

CCT Community Enablement Team Ltd

Enablement Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Enablement Care is a residential care home providing accommodation and personal care to up to 23 people. The service provides support to younger and older adults. At the time of our inspection there were 22 people using the service. The home provides care over 2 floors with communal areas for dining and relaxation.

People's experience of using this service and what we found

Staff did not receive sufficient training to be able to carry out their roles. Staff were mostly recruited safely and appropriate pre-employment checks were completed prior to employment. Recruitment records were not always complete in relation to employment history.

People's care plans and risk assessment were inconsistent, some people's risks were assessed whilst others were not identified. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People received their prescribed medicines safely and correct infection and prevention control measures were followed, however medicines were not always managed safely. Accidents and incidents for the whole service were recorded, however individual incidents were not always analysed to identify people's individual trends to minimise the risk of re-occurrence.

The culture of the service did not always promote positive person-centred care. Quality assurance systems and checks were in place to monitor areas of the service, however, did not always identify shortfalls in relation to care planning, consent and monitoring charts.

There was enough staff to meet people's needs. People were protected from the risk of abuse. Most staff received safeguarding training and understood the procedures of how to raise a concern. People were supported to maintain a healthy diet and there was a choice available.

The provider engaged with external professionals to help achieve people's outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 January 2020).

Why we inspected

We received concerns in relation to staffing, training and governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the all sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to staffing and consent. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Enablement Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

Enablement Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Enablement Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 relatives, 1 person who used the service and 1 healthcare professional. We spoke with 7 staff members, including the registered manager, nominated individual, domestic, nurse and care workers. We reviewed a range of records, including 5 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were recruited safely. Records showed pre-employment and Disclosure and Barring Service (DBS) checks were completed prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment records were not always consistent with information regarding employment history. We fed this back during our inspection and the provider took action to address this.
- There were enough staff to meet people's needs. The provider regularly reviewed staffing levels using individual dependency levels for people. One staff member told us, "We have enough staff, but has been times we are short staffed and it is difficult". Another staff member told us, "Majority of the days there are enough staff we work well as a team".

Assessing risk, safety monitoring and management

- People's risks were assessed and care plans included information for staff to support people safely, however this was sometimes inconsistent. For example, one person's care plan was not updated to include a new technique staff were using to help the person. The provider was open in relation to challenges faced due to moving to an electronic care planning system, which meant not all care plans were up to date at the time of inspection.
- Another person who frequently became distressed had no risk assessment in place detailing measures in place to support them in order to minimise their distress.
- The provider completed regular checks to ensure the environment was safe for people, however we identified some concerns in relation to unsecured furniture. Action was taken immediately to ensure furniture was safe to use.
- Personal evacuation plans were completed in people's care records, however not all personal evacuation plans were up to date. For example, we saw a person's personal evacuation plan stating a person was independently mobile and could transfer into a wheelchair, however this person was cared for in bed.

Using medicines safely

- Medicines were not always managed safely. There were no written protocols in place for people who were prescribed "as and when required" medicines. This meant staff did not have information to guide them on when to administer this medication.
- Open medicine boxes were not dated to ensure an audit trail to minimise the risk of errors.
- Body maps were not used to record the specific location of transdermal patch application in line with best

practice.

- People received their prescribed oral medicines in line with best practice. We observed a staff member administering a person's medicine, this was done with kindness and patience communicating each step with the person.

We recommend the provider consider current guidance on safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Most staff received training in safeguarding. Staff we spoke to understood how to report a concern. One staff member told us, "If I had a concern, I would go to the manager".
- The provider had a safeguarding policy in place and the registered manager was focused on ensuring all staff received training in safeguarding.
- Relatives told us they felt happy with the care, one relative told us "I feel [person] is safe and I am pleased with the care".

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

There were no restrictions to visiting at the time of inspection. Visiting procedures were in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported however action was not always taken to minimise risk of re-occurrence for each person. For example, no analysis was carried out for a person who experienced frequent incidents of being distressed. This meant measures were not always in place to minimise individual risk.
- Staff understood the process to report accidents and incidents, for example, we saw the correct procedures followed for someone who had a fall. An incident report was completed, the person's relative was informed and the relevant professionals were contacted for support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive ongoing consistent training. We reviewed the training matrix and there were several gaps in staff training. For example, training in, first aid, dementia awareness and equality and diversity.
- Staff told us they did not always receive enough training. Staff comments included: "There is training and recently it is online, I haven't done it as yet" and, "We've had moments where we haven't had enough training, but we are now get online training".
- Staff did not always receive regular supervision this meant staff development and performance was not always monitored or staff training needs discussed.

Staff did not receive training to fulfil the requirements of their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and transparent about challenges they had faced in relation to staff training. The registered manager responded immediately during and after the inspection. They confirmed the internal training manager was rolling out training and staff would be encouraged to complete e-learning training which was recently made available.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity was not always assessed to make particular decisions. For example, records for

a person who was cared for in bed and who was unable to make decisions for themselves, had no mental capacity assessment completed to support the decision of them being care for in bed .

- We also reviewed care records for a person who used bed rails, a bed rails risk assessment was in place, however no mental capacity assessment or best interest was completed for the decision to use bed rails.

The provider did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Individual preferences and choices were included in care plans with information to assist staff to care for people effectively. For example, one person enjoyed tracing letters for their dexterity skills and colouring in pictures.
- Care plans included specific assessments in line with people's needs. For example, we saw a accessing the community assessment for a person who regularly leaves the service with support/independently. This included information for staff on how to support the person effectively.
- People were supported to use technology to help them engage and communicate. Equipment was available to support people with their mobility. One person used a notebook to write down their preferences and choices. They also used laptop for social purposes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet. A choice of meals and drinks were available to people.
- We observed a mealtime and staff offered people a choice and supported people in a person-centred manner. For example, one staff member asked a person twice if they were sure with their choice to ensure they were happy.
- People's dietary needs and weights were recorded and monitored. Where any risks were identified, the relevant risk assessments were in place. For example, we saw choking risk assessments in place to assess if people were at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made for people with specific health issues. We saw a referral made to the dietitian for a person who was losing weight.
- People were supported to live healthier lives and had access to healthcare services, such as speech and language therapy and the mental health and social work team.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised with their own belongings and soft furnishings.
- There were communal areas where people could choose whether to sit and relax or join in with organised activities.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Systems to assess and monitor the service were not always effective. Audits did not always identify shortfalls in monitoring charts and care planning. For example, a person was required to be re-positioned 2-4 hourly, as stated in their care plan. No repositioning chart was in place. This meant people were at potential risk of harm.
- The registered manager acted upon this and a repositioning chart was put in place for this person following the inspection.
- The provider had plans in place to strengthen the governance of the service, for example an assistant manager had recently been recruited to support the registered manager with governance and overall monitoring of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were not always held due to the recent instability in management. The registered manager had plans in place to ensure bi-monthly staff meetings would start again. The last staff meeting was October 2022.
- Feedback was given about the service voluntarily through a QR code poster displayed in the service. This meant there was an opportunity for staff, relatives and visiting professionals to give feedback to express their views and drive improvements. We saw staff had used this process to feedback on staff uniforms and badges.
- The provider regularly sent out resident and relatives surveys to receive feedback on the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new manager had been in post for 3 weeks, however, they were being trained by the existing registered manager to promote a positive culture. The registered manager supported us during the inspection.
- A positive culture was not always evident with specific recording of incidents in relation to periods of distress and anxiety. Entries sometimes evidenced a blame culture. This was raised with the registered manager and specific training in this area was arranged following the inspection.
- The provider was focused on promoting a positive culture following recent issues, due to the last registered manager leaving. A healthcare professional told us, "There have been a lot of changes, now there is a new manager in place it is positive".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and transparent about challenges they had faced within the service in relation to the culture of the service and adopting recent stable management.

Continuous learning and improving care

- The registered manager was focused on continuous learning to improve care. For an example, lessons were learnt when one person who had a choking episode, Staff were given a debrief and the GP and speech and language therapist team were contacted for support.

Working in partnership with others

- The provider worked in partnership with external professionals to help meet people's outcomes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not comply with the requirements of the Mental Capacity Act 2005 and associated code of practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff received appropriate training to fulfil the requirements of their role.