

Enableability

Enable Ability

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

This inspection took place on 28 August 2018 and was announced. Enable Ability is a registered charity that provides a range of 11 services to both children and adults with a disability in Portsmouth and the surrounding area, including for example, play schemes, Saturday clubs, groups for teenagers and advocacy. One of the many services they offer are befriending services to both children and adults with learning disabilities, physical disabilities and sensory impairments. The service is registered for personal care, which means care provided to a person in the place where the person lives. Although the primary purpose of the befriending services is not the provision of personal care and most activities take place outside of people's homes, some children or adults may on occasions during their session require either the practical provision of, or the supervision of their personal care whilst at home. At the time of this inspection, the befriending services were supporting 30 adults and 38 children, of whom 20 adults and 16 children received on occasions personal care at home if this was required during their session.

There was a registered manager in post as required. 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.

At our last inspection we found one breach of the regulations in relation to requirements for workers. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least good. At this inspection we found the required action had been taken to meet this regulation. The provider operated robust recruitment processes.

Processes were in place to protect people from the risk of abuse and risks to people had been assessed. Staff spoken with had a clear understanding of their responsibility to raise any concerns or issues. Processes were in place to ensure trained staff provided people's medicines where required. The provider had acted to ensure the medicine administration records for the one person they currently support with medicines are returned to the office for storage once complete. Processes were in place to protect people from the risk of acquiring an infection.

People's care needs had been assessed prior to the commencement of the service and staff were provided with relevant information both within their training and staff handbooks. Staff underwent training that was specifically tailored to the needs of the person or people they befriended. Staff were not generally involved in the provision of or preparation of food for people at home, however where they did provide this care, this was stated in the person's care plan. Staff supported people when out as required with eating their meals.

Staff worked well across the provider's services to ensure people experienced a seamless and joined up service. The service was not commissioned to meet people's day to day health and well-being needs. However, staff worked closely with a range of agencies to ensure people received effective care and ensured any relevant information was shared. People were supported to have maximum choice and control of their

lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Sessional workers had created meaningful relationships with both children and adults who trusted them and enjoyed spending time with them. Staff used a variety of techniques and communication methods to enable people to express their views about their care. Staff ensured people's privacy and dignity were upheld.

The service was very responsive to people's individual needs and the provision of people's befriending sessions were highly personalised. People's aspirations were identified with them and staff supported people to achieve their identified goals. Staff enabled people to have presence in their local community and to maintain relationships. Processes were in place to enable people and their representatives to raise any issues and appropriate action had been taken in response to any issues raised.

There was a clear strategy for the delivery of the service and processes were in place to monitor the culture of the service. The registered manager understood their legal responsibilities and the challenges facing the service. People, their representatives, staff and trustees were all involved in the service and their thoughts and expertise were actively sought and utilised for people's benefit.

Internal and external processes were in place to monitor the quality of the service. The service worked in partnership with a variety of agencies to support care provision.

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.

The provider ensured there were sufficient, suitable staff whose suitability for their role had been assessed prior to their employment.

Systems, processes and practices were in place to protect people from the risk of abuse. Risks to people were assessed and managed.

People's medicines were managed safely, and the provider has acted to ensure medicine records are returned to the office once completed.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed and the planning of their care took into account legislative requirements and good practice guidelines.

Staff had the skills and knowledge to meet the needs of the people they have been allocated to befriend.

People's consent had been sought and legal requirements met. The registered manager has acted to record these decisions more clearly.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff.

Staff enabled people to express their views and to make decisions about their support.

Staff ensured people's privacy, dignity and independence were upheld.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's individual needs and the planning and provision of people's befriending sessions was highly personalised.

People were supported to pursue interests and activities which they wanted to do.

People and their representatives were able to raise any concerns or complaints if they needed to and any issues raised had been addressed for people.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and open culture within the service.

People, staff and the community were engaged with the service.

Processes were in place to monitor the quality of the service.

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.

We gave the service 48 hours' notice of the inspection activity to ensure staff we needed to speak with were available. We visited the office location on 28 August 2018, where we met and spoke with one person who used the service, the registered manager, the two deputy managers and three sessional workers as the service terms the staff who provide the befriending services. We also reviewed four people's care records and policies and procedures. We reviewed the recruitment and supervision records for three staff and staff training records. We spoke with one person and six people's relatives or representatives by telephone on 29 August 2018. The inspection was completed by one adult social care 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 included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

The service was last inspected in November 2016 when one breach of regulations was found.

Is the service safe?

Our findings

People, their relatives and representatives told us they found the service was safe. Their comments included, "They work out which carer to match with [loved one] then we meet them first." "Children get continuity with the staff." "Any issues with [loved one] staff ring me immediately." "[Name of worker] has the relevant contact numbers if out with [loved one]." "The carer will give medication if they have to and it is all documented" and "[Name of worker] is trained in epilepsy and in how to give rescue medication."

At our previous inspection of this service on 15 November 2016 we found the provider had not taken appropriate steps in order to ensure staff were suitable to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider submitted an action plan which stated the requirements of this regulation would be met by 12th June 2017. At this inspection we found the legal requirements of this regulation had been met.

Staff records reviewed contained staff's full employment history from when they had completed their full-time education as required. Other checks included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were required to provide suitable references and any issues identified through this process had been followed up. Staff's identity had been checked and staff had completed a health declaration. The provider operated thorough recruitment processes to ensure suitable staff were recruited.

Staff told us that there were sufficient staff to provide people's care. One staff member told us, "People can have cover [for holidays] but prefer their regular worker." People benefited from consistency in the staff who worked with them and preferred their befriending sessions to be provided by the same sessional worker. Staff told us either the person or their representative had to sign the daily notes for each session, which demonstrated the session had been provided, for the required time.

Staff told us they had undertaken safeguarding training which records confirmed. Staff were required as part of this training to complete a safeguarding workbook which covered the law, signs of abuse, types of abuse, prevention, reporting and it included exercises to test staff's knowledge upon completion. Staff understood what they should report, how and had access to relevant guidance in their staff handbooks. Staff were asked during their supervisions if they had any safeguarding issues they needed to discuss, this both encouraged staff to speak out and enabled them to regularly reflect upon their safeguarding knowledge. Processes were in place to ensure records were maintained of any financial transactions completed during a session, to ensure any monies spent on behalf of a person could be accounted for. Although staff had not had to make any safeguarding alerts to the local authority for those receiving the regulated activity. There were two designated officers' one for safeguarding children and one for adults, both who understood their role. People were safeguarded from the risk of abuse.

Staff understood that people may experience discrimination within society and provided examples of when this had happened. For example, when members of the public had spoken to them about the person, rather

than speaking directly to the person, having assumed they could not communicate. Staff had taken relevant action in these situations to uphold people's human rights.

When people were assessed for the befriending services, any potential risks to them relating to the provision of the session were identified. In relation to, their walking, standing, risk of running away, sight, hearing, understanding, feeding, grooming, dressing, bathing, menstruation, mental health, medication and toileting. Risks to people from their environment were also assessed, including their home, electrical, living room and garden. Where risks were identified, measures were in place to manage them. For example, one person needed to wear pool shoes in case they slipped when taken swimming. People's risk assessments were reviewed at their reviews or following any changes to their needs. Staff told us that in the new care plan format they were introducing for people, they covered fire evacuation procedures and asked people or their families if they would like input from the local fire safety officer, for their safety. Staff confirmed they received sufficient information about the potential risks to people. The user information pack provided people with a number to call if they experienced any issues out of hours and needed to speak with staff.

Staff who needed to administer people's medicines during their session had been trained to do so and their training included a competency assessment. This was not usually a general part of the sessional workers role, but on occasions people could require medicines to be administered. Staff had access to the provider's medicines policy to provide guidance. There was only one person that staff administered their medicines at home as a routine part of their befriending sessions. We were unable to review this person's medication administration records as they were kept in their home, and the person was unavailable. We brought to the provider's attention that a person's records should be accessible and that completed medicine administration records (MAR) should be stored in the office and not the person's home. They assured us that they would take the required action to address this. Following the inspection, the provider was able to provide evidence this had been done. One of the deputy managers told us they checked upon the person's MARs when they visited the person for completeness. Processes were in place to ensure trained staff could provide people's medicines where required.

Generally, sessional workers did not routinely provide 'hands on' personal care, their role tended to involve the supervision of the child or adult's personal care needs where required during a befriending session. However, for some people personal care was provided, either prior to the person going out or as part of their activity. Staff training on personal care, included infection control and the provider's health and safety policy provided relevant guidance. Staff who provided personal care on occasions, told us they had access to personal protective equipment such as gloves and aprons. Processes were in place to protect people from the risk of acquiring an infection.

Staff spoken with had a clear understanding of their responsibility to raise any concerns or issues. Records showed that when issues had been raised, these had been investigated and relevant action taken to reduce the likelihood of repetition.

Is the service effective?

Our findings

People, their relatives and representatives told us they found the service was effective. Their comments included, "The training that goes into staff is amazing, it is all individualised to the needs of the child." "The carer is well trained." "If they know staff are leaving and they can arrange it, then the replacement staff shadow the staff member who is leaving." "The carer always checks what [loved one] has eaten before they take [loved one] out to ensure they don't offer them something too similar."

People had predominantly been referred to the service by statutory agencies, who first completed the provider's referral form to provide background information about the person and their needs. Where relevant the referrer had also provided a copy of their own assessment. Depending on the age of the person, either the deputy manager for children's services or the deputy manager for adult services then met with the person and their family where appropriate to complete an assessment of their needs, which also formed the person's care plan.

The registered manager informed us they ensured people's care was provided in accordance with legislative and good practice requirements by keeping themselves up to date. This was achieved through their attendance at local meetings and the receipt of email updates in relation to legislation. The service also used an external Human Resources organisation, who ensured their employee handbooks were regularly updated. Face to face training was provided from a local service provider whose courses were based on current best practice guidelines.

Staff told us they had received an induction to their role, which records confirmed. Staff were contracted to befriend specific people and most staff only worked with one person each, for on average three hours per week. Therefore, their training was individualised to the needs of the person they befriended and the type of support they required. For example, if a person had a diagnosis of epilepsy or experienced challenging behaviour then staff received training in these specific areas. If staff were involved in moving or handling or medication, then they undertook training in these areas. The services attracted many staff who either had already had a professional background in health, social care or teaching or who were intending to commence training in these professions. Therefore, many staff had already acquired relevant qualifications which they could draw on in their work with people. Staff also received regular supervision and an annual appraisal of their work. Staff received the necessary support to carry out their role.

The primary purpose of the befriending service was not the routine provision of meals, as for example with a domiciliary care agency. Any support staff provided people with meals, was generally provided in the context of staff assisting people with their meal where required when they had taken them out for a meal, as one of the person's preferred activities.

People's records did note their dietary needs and preferences. For example, one person ate a very restricted diet, therefore when their sessional befriender took them out for a meal, they had worked with them on trying new foods, which had been successful. Where staff were to assist a person to eat during their befriending session this was stated in their care plan. People's dietary needs were identified and met.

Staff told us that when children were referred to the befriending scheme, they had often already attended the play scheme, where staff would have got to know them. If the child had related well to a particular worker at the play scheme then that worker was asked to provide the befriending service, ensuring that the child's introduction into the befriending service was smooth and not stressful. If a worker was due to leave, where possible, staff introduced the new worker, so they could 'shadow' the existing worker and get to know the person. Many children had grown up with the children's befriending service and when they transitioned to the adults befriending scheme, their sessional worker went with them to ensure continuity. A relative confirmed, "[Loved one] was under the children's befriending service and as they have grown up they are now under the adults." The provider was focused on ensuring that people's journey through the service was as seamless and person focused as possible.

The service was not commissioned to meet people's day to day health and well-being needs. However, staff worked closely with a range of agencies to ensure people received effective care and ensured any relevant information was shared and participated in multi-agency reviews of people's care as required. Staff obtained copies of any relevant information about people's healthcare needs for example, from their occupational therapists or physiotherapists as required.

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.

Children's parents had correctly signed their agreement for the provision of the children's befriending service for their child. Many people had the capacity to agree to the provision of the adults' befriending service and had provided their consent. Staff had acted in accordance with the requirements of the MCA 2005 for the five people who could not consent to their befriending sessions. They had identified that they lacked the capacity to consent to the sessions and therefore had fully consulted their relatives as part of a best interest process. Staff's recording of this could have been clearer, as relatives had then signed for their loved one to take part in befriending activities. We brought this to the registered manager's attention. Following the inspection, the registered manager provided evidence of how they had changed their wording to more accurately reflect that a best interest decision had been made for the person. The registered manager took the required action promptly to ensure legal requirements were met.

Is the service caring?

Our findings

People, their relatives and representatives told us they found the service was very caring. Their comments included, "Carer is wonderful." "They [person and staff] have a good relationship." "I would be lost without [name of staff]." "My [loved one] is young and the carer takes them out to the pub each week for a meal and to see their friends, which is normal for a person of their age." "Yes, staff ensure my privacy and dignity are upheld if I require any support."

A person told us about their sessional worker, "They are interested in me." We observed that a person we met was very relaxed and comfortable in the company of their sessional worker. A relative told us of how the sessional worker who worked with their child had to work hard to form a relationship at the beginning, but how over time they had created a relationship of trust with the child. Another relative told us, how receptive their loved one was to the presence of the sessional worker. They also told us how sensitive they were to their loved one's moods and how they reacted according to their mood, sometimes just sitting with the person as this was what the person wanted. It was clear that the sessional workers had created meaningful relationships with both children and adults who trusted them and enjoyed spending time with them.

Staff had access to information about people's communication and language needs. Staff told us and a relative confirmed, "[Loved one] uses Makaton and PECS to communicate and the carer is trained in both." Picture Exchange Communication System (PECS) and Makaton are both programmes designed to provide a means of communication to people who cannot communicate verbally. Staff could access training to enable them to communicate with people.

We observed that a sessional worker was very aware of the person they were with and followed the person's gaze to identify what was interesting them. They were able to communicate very effectively with the person who did not communicate verbally. The person confirmed to us that the sessional worker asked them what they liked to do. A relative told us, "The carer shows [loved one] pictures of meals to help them make a choice when they are out." Another relative confirmed, "[Carer] asks [loved one] what [loved one] wants to do and takes [loved one] to do it." The service also ran an Advocacy Service for people if required. Staff used a variety of techniques and communication methods to enable people to express their views about their care.

The provider's statement of purpose set out people's rights to privacy, and dignity in the provision of their care. Staff understood the need to preserve people's dignity during the supervision of provision of any personal care. A staff member told us, "I always talk to people when providing care. Ensure I speak discreetly to people about their care. Keep it all in private." A relative confirmed, "The carer makes sure that [loved one's] privacy and dignity are maintained when they are out. For example, that [loved one's] clothes are straight when leaving the bathroom." Staff ensured people's privacy and dignity were upheld.

Staff understood the importance of promoting people's independence. A relative told us, "[Loved one] likes to be independent and the carer promotes this." During supervision, staff reflected upon how people's independence had been promoted. People's independence was promoted by staff.

Is the service responsive?

Our findings

People, their relatives and representatives told us they found the service was responsive. Their comments included, "Yes, I am involved in the care plan. It is reviewed every six months." "I get the care when I want it." "The care is individual." "[Loved one] can be challenging and the worker understands how to manage this." "I know who to speak with if I had any issues."

People's care plans outlined their abilities in terms of what they could do rather than what they could not, in relation to each aspect of their lives, for example, if they could self-transfer. People's needs on the grounds of their protected characteristics had been identified and met for example, in relation to their, disability, age, race and religion. Protected characteristics are the nine groups protected under the Equality Act 2010.

People were asked for their preferences about the sessions provided. At one person's review they stated the gender and type of support worker they wanted, and this was provided.

The service was responsive to people's identified needs. Children were provided with an increase in their befriending hours in the school holidays, to reflect their increased need for the befriending sessions at this time.

The registered manager told us, the strength of the service was, "Treating people holistically and looking at positive outcomes for people" and "Building links to open up opportunities for people." In pursuit of these goals, people were asked about the outcomes they wanted to achieve. For one person this might be addressing an issue, staff told us how they had supported a person to overcome a fear. Another relative told us, "[Loved one] likes to stay in but the carer has worked with [loved one] to get them out more and now they visit the beach and go for walks which would not have happened a year ago." For other people, they were enabled to undertake voluntary work with their sessional worker. Staff told us how one person was interested in work, so staff had been making connections with a firm locally to provide this opportunity for the person.

People's personal interests were explored with them in their assessments and then staff identified how these could be met. A person told us how staff took them to participate in a sport they particularly enjoyed. A relative told us, "Staff take [loved one] out to do normal activities for [loved ones] age." Staff considered peoples' age, gender and interests when planning activities with them.

Staff told us how they supported one person to meet up with their partner. A relative told us how the provision of the sessions at the time they wanted them, "Gives [loved one] a life in the evenings." Another relative told us how the sessional worker took their loved one to a range of places of interest to them, whilst ensuring they chatted to them about what they were seeing to include them. They also took photos for the person to go in their life book, to create a record of what the person had participated in. Staff promoted people's personal relationships and social inclusion.

Staff spoken with were very knowledgeable about the needs of the people they supported. A sessional

worker told us that prior to supporting a person they had met with them, read their care profile and met with their family. Staff then ensured they received a handover before each session. One relative told us, "The carer always gets a handover from us before the session starts and then tells us what has happened." This ensured staff had up to date information about the person.

The service ensured that people had access to the information they needed in a way they could understand it and comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider identified people's disabilities and communication needs within their assessment and ensured staff had the skills to communicate with each person depending on their needs.

People and their relatives were provided with details of how to make a complaint or raise an issue within the service user guide. People and their relatives were asked for their feedback on the service and staff at their reviews, to check if they were satisfied. Staff understood their role in supporting people if they wished to make a complaint. Records showed that where issues had been raised on occasions, the registered manager had ensured they were investigated and addressed promptly for people.

Is the service well-led?

Our findings

People and their relatives unanimously told us of the service, "Yes, it is well-led." Their other comments included, "They have been brilliant." "The service is invaluable." "They treat the staff well" and "Staff enjoy their work."

The provider's service user guide set out the aims and objectives of the service. Which were to facilitate a range of activities for the person and to provide any care required during sessional activities. The provider's principles were to be flexible, provide staff with appropriate training, ensure staff understand the person's needs, all activities to be agreed, promote safety, and for quality to be measured via staff supervisions and reviews. Staff told us they learnt about these during their induction. Staff were provided with codes of conduct which described the behaviours expected of them when working for the service. The codes were then reviewed with them during their supervision, where they were asked if they had any issues they needed to raise. There was a clear strategy for the delivery of the service and processes were in place to monitor the culture of the service.

There was a registered manager in post as legally required. They had responsibility for all the services provided by the charity which included the two befriending services. They were supported in their role by two deputy managers one who oversaw the children's services and one the adult services, in addition to team leaders. There was a clear management structure in place.

The registered manager understood their legal responsibilities and the challenges facing the service, such as funding. They appreciated that the existing paper-based systems needed to be sufficiently robust hence they were in the process of transferring all records to an electronic system specifically designed for charities.

People and the local community were very engaged with the service. On the day of the inspection there was a fund-raising meeting attended by people who used the service, relatives, trustees of the charity and staff. A person told us how they had raised funds for the charity in collaboration with local MP's and one of the trustee's skills in marketing were being utilised. The meeting was representative of people, their relatives, staff and trustees who all contributed their views and expertise.

The registered manager and staff told us how they worked with local schools and charities, to make links and develop further opportunities for people. The charity was looking at setting up a social enterprise coffee shop to offer work opportunities with a local college. Social enterprises reinvest the money they make back into their business or the local community, to improve peoples' life chances.

People's views on the service and ideas for improvement were also sought at the last survey two years ago, which led to the re-configuration of the services and the introduction of the deputy manager roles.

Processes were in place to improve the service, through people's reviews of their befriending packages where people were encouraged to provide their feedback and through staff supervision. The charity trustees were both diverse and skilled in their backgrounds and met with the registered manager every month to

monitor the performance of the services. External monitoring of the service was completed through local authority contract monitoring.

The service worked in partnership with a variety of agencies to support care provision. Staff regularly attended school reviews for children. They also liaised with social workers about people's care. The registered manager told us the service was currently working with half a dozen local agencies. The provider had also told us in their provider information return, 'As a charity that provides services to people with disabilities, we aim to be as inclusive as we can be and actively represent the Voluntary & Community Sector through membership of the multi-agency SEND (Special Educational Needs & Disabilities) Board set up by the Local Authority to establish and implement a 'Removing Barriers to Inclusion Plan' for the locality, a large part of which relates to the development of inclusive and integrated services.' The provider was focused on the integration and promotion of opportunities for people with a disability in Portsmouth.