

London Borough of Newham

Enablement Service

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 20 and 21 July 2016. The provider was given 24 hours' notice as they are a domiciliary care provider and we needed to be sure staff would be available to meet with us. The service was last inspected in September 2014 when it was found to be compliant with the outcomes inspected.

Enablement service provides up to six weeks' support to people in their own homes to support them to regain their independence or to learn new skills. At the time of our inspection they were providing support to approximately 50 people, due to the nature of the support the number of people receiving a service varied from week to week.

The service had 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.

Staff were knowledgeable about how to keep people safe from harm and reported concerns to their managers. However, the processes in place to respond to concerns did not always escalate issues appropriately. We have made a recommendation about safeguarding adults.

People were at risk of harm and poor support because needs and risk assessments were not completed before people started receiving a service. Care plans and risk assessments in place lacked detail and were not personalised. The service relied on the knowledge and experience of staff to provide safe support that met people's needs. The service monitored people's progress closely and made referrals to other services appropriately.

Where the service supported people to meet their nutrition and hydration needs their needs and preferences were not clearly recorded. We have made a recommendation about meeting nutrition and hydration needs.

Staff told us, and feedback surveys confirmed, the service was not always able to meet the cultural and linguistic needs of people receiving a service. We have made a recommendation about meeting the needs of a culturally diverse population.

The service had completed a recruitment drive to ensure that it had enough staff to meet people's needs as they recognised this was an area of need. Feedback from people and staff included that staffing shortages led to an inconsistent experience for people who were supported by a number of different staff. The recruitment processes in place ensured that suitable staff were recruited in a safe way.

The service was in the process of implementing a new medicines policy and procedure. The service did not provide people with support to take their medicines. Enablement staff occasionally checked that people

had taken their medicines as prescribed. The service supported people to access healthcare services as required and had good links with community health services.

The service sought consent from people in line with legislation and guidance.

The service had a robust complaints policy and procedure. However, records showed complaints were not escalated to the complaints department. We have made a recommendation about complaints handling.

Staff told us, and records confirmed staff received the training they required to have the skills to complete their roles. Not all staff were receiving supervision in line with the provider's policy. We have made a recommendation about staff supervision.

The quality assurance and audit processes in place were ineffective. They had not identified or addressed the risks faced by people and staff during the delivery of the service. Staff did not feel that their concerns had been listened to or addressed.

We found three breaches of the regulations. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Risks that people faced were not consistently identified and measures in place to mitigate risks were not clear or robust.

The service did not have enough staff, but had recently completed recruitment to increase staffing numbers. Staff were recruited in a safe way.

Staff working with people had a good understanding of safeguarding and knew how to keep people safe from harm. Issues raised by staff were not always responded to appropriately.

The service did not support people to take their medicines, where necessary staff would check that people had taken their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were at risk of not having their nutrition and hydration needs met as these were not clearly recorded in care plans.

Not all staff received supervision and support in line with the provider's policy.

Staff received the training they needed to develop the skills they required to perform their roles.

People were supported to access healthcare services as required.

People were providing consent to their care in line with legislation and guidance.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The service was not able to meet the cultural and language needs of people using the service.

People told us the number of different staff they saw affected the development of positive relationships.

Staff we spoke with demonstrated sensitivity and compassion in their work.

People told us the staff who worked with them were caring.

Is the service responsive?

Inadequate ●

The service was not responsive.

People's needs were not assessed before they started to receive a service.

Care plans were not personalised and lacked detail.

Complaints were not consistently managed effectively.

People's progress was closely monitored and onward referrals were made as appropriate.

Is the service well-led?

Inadequate ●

The service was not well led.

Staff feedback about the leadership of the service was mixed, some staff told us the leadership was not effective and did not listen to their concerns.

Quality assurance systems focussed on the outputs of the service and did not consider the experience of people using the service.

The systems in place to monitor the quality of the service had not identified or addressed the risks faced by people.

Enablement Service

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 20 and 21 July 2016 and was announced. The provider was given 24 hours' notice of the inspection as they provide domiciliary care services to people in their own homes and we needed to be sure appropriate staff would be available to talk to us.

The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in services provided to people in their own homes.

Before the inspection feedback was requested from local authority team with responsibility for monitoring the service and the local Healthwatch. 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 we already held about the service, including statutory notifications we had received and previous inspection reports.

During the inspection we spoke with 16 people who used the service and seven enablers. Enabler is the job title of staff providing direct enablement support to people in their homes. We also spoke with two senior enablers, two occupational therapists, one practice manager, the team manager and the registered manager. We reviewed the care files of nine people using the service including plans of care and risk assessments. We also viewed provision agreement tools relating to a further seven people and records of correspondence, called observations, from staff relating to 14 people.. We reviewed seven staff files including supervision, appraisals, recruitment and training records. We also viewed various policies and procedures, meeting minutes and other documents relevant to the management of the service.

Is the service safe?

Our findings

Care plans contained information on what risks had been identified for each person and the measures in place to mitigate them. However, these lacked detail and the measures identified to mitigate risk were not robust. For example, one person was identified as being at risk while getting in and out of the bath or shower. The risk management strategy was, "Enabler to be present with the task, offering support, advice and guidance with the task. Encourage to use equipment in situ." Although the equipment was described in the notes section of the plan, this was not available to enablers providing support. Another person was identified as being at risk getting into and out of the bath. Their risk management plan stated, "Is at risk of a fall if he tries to get into / out of shower himself. Assistance is required to ensure that he can complete bath transfer safely." There was no more information available about what assistance meant. A third person was identified as being at risk regarding completing their personal care and taking their medicines, however there was no risk management strategy contained within the plan. A fourth person was being identified as being at risk of dehydration and malnutrition and the risk management plan stated, "To ensure that he can manage to use kitchen appliances safely." This was not a measure that addressed the risk of dehydration and malnutrition. A further person had leg ulcers and was using oxygen within their home. These issues were not identified as risks and there were no management plans in place. This meant people were at risk of harm because risks had not been identified and measures in place to reduce risk were not clear.

Staff told us, and records confirmed, that enablers frequently started working with people before they had been visited by a senior member of staff who completed the risk assessments. The service relied on the knowledge, experience and skills of enablers to identify and manage risks faced by people in their homes. Enabler's estimates of how frequently they supported people without a risk assessment in place varied from, "Less than half the time." To "Most of them, I work on weekends and so I am often the first person they meet from the service." The provider told us that enablers had received training on risk assessment in 2013 and 2014 but this was not recorded in the training records of staff. This meant that staff and people using the service were at risk of harm as the service had not completed risk assessments before starting the service.

Staff told us they felt vulnerable in these circumstances as they did not know what risks they might face when they arrived at a person's property. Staff told us, and records confirmed, they raised their concerns with their managers. One member of staff told us, "I was told a senior would go before me, and it [risk assessment] would be all written up. That doesn't happen. We're on our own." Another member of staff said, "They [plans and risk assessments] don't give you a lot of information, but it's like second nature to me now. We do get unsafe situations so we get back to our line managers and tell them." A third staff member said, "I don't always feel safe."

At the time of our inspection the service did not provide people with support to administer their medicines. People using the service were all assessed as being able to self-administer their medicines. The service was in the process of updating its medicines policy and both the current and updated policies clearly stated the levels of support that enablement staff provided within their remit. Records showed that staff received training on medicines administration and this was refreshed regularly.

People using the service had a range of health conditions and many had recently been discharged from hospital. Although the service did not administer medicines, staff did sometimes check that people had taken their medicines and reminded them to do so if they had forgotten. However, the care plan documentation did not contain any information about what medicines people were taking in any of the nine files reviewed. This included people who were identified as being at risk of not taking their medicines as prescribed and people with complex health conditions. This meant that staff performing these checks had no way of ensuring that people had taken their medicines as prescribed as they had no information about what had been prescribed. In addition, it meant that staff were not made aware of any potential side effects of prescribed medicines which meant people were at risk of adverse reactions being missed. There were no medicines risk assessments in any of the files viewed.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Eight of the people we spoke with told us that staff were late, missed their visits entirely or had to rush to complete the required tasks. One person said, "They can't give me a definite time when they come. If they miss a visit, or are very late my relative helps me but this causes other problems." Enablers told us they did not think there were enough staff. Four enablers described how they felt under pressure to take on additional work and this meant that they were often late to visits and had to rush. One enabler said, "We have been struggling with staffing numbers." Another enabler said, "There aren't really enough staff at the moment. We're always having to rush. It has an impact on the support." Feedback surveys completed by people who had used the service showed that people had been raising concerns about staffing numbers since January 2016. Staff meeting records showed that staff had been raising concerns about staffing levels and deployment since February 2016. The service was in the process of recruiting additional enablers to address the shortage of staff. The provider sent us a report that showed staffing continuity levels of between 78% and 97% in the eight weeks before the inspection took place. The provider also told us they considered a report of missed and late visits at management meetings. This was not reflected in the meeting minutes viewed. The provider told us they considered continuity of staffing at a management level.

The service had a robust recruitment process which involved the local authority's user involvement service. Candidates completed application forms which included full work histories. Following robust shortlisting candidates attended a skills and values based interview which included role plays that were evaluated according to the values and skills demonstrated by candidates. Interview records showed that staff were assessed on competencies that were relevant to the role they were applying for. The service checked people's references and conducted criminal records checks to ensure they were suitable to work in a care environment. This meant the service was recruiting suitable staff in a safe way.

Enabler's were knowledgeable about the different types of abuse people might be vulnerable to and knew how to escalate concerns appropriately. One member of staff said, "I'll always report it if I'm worried." Records showed that enabler's received regular training on safeguarding adults, including bespoke sessions and recent team meetings. The understanding amongst office based staff regarding their responsibility for escalating concerns to the appropriate safeguarding team varied. Two staff were clear that they would escalate their concerns and raise safeguarding adults alert. However, two other staff described investigating concerns and attempting to resolve them without reference to raising safeguarding alerts. In discussion the registered manager recognised that staff had good awareness of safeguarding.

Is the service effective?

Our findings

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.

Staff demonstrated they had a good understanding of the MCA, they described how they asked people to consent each time they offered support. One staff member told us, "Most people have full capacity, but if I am not sure they do I call the office." All the care plans and assessments viewed contained a section on people's capacity which triggered a formal capacity assessment if the person completing the assessment had any concerns about people's capacity to consent to their care and treatment. People had signed a copy of their enablement goals to show their consent. This meant the service ensured people were providing consent to their care in line with legislation and guidance.

Staff told us they received a comprehensive induction to the service when they started their employment. One member of staff said, "It was one of the best inductions I've had. I had training on the systems and enough time to learn. The team were open to my questions and I was able to shadow experienced colleagues." Records showed that staff received training in first aid, moving and assisting people, food hygiene, fluid and nutrition, medication and safe use of equipment. This was provided at the specialist equipment provider in the borough and meant that staff knew how to use equipment that was supplied to people to help them regain their independence. Staff told us they received good training to help them develop the skills they needed to perform their roles. One member of staff said, "They're very on point with training. There are always things coming up. If you make a specific request they listen and consider it." This meant staff had the knowledge and skills required to perform their roles.

The majority of people who used the service were able to access healthcare services independently or with the support of friends and family. Records of care and enabler observations showed that where staff were concerned about people's health people were encouraged and supported to access appropriate healthcare professionals. The service had occupational therapists working within the team, and senior enablers were qualified to prescribe small items of assistive equipment. As the service was within the local authority, there were clear and effective referral mechanisms to healthcare professionals including physiotherapists and community nurses. The provision of support to access healthcare services, such as visiting the GP, or attending hospital appointments, was not within the remit of the enablement service.

Care plans showed that the service supported people to prepare meals where needed. However, in the five care plans where a need for assistance with meal preparation was identified, there were no details regarding people's preferences or nutritional needs. For example, it did not state whether people followed a special diet for religious, medical or cultural reasons, or if there were any foods that they particularly wanted the enablement service to help them to learn to prepare. One care plan stated, "Requires assistance to prepare meal and snack as cannot use kitchen appliances safely." Another person's plan stated "Support him to

regain independent skills on preparing meal/ drink safely and independently." There were no further details of what appliances, meals or snacks were to be supported.

Staff told us they found out if people had specialist diets because they would ask them. One member of staff said, "You only know [about people's dietary needs and preferences] if you ask the person. I always ask the question." Other staff described how they would find that people had been identified as needing support with meal preparation, but when they arrived at their home found they did not have any food in the fridge or cupboards. The need to support people with shopping to ensure their nutrition and hydration needs were met had not been identified during the referral and assessment process. A member of staff said, "If they've been in hospital, quite often they don't have any food. I won't lie, I've had to go into my own pocket to make sure they have something in the fridge." The provider told us they had systems in place including the provision of food vouchers, to ensure people had food in their homes. One person who received support with meal preparation told us, "I just get tea and cornflakes." Another person told us, "They are always late and I'm diabetic. They don't come until 11am for breakfast, half one for lunch and eight thirty for the evening meal. This is too late for me." This meant that although nutrition and hydration needs had been identified by the service, there was a risk they were not met as the details of how to meet the needs were not captured in the documentation.

We recommend the service seeks and follows best practice guidance on supporting people to have their nutrition and hydration needs met.

Enablers told us they received regular supervision and appraisals in order to support them to develop in their roles. Feedback about the usefulness of supervision varied, some staff told us they found supervisions useful and supportive but other staff said they did not find them helpful. For example, one member of staff said, "We get regular supervision, we tell them what we need but some things are not really dealt with." Records showed that enablers received supervision every three months in line with the provider's policy.

However, office based staff were not receiving supervision in line with the provider policy which stated they should receive supervision monthly. One office based staff member told us, "It's been very busy, it's not that it [supervision] is not wanted. I've not had a supervision for a long time." Records showed that one senior enabler had received no formal one to one supervisions between November 2015 and May 2016 as per the provider's policy on supervision. An occupational therapist had received supervision in January 2016 and April 2016. The team manager told us staff had received informal support and had discussed case management through staff meetings. However, this does not replace the need for individual supervision and personal development.

We recommend the service seeks and follows best practice guidance on supervision for staff.

Is the service caring?

Our findings

One person told us, "They [enablers] were excellent." Another person said, "The people who came were very nice." Staff spoke with passion and sensitivity about working with people. One enabler said, "I really enjoy this job, you make a positive difference." Another enabler told us, "It's very rewarding, it is only six weeks but it's lovely to see that progress and see that confidence coming back."

The service provided was time limited to six weeks which meant that staff did not have long to build up relationships with people. The team manager told us that this was managed through ensuring the staff who were recruited to the service were able to demonstrate values and behaviours that meant they were able to build relationships quickly and sensitively. Staff we spoke with demonstrated they understood how to approach people respectfully and sensitively. One enabler said, "People can be feeling vulnerable and in comes a stranger who is probably going to see you naked. You need to be able to make people feel comfortable in those situations."

Staff told us they collected information regarding people's religious beliefs, cultural background, and interests. However, this was not reflected in the care plans viewed. Staff we spoke with demonstrated they were knowledgeable about how people's cultural background or religious beliefs affected how they wished to receive support. For example, one enabler told us, "I am aware of how to behave, we respect what people ask us to do." Another enabler explained how they approached working with people for the first time. They said, "I call them, then I ring the doorbell even if I've got a key. Then I open the door. I'm not just going to open their door. I'm a stranger that might frighten the life out of them."

Both people and staff told us that the strength of the relationships they were able to build was affected by inconsistent rotas. People and staff were not matched for the full duration of the service. The service used a staff rota system where staff pairs were scheduled to mirror each other in an attempt to provide continuity. One staff member explained, "You have to be friendly. People are having care for the first time and they can find that embarrassing. We can build that up but we rarely get to say goodbye. I would like to be able to say goodbye and move on." Feedback forms completed by people at the end of the service included feedback that people would have preferred to have consistent workers. One form stated, "To have the same carer for each visit would have been beneficial." The service was in the process of recruiting additional enablers to assist with providing a consistent level of support to people.

Staff told us how they ensured that people felt they were treated with dignity and offered choices about their support. One enabler said, "It's their house. We should do what they want." Another enabler said, "I ask them first. Are they able to manage, or do they need me in the room. Staff who completed assessments told us they collected information regarding people's preferences for enablers in terms of their gender and languages spoken. However, due to the very high number of different languages and dialects spoken in the local area, the service was not able to meet all the language needs of the local population. Enablers told us they tried to communicate with people as best they could, but were not able to speak additional languages to provide the service people needed. One enabler said, "There are over 200 languages spoken in this area. People want the same cultural background but we are unable to meet that." This was also reflected in the

feedback surveys where specific language requests had been made. The provider told us they were able to access interpreters for initial assessments, but not for the longer term support.

We recommend the service seeks and follows best practice guidance about supporting a culturally diverse population.

Is the service responsive?

Our findings

People gave us mixed feedback about whether the support provided met their needs in a personalised way. Some people told us they received good support in a way they liked. For example, one person said, "They are nice people. They make sure I'm alright before they leave and help with all the bits and pieces." However, other people told us they found the service inconsistent and not in line with their expressed wishes. For example, one person said, "The previous person made the bed and cleaned up the bathroom, but the current one says it's not their job." Another person said, "They don't do what I actually want." Other people told us they were frustrated by the lack of consistency in the timing of their support. One person, who we spoke with at 10:30am said, "I'm always waiting for them to come, it upsets my life. I haven't had a wash yet and it makes me anxious and upset."

Staff who coordinated the rotas told us they were not able to provide guaranteed time slots to people. One member of staff said, "We can't specify the time of visits because it fluctuates and is short term support. We give people a window. If they are diabetic we try to give them an earlier visit. If they live with family they can have a shower at midday and it's not a problem." Feedback from people clearly showed this was not satisfactory and meant people did not feel they were receiving a personalised service. The provider told us they thought people's dissatisfaction may be based on a misunderstanding of the aims and purpose of the service.

The service received referrals from the hospital discharge teams and from the local authority's community access team. The guidance document for the service stated the service should aim to see all urgent or emergency referrals within one working day and all non-urgent referrals within two working days. These meetings were to set the goals and plans for the enablement intervention. The team manager told us they aimed to see people within two working days. Enablers told us they often worked with people for extended periods without a needs assessment taking place. The observations records for 14 people were reviewed. These showed that four people did not have their needs assessed within these timeframes. One person was not assessed for 15 days, one person waited 11 days, a third was not assessed for five days and a fourth person where enablers had raised serious concerns was not assessed for three days. All people started receiving a service before their needs had been assessed as goal setting did not take place before the service started. This meant that there was a risk that people were not receiving an appropriate service because their needs had not been assessed.

The service maintained two systems for recording people's support plans. People had an enablement plan that stayed in their homes for the duration of support. The information contained in this plan was also put into a computerised care record. The information contained within these plans lacked detail and was not personalised. There was no information regarding people's preferences for their support. For example, one person's goals were stated as being "To be able to complete personal care bottom half of body maintaining personal hygiene" and, "To be able to transfer in and out of bath safely and independently." The details of how these goals were to be met stated, "Enabler will offer support, advice and guidance with the task to maintain personal hygiene. Enabler to be present with task offering support, advice and guidance with the task." This was all the information that was available to the enablers and did not include details of

preferences or the actual tasks they needed to complete.

Other care plans viewed were of a similar quality. For example, another person's goals included, "Supervision to ensure customer manages this task safely." The plan to meet this goal was, "To build confidence completing personal care; LAS and medication prompts – applying cream to lower legs." A third person's plan included the goal, "To be able to prepare snack / light meal / drink safely and independently through enablement intervention." The plan to meet this goal was, "To support him to regain independent skills on preparing meal / drink safely and independently." Throughout the care plans viewed the goals and the plans to meet them were generic and lacked detail. There was no information available to enablers to assist them in ensuring that people received support in line with their preferences. Enablers told us they relied on people being able to communicate their needs and wishes clearly to them.

The registered manager submitted seven provision agreement tool documents in response to the feedback that care plans were insufficient. The registered manager told us these documents provided a greater level of detail so staff would know what support to provide. Although two of the documents did contain better information about how to support people, five did not contain more information than the care plan or goals documents. The provision agreement tool was not used consistently to ensure staff were able to provide support that met people's needs.

The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records showed that people's progress with their goals was monitored regularly. Enablers submitted weekly updates on people's progress and this was recorded in the electronic system. Senior staff completed reviews of people's progress as they approached the end of the six week intervention period which determined if people would complete the enablement process and return to independence or be referred for on-going support. Where it became clear early on in the delivering of the service that people were going to require on-going support, referrals were made at an earlier stage. Records showed that where people had made good progress towards their goals, but a short extension of the support may result in independence, there were processes in place to have extensions authorised. Records made by enablers were clear and focussed on the development of skills required for independence.

The service followed the local authority's complaints procedure and this was supplied to people when they first started using the service. This told people how to make a complaint, the timescales for response and how to escalate their concerns if they were not satisfied. Complaints about the service were handled by a separate department within the council. This department confirmed there had been no complaints made about the service in the past year.

However, records of care and observations showed that people had made complaints, but these had not been dealt with through the formal complaints procedure. For example, one observation record stated on 15 July 2016, "On arrival customer was furious saying why are they sending different people all the time at all different times. He said it was making him depressed. He said his daughter had phoned the office sometime before to complain about it." Another person's observation record for 22 July 2016 stated, "Customer is in a very bad mood. He said he is not going to open the door if I come after 7pm. He said that he is fed up of too many people coming in and out." Another person's care plan noted that they had made a complaint when their service had been reduced. One person told us, "Originally I had some problems but after a complaint they have improved." The service had not escalated these issues as complaints as the complaints department did not have a record of them. This meant the service was not always taking the opportunity to learn from complaints. Complaints were discussed in general terms at staff meetings, with recorded actions

being to ensure that people were informed of changes to their support packages and the scope of the service's remit.

We recommend the service seeks and follows best practice guidance on responding to complaints.

Is the service well-led?

Our findings

Feedback about the management and leadership of the service was mixed. While some staff and people spoke highly of the team manager and the registered manager, others told us they did not think the service was well managed. For example, "[Team manager] is a nice person. I can pull up a chair and chat to them. They listen. [Registered manager] knows a lot, she knows what's going on." Another member of staff said, "[Team manager] and [registered manager] are really approachable. The team manager has always got time for you." However, staff based in the community told us they did not feel well supported and told us they struggled to get hold of support when they needed it. One member of staff said, "We call the office and they don't answer. I don't find them supportive at all." Difficulties in getting a response by contacting the office by telephone was also reflected in the feedback from people who used the service. One person said, "We couldn't get hold of anybody." The provider explained the service had an office based presence from 8am to 6pm Monday to Friday with senior staff available to take calls from staff and people using the service. In addition, there was an on-call and duty system for staff to use outside of office hours. The provider told us staff could contact senior staff by phone, email or text message and they would be contacted as required. Staff were provided with mobile handsets they could use to contact senior staff. Feedback from staff reflects that this system did not always operate effectively as they did not feel they could easily access this support out of office hours.

Enablers told us, and meeting records confirmed, they regularly raised concerns about travel time and their rota schedules. Enablers told us they were frustrated as they did not feel their concerns were being listened or responded to. One enabler said, "Communication within the department is phenomenally bad." Another enabler said, "The office don't respond to feedback." Another enabler said about the support from the office "It depends on whether you can get through, if you can get through they can be helpful." Enablers who worked over the weekend all said that they did not find the duty support system effective. They said that often they could not get through and had to leave messages.

Meeting records showed that senior managers discussed the issues raised by enablers. For example, enablers had raised that details were often missing from the information they received about people they were working with. The meeting recorded that experienced staff were to support staff who were less sure of how to enter information into the systems. Likewise, travel time was discussed and staff completing rotas were advised to try different methods of calculating and recording travel time for enablers. The continued negative feedback from enablers meant that these measures had not been effective as they were still facing the same issues.

The service requested that people complete a feedback survey at the end of their period of enablement. 17 feedback surveys had been completed between January and July 2016. The service had recognised that the rate of return was low, and had taken action to improve the levels of feedback by tasking a member of staff with completing the surveys with people over the telephone. However, despite collecting this feedback there was no clear record of how this was analysed and what was done with the information. The seniors meeting in May 2016 discussed the customer satisfaction surveys at length and agreed that people should be told of changes to their service and that the meeting would consider a "continuity report" at each of the next

meetings to explore how many different staff people were working with. However, the minutes of the next meeting in June 2016 recorded "There was no discussion of this topic."

There was no management oversight of the content of care plans and risk assessments as these were the responsibility of senior enablers and occupational therapists. The registered manager and team leader told us there were plans to adopt a new system for risk assessment and care planning in October 2016 which had in-built quality assurance mechanisms. However, there were no mechanisms in place to ensure the safety of people and staff in the interim. The quality assurance reports the service completed related to transition through the service. For example, reports showed whether people had achieved their goals within a set period, or whether they had required support for longer than six weeks and whether they had achieved independence after the intervention or required long term support. These were key indicators and useful for monitoring the output of the service. However, they did not record the quality of the experience for people using the service.

When enablers encountered situations that they thought were dangerous, or where people had been harmed, for example, by having a fall, they completed a report called an observation. These were used by enablers to provide feedback to office based staff about any concerns they had as well as to feedback about the progress people had made with their enablement plans. 14 people's observation records were reviewed. These included two incidents where people had fallen, two reports where enablers provided feedback about a new risk that other staff needed to be aware of, a domestic dispute, concerns regarding one person's welfare and risk of self-neglect, and reports that one person had not received any of the visits they had been due the previous day. None of these observations had been considered as incidents and it was not clear what follow up actions, investigations or audit had taken place. This meant that the service was not responding to incidents in a way that ensured that lessons were learnt and people were protected from harm. Office based staff told us that individual cases were discussed at weekly multi-disciplinary team (MDT) meetings and informally with the team manager and registered manager. However, the minutes of the MDT meetings did not record the discussion of incidents and risks and there were no records of the individual discussions with managers. This meant the management oversight of risk was not sufficient to identify and respond to risks faced by people who used the service. The lack of incident recording also meant the service had failed to submit notifications as required to CQC. Since then inspection notifications have been submitted as required.

The service had a service level risk assessment and associated action plan. This had identified that there were risks due to insufficient information being provided to enablers. However, the service had down-rated this risk as it was now being considered as part of the adoption of a new local authority wide computer system. The new system was not due to be implemented until October 2016. The risk assessment audit showed that the risks faced by staff lone working with limited information had been identified with an original target date for the management of this risk to be complete being October 2014. The risk assessment plan showed that although some actions relating to call logging systems had been addressed the live tracking of workers was only implemented in July 2016 and training for workers was to be identified for 2016/17. This meant this risk had not been wholly addressed during a two year period. Likewise the risk assessment plan had identified that documentation might not be fit for purpose. However, the actions taken had not been effective as the documentation in place was not fit for purpose. This meant that the systems in place to monitor and improve the quality of the service had not been effective.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care (1)(c)(3)(a) Care plans were not personalised, did not contain details of preferences and lacked detail regarding the support required. Assessments of need were not completed before the service started.

The enforcement action we took:

We have issued a warning notice on the registered manager and the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1)(2)(a)(b) Risk assessments were not completed in advance of support being provided. Measures in place to mitigate risk were not robust and people faced risks that had not been assessed by the service.

The enforcement action we took:

We have issued a warning notice on the registered manager and the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(b) Quality assurance mechanisms were ineffective as risks to people and staff had not been identified or responded to appropriately.

The enforcement action we took:

We have issued a warning notice on the registered manager and the provider.