supported their needs safely.

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also reviewed in team meetings to support staff knowledge.

Staff we spoke with all said they always read the contact books in every person's home before they supported people. They explained this ensured they were up to date and would support people safely. One member of staff said they thought people were safe because there were back up systems in place to ensure people always had the visits they required. For example the system would highlight if a member of staff had not arrived at a property, which would then be investigated and resolved. Another member of staff told us, "I love working here; there is always someone available on the end of a phone for advice and support." They went on to say this ensured people were supported safely.

People told us staff arrived when they were meant to and usually let them know if there were any delays. One person told us they had several different members of staff but liked them all and was happy for any of their team of staff to support them. Staff said people had been assessed for the level of support they needed. When necessary, two staff were allocated to carry out 'double handed calls'. Staff explained how they worked as a team to support people who required two staff for their support, and this worked well. This was also documented in people's daily support notes. Staffing levels were provided in line with the support hours agreed. Staff told us there were enough staff to cover all calls in accordance with people's needs. The registered manager explained that the technology they used quickly identified if a member of staff had not arrived at a person's home for their visits. This enabled the management team to ensure people and staff were supported in a safe way.

Staff we spoke with told us an assessment of people's needs together with risk assessments of the environment, and for the care and health needs of the person concerned were completed. Environmental risk assessments which included risks inside and outside the person's home were identified and actions put in place to support people and staff safely. For example, if there were any concerns with entering or leaving the property such as lighting or pets. Staff went on to say people's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. There was information about any mobility equipment the person needed to use, to help maintain their safety. Staff we spoke with understood the risk assessments and the action they needed to take when supporting people.

Staff told us the management team completed checks before they started work at the service. Staff said they were interviewed to check their suitability before they were employed. The management team checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies, to ensure their support could continue. The provider had an out of hours on call system, which enabled any incidents affecting people's care to be dealt with at any time. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions.

Staff explained how they informed the office of any accidents or incidents. They told us they were supported with managing situations. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

The registered manager and staff explained that most people they supported were independent with their medicines. People who received support from staff with their medicines told us that they were given their medicines when they needed them. Staff said they had received training about administering medicines and their competency was assessed by senior staff. They told us they felt confident when administering medicines to people. The service had procedures in place and provided training for staff to ensure they could support people if needed. Staff we spoke with were able to explain how they supported people safely when dealing with medicines.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They are all really professional and experienced; I have always felt confident with them." Another person said, "All the staff have been very reliable and good, they really listened to me." A relative said, "They [staff] are professional and well trained."

Staff told us that they had received an induction before working independently with people. This included training and shadowing with experienced staff. Staff said they worked with experienced staff who shared their best practice so people had their needs fully met. They said the management team checked when they were ready to support people on their own. One member of staff explained how they had an experienced member of staff as a mentor which they could call on for additional support if needed. The staff member went on to say this was a benefit to them and they felt very supported from the start. Staff told us they were confident with how they provided support for people using the service.

The registered manager explained staff completed an induction course that was in line with the nationally recognised 'Skills for Care' common induction standards. These are the standards that people working in adult social care meet to safely work and provide support for people. Staff said they felt prepared and had received training in all areas of care delivery. One member of staff said they had received additional training about supporting people to mobilise when they needed specific equipment. They told us this training had improved their understanding and practice when supporting people using the service.

Staff told us they felt well supported and had regular supervisions and an opportunity to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. They also were encouraged to undertake vocational training in health and social care. This training included Mental Capacity Act 2005 (MCA). Staff explained they knew how this effected people they supported.

The 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 told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they would report this when they needed to. Staff told us they always ensured that people consented to their care. Staff were aware of who needed support with decision making and who would be included in any best interests decisions for people. The registered manager had an understanding of the MCA and was aware of his responsibility to ensure decisions were made within this legislation. For example, we saw a capacity assessment had been arranged with another professional to ensure one person had the support they needed.

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. We checked whether the service was working within the principles of

the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and regularly worked with health and social care professionals to support people when needed.

Most people we spoke with using the service did not require support with food and drink. Those who did require support told us they were offered choice and encouraged to maintain a healthy diet. One person said, "I choose what I want and they [staff] help me get it ready." Staff knew what level of support each person needed. Staff told us how they did this in line with people's assessed needs. The people we spoke with confirmed that staff ensured they had a sufficient amount to eat and drink.

People told us they received support with all aspects of their health care when they needed it. One person said, "We always discuss my hospital appointments and they help me arrange when they [staff] will visit, around my appointment." Staff had involved other health agencies as they were needed in response to the person's needs. For example, one person told us how they were supported by an occupational therapist who worked with the service. They said they had worked with them to regain their independence when cooking meals and putting themselves to bed, helping with ideas and providing equipment to facilitate this. The person explained how this had improved their well-being to be more independent. We spoke with the occupational therapist who regularly supported people who used the service. They told us their relationship was really good with the staff and management team and they were able to support people effectively when they needed to. The registered manager explained they held regular meetings with other health agencies to ensure people were supported in a holistic way.

Is the service caring?

Our findings

People and their relatives told us staff were caring and being supported by them had made a difference to their lives. One person said about the staff, "They are all lovely, kind and helpful, I would be lost without them." Another person told us, "We might have lots of different carers [staff] but they are all brilliant. I never mind who comes, I enjoy all of their company and help." People told us they valued their relationships with staff and how that improved their well-being.

Relatives told us that staff were very kind and patient. One relative said, "They are a life saver, all the staff are absolutely fantastic, really supportive of the family and [family member]." Another relative explained how staff had worked with their family member to increase their confidence so they became more independent.

People we spoke with told us they were supported in a way that focussed on their views and wishes. One person said, "They really listen and encourage you to have a go yourself." Another person told us, "They [staff] are always so thoughtful, they would put the tea bag in the cup ready for when I made the tea. It was all very much appreciated." Relatives explained that their family member was the focus for the support they received. One relative said about staff, "We couldn't have coped without them, things are so much better now."

People we spoke with explained how staff discussed their choices and what they wanted to achieve with the short term help the service provided. For example, one person explained how they needed some help at the beginning and this was continually reduced as they achieved each goal to independence. We spoke with the occupational therapist who worked with people who used the service. They explained that staff were involved during assessments so they could work together to improve people's independence. They went on to say that staff would then continue to work with the therapist and feedback improvements so there was effective progress made. They also said staff and the management team would respect what people using the service said and support them to achieve the goals that people had set for themselves.

People said staff respected their dignity. One person told us, "I am always comfortable with staff; they increase my confidence and really listen to me." They explained how this increased their dignity and well-being. Another person said, "They [staff] always explain what they are doing and respect my opinion." Relatives said staff always treated them and their family member with dignity and respect. One relative told us, "Staff always take the time to speak to [family member] and explain what they are doing, there is always a lot of laughter when they visit which lifts both of us." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible.

All the staff we spoke with had examples where they had worked with people using the service to reach their goals and were really proud that people were able to achieve the improvements to the way they lived their lives. Another member of staff told us about how they spent time listening to people and their relatives talk about their concerns and worries. They explained that they felt this helped people feel valued and listened to. All staff we spoke with were passionate about how important the people they supported were.

People said staff supported them to make their own decisions about their daily lives. One person told us, "We work together and I do as much as I can. They don't take over, it's still my life." Relatives said they were involved with their family member's care planning, with their family member's agreement and they felt listened to.

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their care. They told us they were consulted and involved from the start of receiving a service. One person said, "We talked about what help I needed." Another person told us, "They have always listened to me." Relatives told us they had been involved in sharing information about their family member from the start. They also said staff kept them involved and one relative told us they felt very much 'part of the team' to support their family member.

People we spoke with told us staff had identified their wishes and outcomes from the beginning of their assessment. Staff explained the focus of the assessment was on what people wanted to achieve with the service's support. For example, one person explained they had wanted to feel confident whilst having a shower. They told us how staff had organised equipment and confidence building and they were now independent with this task. They said this had increased their feeling of self-worth and dignity.

People told us they were supported to become more independent. One person said, "All the staff are wonderful, they have changed my life beyond recognition." They went on to explain how they were struggling to manage with most areas of their daily living. They said staff had worked with them and increased their confidence and now they could manage most things for themselves, which they were really pleased about. Staff we spoke with told us they focussed on enabling people to remain as independent as possible.

Relatives told us the service was adaptable to meet their family member's needs. One relative explained how they could move staff's visits around so their family member could attend hospital appointments. They went on to say how important this was for their family member to feel in control of their life and the support they needed.

Staff knew about each person's needs, they said they knew people really well and from the beginning they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans along with people's desired outcomes. We looked at care records and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

People told us their support was regularly reviewed and where changes were needed they were implemented. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One person said, "I can alter times, they will always stay as long as I need them. They [staff] will do extra things and think of things that I have forgotten." All the people we spoke with felt nothing needed improving.

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative said when they needed an extra few hours support for their family member,

the staff at the office would always support them as they required. Staff told us that plans were updated quickly if there were any changes.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I am happy to speak to any of the carers [staff] about concerns, but I have none at this time." People explained they were confident to discuss any concerns about all aspects of their care provision with the management team. Relatives said they were confident to speak to the management team if they had any concerns. The registered manager investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a full explanation provided. Staff we spoke with said any learning from complaints was always shared at their team meetings. For example, if someone had requested a particular time for their visit. There were clear arrangements in place for recording complaints and any actions taken.

Is the service well-led?

Our findings

The registered manager managed the five location offices of the service, with support from the two locality organisers who were in day to day control of this location. People told us the service was well run. They said they had no complaints about the way the service was managed. One person said, "I would recommend the service, they have made such a difference to me." Another person said, "They do what they say and they are very helpful." Relatives we spoke with were happy with the service provided. One relative we spoke with said, "I have found the staff in the office are helpful when I have spoken to them."

The registered manager told us it was important that the service treated each person as an individual and looked at how they could support people holistically. For example, the registered manager explained there was a weekly meeting which the locality organisers arranged with other health and social care professionals. These meetings reviewed the support for all the people using the service to ensure every person had all the support they needed.

The registered manager explained that people were asked to complete exit questionnaires when they left the service. This supported the registered manager to monitor the quality of the service and ensured this was kept under continuous review. We saw the results of these questionnaires showed people were pleased with the service and had benefitted from the support provided. The registered manager told us where there were areas for improvement the management team identified these concerns and took appropriate action. The most recent results we saw had not identified any areas of concern. People were overwhelmingly satisfied with the service they received.

Staff told us the culture of the service was about the importance of each person who was supported by the service. They explained how this was emphasised through the ethos of their managers through team meetings and one to one's. All the staff we spoke with were passionate about supporting people with all their needs and being responsive and adaptable to people in how care was provided. One member of staff said, "We support people to do what they want to do, it's brilliant." Staff said they all communicated well and worked together to support people with the involvement of the person using the service and their families.

Staff said they were supported by the management team. They told us they could always speak to someone if they had any concerns about a person using the service. For example, one member of staff said their senior would visit the person with them if they had a concern. This was to support the staff member and resolve any concerns. One member of staff said about the management team, "We are encouraged to share any concerns so we can support people well." Staff told us they had regular one to ones and team meetings, they said they felt well supported and listened to. Staff also explained how they were encouraged to work with the management team and plan their development opportunities and vocational qualifications. Staff told us how any compliments were always passed on so they felt valued and appreciated. Another member of staff said, "It works well, we really communicate well as a whole team."

The management team completed regular checks to ensure they provided quality care. For example the

registered manager said the management team regularly monitored staff practice and reviewed how staff supported people using the service. He also explained how the management team monitored all areas of service provision to ensure people received quality care.

The registered manager explained that he always strived for continuous improvement. For example he told us how members of his management team were working with staff from the hospitals to improve the discharge process to the benefit of people using this service.