

A & L Enablement Services (Care & Support) Limited

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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 site visit took place on 13 November 2018. The inspection was announced.

A & L Enablement Services (Care & Support) Limited is registered to provide personal care support to people. At the time of our inspection the service employed 17 care workers and 27 people were in receipt of the regulated activity personal care. The service is located in Coventry in the West Midlands.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people with mental health problems, physical and learning disabilities and people living with dementia.

This was the first time A & L Enablement Services (Care & Support) Limited had been inspected under its current registration. The service had previously been registered under a different provider.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager is also the provider for the service and is referred to as the provider throughout this report.

People felt safe with care workers who supported them. The provider's recruitment procedures reduced the risks of the service employing unsuitable staff. The Provider understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

Care workers understood how to protect people from abuse. Risks to people's safety were assessed and care workers understood how these should be managed. Care workers completed a comprehensive induction when they began working at the service to prepare them for their role. The on-going training care workers received equipped them with the skills and knowledge needed to support people effectively. People and relatives were confident care workers had the knowledge and skills needed to meet their needs.

People were complimentary about the care shown by care workers and they received their care calls from care workers they knew. Care calls were consistently made at, and for the length of the time agreed. Care workers practices were regularly checked to make sure they worked in line with the provider's policies and procedures. There were enough suitably qualified care workers to provide all planned care calls and to respond to people's needs changing needs.

People and, where appropriate, relatives were involved in planning and reviewing their care and support. Care workers understood people's needs and had time to develop relationships with people. Care records

reflected people's current needs and gave care workers the information needed to ensure care and support was provided in line with people's preferences.

People, relatives and care workers said the management team was approachable. Care workers felt supported and valued by the management team and 'loved' working for the service. People and relatives knew how to raise any concerns or complaints and were confident any issues raised would be listened and responded to effectively. No complaints had been made. People's right to privacy and dignity was respected and their independence promoted.

The management team and care workers shared common values about the aims and objectives of the service. The provider's quality monitoring checks were not always effective. Action was taken to address this. People and relatives were encouraged to share their views about the service to drive forward improvements. Whilst no improvement suggestion had been made the provider had identified areas for development which had been or were being addressed.

People and relatives were very satisfied with the service provided and the way the service was managed. Systems were in place to manage people's medicines safely and care workers had received training to do this.

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.

Risk associated with people's planned care had been assessed. Care workers understood how to keep people and themselves safe. Medicines were managed safely. People felt safe with their care workers and there were enough care workers to provide people's planned care calls. People received support from care workers who were of good character and who knew how to safeguard them from harm.

Is the service effective?

Good 

The service was effective.

The provider and care workers understood their responsibilities under the Mental Capacity Act 2005. Care workers had been inducted into the service and had completed training the provider considered essential. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good 

The service was caring.

Care workers knew and respected the people they supported. People were encouraged to be as independent as possible by care workers who showed respect for people's privacy and dignity. People were involved in making decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People and relatives were involved in planning their care and support. Care calls were consistently provided at the times and for the length of time agreed. Care records informed care workers how people preferred their care and support to be provided. People and relatives were given information about how to make a complaint. No complaints had been received.

Is the service well-led?

The service was well-led.

People and relatives were very satisfied with the service provided and the way the service was managed. People, relatives and care workers considered the management team to be supportive and approachable. Some of the provider's quality monitoring systems were not always effective. Action was taken to address this. Care workers felt valued and enjoyed working at the service. The provider maintained an action plan to support continual service development.

Good 

A & L Enablement Services (Care & Support) Limited

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 the first inspection of time A & L Enablement Services (Care & Support) Limited since registering with the Care Quality Commission (CQC) in January 2017.

This inspection site visit took place on 13 November 2018. The inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure care workers and the provider would be available to speak with us about the service.

This was a comprehensive inspection and was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

Before our inspection visit, we reviewed the information we held about the service. We looked at statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

The provider sent us their completed Provider Information Return (PIR), as requested. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection visit. During our visit we found the PIR was an accurate assessment of how the service operated.

We conducted telephone interviews with nine people and five relatives of people to obtain their views of the

service they received.

During our site visit we spoke with the provider, the assistant manager and three care workers.

We looked at three people's care records and other records related to people's care, including risk assessments, medicines records and daily logs. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks completed by the management team to assure themselves people received a good quality service, including complaints, medicine records and accident and incident records.

Is the service safe?

Our findings

During our inspection we looked at the safety of the service and have given a rating of Good.

People felt safe with their care workers. One person explained this was because they 'trusted' them. Relatives agreed. Comments included, "Yes, I think he does feel safe. It's the way they [care workers] treat him as a person, not as an object." and "[Person] does feel safe, I'm sure. [Name] has a small team who have got to know her well."

The provider protected people from the risk of abuse and safeguarded people from harm. Care workers understood the principles of safeguarding and their responsibilities to report any concerns. One told us, "If I reported a concern, say, an unexplained bruise I would expect [management] to investigate." They added, "If I wasn't satisfied I would let CQC [Care Quality Commission] know."

The provider understood their responsibilities to inform the local authority safeguarding team and the Care Quality Commission [CQC] if any concerns were raised about people's safety. Records showed the provider managed safeguarding concerns in line with their policies and procedures which helped to keep people safe.

There were procedures to identify risks related to people's care, such as risks within their home or risks to the person. Risk assessments were up to date, regularly reviewed and included information care workers needed to manage and reduce risks. For example, one person was at risk of falling, and could injure themselves. Their risk assessment included the number of care workers required to support the person to move around safely, the type of equipment and how this must be used to minimise the risk of them falling.

Discussion with care workers assured us they knew about the specific risks associated with people's support needs and what they needed to do to manage the risk. One care worker told us, "The risk assessment breaks everything down. It tells you what to do and how to do it." They added, "It's important to read the assessment before you visit so you are confident in your work. This helps build trust with the clients [people]."

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person commented, "They always come on time." Another told us they had been receiving support from the service for over 12 months and had never had a late or missed call. When discussing call times with relatives one said, "They are spot on."

Records confirmed there were enough care workers to allocate all the planned and additional calls people required. We saw care workers rotas were prepared in advance and people received a weekly copy of the rota so they knew who would be visiting them. The provider explained the management team also covered care calls because 'consistency' of care workers was an important element of the way the service provided person centred care.

The provider had recruitment process in place to ensure, as far as possible, risks to people's safety were minimised. This included completing pre-employment checks with the Disclosure and Barring service (DBS) and obtaining references to ensure staffs' suitability to work with people in their own homes. The DBS is a national agency that keeps records of criminal convictions. Care workers told us these checks had been completed before they were able to start working at the service. Records confirmed this.

We checked to see if medicines were safely managed by the service. Some people managed their own medicine or had a relative who assisted them with this. People who required support from the service told us they received their medicines at the times they needed. A relative explained, "Because they [Care workers] always arrive on time, the tablets are on time too." They added, "[Care workers] always record what they have done on the medicine chart and in the notes."

Medication administration records (MARs) we reviewed had been signed by care workers which showed people had received their medicine as prescribed, including creams which needed to be applied directly to people's skin. The registered manager told us care workers were not allowed to administer people's medicines until they had completed medicine training and had their practice observed to ensure they were 'confident and competent'.

Care workers understood the importance of, and their responsibilities in relation to infection control. One said, "When I'm supporting someone with personal care I follow the guidance. Things like gently reminding them [person] to use a different flannel to wash their private parts." Records showed the management team regularly checked to ensure care workers used and safely dispose of single use gloves and aprons during care visits.

Accidents and incidents were logged and appropriate action had been taken at the time to support people and minimise the potential of reoccurrence. The provider told us they reviewed each accident and incident report to identify any patterns or trends. They went on to describe how any learning gained was shared with care workers. For example, following an incident care workers had been informed to support a person to dress in certain clothing items. This was needed to reduce the risk of the person becoming anxious. Daily records completed by care workers showed this instruction had been followed and the person had not displayed any signs of anxiety whilst being supported with dressing.

Is the service effective?

Our findings

During our inspection of A & L Enablement Services (Care & Support) Limited, we looked to see if the service was effective. People and relatives confirmed it was. We have given a rating of Good.

People and relatives expressed their confidence in the skills and knowledge of their care workers. One person described their care workers as 'very competent'. They said, "The carers are well trained...they all know what to do and how to do it." A relative told us they felt 'reassured' by their observations of how care workers supported their family member.

Care workers completed an induction when they started work at the service. This included completing training the provider considered essential and by working alongside the management team. One care worker said, "During my induction the management were constantly checking I was enjoying my role and had the support I needed." They added, "I didn't have to go out working on my own until I felt confident and comfortable."

Records showed the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support.

When care workers had completed their induction, their practice was checked by the management team before they were signed off as being competent. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Care workers were supported to keep their knowledge and skills updated through a programme of on-going training. We saw the provider maintained records of completed training, including safer people moving and handling, risk assessment awareness, infection control, equality and diversity and safeguarding. Records showed care workers training was up to date.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) provides a legal framework for making 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.

The provider and care workers understood the principles of the Mental Capacity Act. Care workers had received training in MCA and understood the importance of asking people for their consent before they provided care. One care worker told us, "It's the clients [people] choice. We always ask before we do anything. We respect the decisions the client make."

People and relatives confirmed they had agreed to the care and support provided and care workers always

gained their consent before providing support. One person told us their care workers began each visit by asking what the person would like them to do first. They said, "If I don't want something done, I just tell them I don't fancy that today... they never complain about anything."

People's care records included information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who and what decisions could be made in people's best interests.

People's nutritional needs were met by care workers if this was part of their planned care. One person commented, "I say what I would like and they help me to get it. They make my cup of tea just the way I like it." Another person told us they had lost weight and described how care workers encouraged them to eat. They said, "They [care workers] rustle something up for lunch then make me sit down and eat it, not in a bad way, it's jokey and kind and I love them for it."

Daily records completed by care workers showed where people were reliant on care workers to assist with eating and drinking choice was offered. Where people required support with meal preparation, care plans included information for care workers on what people liked to eat and drink. For example, one person's care plan detailed their preference for drinking bottled water.

People received support to maintain their health and well-being. For example, records showed care workers, if needed, made and attended health care appointments. One person described this type of support as 'very helpful'.

Records confirmed the involvement of health and social care professionals in people's individual care on an on-going and timely basis. For example, social workers, district nurse and occupational therapist.

Is the service caring?

Our findings

During our inspection we checked to see if the service provided was caring. We gave a rating of Good.

People said care workers had a caring attitude and described care workers as, kind, friendly, attentive, considerate and helpful. One person said, "They [care workers] seem to enjoy their work. It comes over in their care and they're always happy to see you." A relative told us care workers brought their family member flowers on their birthday commenting, "They make a fuss...I'd say they are very fond of [Name]."

Care workers spoke positively about their work and the relationships they had developed. One told us, "It's more than just a job. It's like being part of an extended family. Every client is special." Another commented, "I really missed working here, the clients, the staff and managers. That's why I came back."

We asked care workers if they would be happy for someone they loved and cared about to use the service, 'The mum test'. Without exception they told us they would. One care worker responded, "Absolutely, without a doubt."

People's privacy and dignity was respected and promoted. One person described how their care workers ensured towels were always ready to cover their 'private parts' when they assisted them with personal care. They added, "They usually put them [towels] on a radiator to warm them up too." Other people told us care workers closed curtains and doors to protect their privacy. A care worker said, "I am very mindful that being naked can make you feel vulnerable so I have to make sure people feel comfortable."

People were encouraged, where possible, to maintain their independence. One person explained their care workers understood what they were able to do, what was important to them and when they needed assistance. They said, "I like to dress myself. My carers help get my clothes out for me and I put them on. If I get stuck, they help."

Care workers understood the importance of supporting people to be independent and the positive impact this had on people's well-being. One explained, "Often it's easier to do things for them [people] but that's not how we work. Helping clients do things themselves, even just brushing their teeth, helps them to staying living in their homes. That's what's important."

The management team and care workers understood their responsibilities and the importance of maintaining confidentiality. We saw people's records held in the office which contained personal information were secured and kept confidential and electronic records were only accessible to authorised staff.

People told us they were involved in making decisions about their care, including making everyday choices. Daily records confirmed this. For example, one entry showed care workers had responded to a person's request to make an alternative meal because they did not 'fancy' the one left for them by a relative.

Is the service responsive?

Our findings

During our inspection visit we looked to see if the service was responsive to people's needs. We have given a rating of Good.

People and relatives felt the service was responsive because care calls took place at the times they expected, were provided by care workers they knew and who understood their needs. One person said, "They [management] email me the staff rota each week. I know exactly who's going to visit me." A relative told us their family members care workers knew, "Everything from how she likes her tea, to what she likes to eat, which chair she likes to sit in... they're very good and have taken the time to get to know her."

We saw another person had requested a change to their care call time at short notice. The assistant manager had immediately responded and offered a range of alternative times for the person to choose from. The assistant manager told us, "We work flexibly. People's requirements constantly change and we change and adapt with them." We saw feedback from a social worker confirmed this, "I myself have been very impressed with the flexibility and person-centred support [name] is provided with from your care staff."

Records showed people received their care calls at the times they expected and care workers stayed long enough to do everything they needed without having to rush. People and relatives told us care workers always had time to sit and chat and often did additional tasks. One person said, "They stay and do everything. They always offer to do more if we need it." The provider told us, "If a care worker has time at a call to do more they have to ask themselves, is it safe, legal and reasonable in the time left. If the answer is yes then they do it."

Care workers confirmed the time allocated to them to complete each care call was sufficient. One told us this was because their daily rota included travel time between visits so they did not have to 'hurry' so they could get to the next visit on time. Another said, "The time we get is realistic to do everything the clients need. Our service is about doing things properly. We don't rush in and out. It's about the whole experience." Records confirmed this. For example, we saw care workers spent time with one person talking about their hobby.

Discussion with the management team and care workers demonstrated they knew the people they supported and how they preferred their care and support to be provided. Care workers commented, "If we don't know our clients we wouldn't be able to provide the right service." and, "Spending time talking to the clients, so you learn and respond to what they need is really rewarding and important."

People told us their support needs had been discussed and agreed with them during a meeting with the management team before their service started. A relative described this process as 'very respectful' because their family member was encouraged to say what they needed and wanted. The relative added, "I know they [management] listened because it's all in the care plan." The assistant manager told us, "We don't have a long list of 'no's'. We focus on what clients need and how we can meet that."

We saw care plans informed care workers about people's agreed call times, needs, preferences, and life style choices. Plans had been reviewed and updated when a change had occurred. Care workers told us they read people's care plans as part of their induction and had access to electronic care plans on their mobile phones. One care worker said, "You read the plans to get to know people's stories." They added, "If you do a visit without reading the plan you could, for example not make their cup of tea right. This could upset the client and that's not what we are about."

The provider explained using a combination of paper based and electronic records meant any changes could be communicated to care workers immediately. This meant care workers had the up to date information they needed to respond to people's changing needs. Records showed information was shared via mobile phones and in daily record books kept in people's homes. One care worker described communication within the service as 'very, very good'. They added, "The management team make sure we have the information we need to do things right and in a safe way." Daily records we reviewed were detailed and up to date.

People and relatives commented positively about communication with and from the service. Comments included, "They keep you in touch with everything going on." "There is never a problem making contact if you need to speak to the office," and "You get all the information you need, including any updates." Records showed another relative, who lived abroad, was kept updated via weekly emails sent to them by the management team.

We looked at how complaints were managed by the provider. No complaints had been received and people confirmed they had no reason to complain. People and relatives said they felt able to raise any concerns and were confident these would be addressed. One person told us, "The complaint information is in the folder if ever I needed it."

Discussion with care workers demonstrated they understood their responsibility to support people and relatives to make a complaint or share a concern. One care worker said, "If anything was raised with me I would reassure the person and report it to the office. The manager would sort things straight away."

We saw the service had received numerous compliments and thank you cards from people and relatives. For example, one card read, "Thank you to all the lovely carers that look after me..." Another from a relative, thanked the service for providing the care and support their family member needed to enable them to die in their own home which was their wish.

Is the service well-led?

Our findings

People and relatives were very satisfied with the service they received and the way the service was managed. We were told, "Oh yes, very happy... it's a very good service." "I'd never swap them [service]... they are brilliant." and, "The manager is approachable, friendly and available. The service is extremely organised..."

People and relatives told us they would recommend the service to others. One person commented, "I certainly would recommend them because they're very, very reliable and I've not been let down by them, ever."

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

The service had a clear management structure. The provider was supported by an assistant manager, who deputised in their absence. The provider told us the management team had a very positive working relationship and shared the same aim which was to continually exceed people's expectations through providing high quality support and care.

There was a positive culture within the service driven by the management team who were passionate about, and committed to consistently providing good quality person centred care. The assistant manager told us, "We have very high standards. Our clients [people] know our standards and what they can expect." They added, "We ask clients and they will tell us if a staff member didn't do it how they should. If that happened it would be addressed straight away."

The way care workers, spoke about the people they supported demonstrated they had adopted the same ethos and enthusiasm. One told us, "What's special here [working for the service] is the management team work with us, so they live in the same world. We know the expectations and see each client as important." Another care worker said, "The manager makes sure we have the time to do things respectfully, not just the jobs but building friendships and providing emotional support." They added, "There is nothing more rewarding than seeing a client smiling, content and comfortable when we have helped them."

The provider maintained a service development plan. The plan identified areas where improvement was needed, the action to be taken and date by which this would be completed. For example, the provider had identified some policies and procedures needed to be reviewed and was exploring how to use information technology. For example, to introduce 'live care planning' and 'staff group chats'. This showed continuous improvement was being made.

The provider kept their knowledge of current social care issues updated. They explained they achieved this through on-going training, internet searches and reviewing information on the UKHCA (United Kingdom

Homecare Association) website. UKHCA is the professional association of home care providers. The provider also received regular updates through their registration with the Health and Care Professions Council (HCPC). HCPC are responsible for regulating health, psychological and social work professionals.

The provider understood their responsibilities and the requirements of their registration. For example, they had notified us about important events and incidents that had occurred and had completed the Provider Information Return (PIR) as required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The management team used a range of internal checks to monitor the quality and safety of the service. For example, regular observations of care workers practice, and monthly checks of medicines management and care records.

However, we found some auditing process were not always effective. For example, the medicine auditing tool did not include monitoring the use of protocols for medicines prescribed 'as required'. Protocols are important to ensure care workers have the information they need about what the medicine is prescribed for, and when it should be given. We discussed this with the provider who acknowledged the shortfall and gave assurance it would be addressed. Following our inspection, the provider confirmed the necessary actions had been completed.

People and relatives told us they were encouraged to share their views about the service, including suggested areas for improvement. One person commented, "...there is nothing they could do better." A relative said, "I am asked but I really don't think there is more they could do to improve it." The provider told us they regularly sought feedback about the service during face to face and telephone discussions. The provider told us they were also in the process of devising a 'customer satisfaction questionnaire' which they planned to issue on an annual basis.

Without exception care workers told us they felt supported and valued by the management team. One care worker described feeling 'appreciated' because the assistant manager had taken the time to telephone them to share positive feedback. They told us, "A client said I did a great job, so I got a call from [assistant manager] to share the feedback." They added, "A little call meant so much to me. We are treated with respect."

Care workers were supported in their roles through individual [supervision] and team meetings with the management team. One care worker told us they 'valued' their supervision because the management team checked they were feeling safe and confident in their work. The provider also operated an 'on call' system so management support was available to people, relatives and care workers outside of normal office hours. One relative commented, "If there is no-one in the office the phone diverts to another number which is always answered."

The Accessible Information Standard (AIS) 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 told us they were planning to produce information about the service, for example the complaints procedure in audio and pictorial formats. They said this would be completed by the end of December 2018.

The service worked in partnership with other health and social care professionals to support people. The assistant manager explained how joint working with, for example GP's, occupational therapists and social workers enabled them to 'try different ways' to meet a person's needs. Records confirmed this.

