

Bedford Borough Council

Assessment and Enablement Team

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

About the service:

Assessment and Enablement Team is a domiciliary care agency. It provides personal care and support to people living in their own houses, flats or specialist housing in the community. The service mainly provides short-term care to adults who require a period of support following a stay in hospital due to ill-health, surgery or an injury. At the time of the inspection, 28 people were being supported by the service. For more details, please see the full report which is on the CQC website at www.cqc.or.uk.

People's experience of using this service:

People, relatives and staff told us the service was very good at providing good care in a caring and responsive manner. Feedback from everyone was positive about how the manager and staff supported people in a kind and person-centred way. Everyone said their needs had been met because of this. There was evidence that the service had been effective in achieving good care outcomes for people. This was because the support provided enabled most people to re-gain their independent living skills. The registered manager and their team also took appropriate action to ensure that people who needed longer term support received this in a timely way.

People were protected from harm by staff who had been trained, and were confident in recognising and reporting concerns. Potential risks to people's health and wellbeing were assessed and minimised. There were enough staff to ensure people's needs were met safely. Where required, people were supported well to manage their medicines. Staff followed effective processes to prevent the spread of infection.

Staff had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. Where required, staff supported people to have enough to eat and drink. Staff supported people to access healthcare services when urgent care was required. This helped people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People and their relatives were involved in planning and reviewing care plans. People told us staff who supported them were caring and friendly. Staff respected and promoted people's privacy, dignity and independence.

Information in people's care plans supported staff to deliver person-centred care that met people's needs. Staff had been trained on how to support people well at the end of their lives. The registered manager worked in partnership with other professionals to ensure people received care that met their needs. There was a system to ensure people's suggestions and complaints were recorded, investigated, and acted upon to reduce the risk of recurrence. The service did not normally provide end of life care.

Audits and quality monitoring checks were carried out regularly to continually improve the service. The

provider had systems to enable people to provide feedback about their experiences of the service. People's experiences of the service were positive. Staff felt fully involved in ensuring the service met its regulatory requirements.

Rating at last inspection:

The service was rated 'good' when we last inspected it. That report was published in March 2016. The service met the characteristics of Good in all five domains and the rating remained the same since the last inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Assessment and Enablement Team

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

An inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Assessment and Enablement Team is a domiciliary care agency. It provides care and support to people living in their own houses, flats or specialist housing. The service provides personal care and support to adults.

Not everyone using domiciliary care services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the manager is also responsible for managing two other services owned by the provider. They are often out of the office and we needed to be sure they would be in to support the inspection.

Inspection activity started on 26 March 2019 and ended on 29 March 2019. We visited the office location on 26 March 2019 to see the manager and office staff; speak with care staff; and to review care records, and policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service including notifications. A notification is information about events that registered persons are required to tell us about. We checked the 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 used this information to plan the inspection

During the inspection, we looked at various information including:

- Care records for three people.
- Records of accidents and incidents; compliments and complaints; audits; surveys.
- Four staff files to check the provider's staff recruitment, training and supervision processes.
- Some of the provider's policies and procedures.

During the office visit, we spoke with the registered manager, the coordinator, the hospital coordinator, the administrator and five care staff. We also spoke with a professional who worked closely with the service. We spoke by telephone with seven people using the service and six relatives of other people.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. Everyone said staff had supported them well and they had no concerns about potential abuse, neglect or unsafe care.
- Staff knew how to keep people safe because they had been trained on this. They demonstrated they knew how to identify people at risk and report concerns. One staff member told us, "I've done safeguarding training. If I'm worried about anyone, I will assess the situation and talk to the person about it. I will document it and then let the coordinator or manager know about it. You always have to raise concerns so that something can be done about it."
- Records showed the registered manager took appropriate action to safeguard people. This was because they reported potential safeguarding concerns to the local authority in a timely way.

Assessing risk, safety monitoring and management

- People had risk assessments so that potential risks to their health and wellbeing could be managed well. Everyone said their care was managed safely and they knew who to contact if they had concerns about risks.
- People's homes had also been assessed to identify and minimise any hazards that could put them, their visitors and staff at risk of harm. The registered manager told us they checked if people's homes had smoke alarms, as part of their fire safety check. If not, they got people's consent to ask the local fire service to fit these. This was a good way of reducing the risk of people being injured if there was a fire.
- We saw that risk assessments were reviewed and updated when people's support needs changed. This supported staff to always provide appropriate care to people.

Staffing and recruitment

- There were safe staff recruitment procedures to make sure staff employed by the service were suitable. The registered manager had completed all necessary checks, including with the Disclosure and Barring Service (DBS). These checks allowed managers to ensure potential staff had no criminal records that would make them unsafe to work in the service.
- There were enough staff to support people safely. People told us they were supported at times that suited them. One person said, "The timekeeping has been reliable." One relative said, "It works well for us."
- The service had a monthly recruitment evening to ensure they always had enough staff to support people.

Using medicines safely

- People told us they were not supported by staff to take their medicines. As a short-term care provider, the service did not always provide this support as people could manage this without support.
- One relative told us their relative had asked staff to remind them to take their medicine, which they did

and it was working well.

- If people were supported with their medicines, these were recorded on a medicine administration record (MAR). This enabled the service to show that people had been given their medicine as prescribed by professionals. Audits of MAR showed no concerns in how people's medicines were managed by staff.

Preventing and controlling infection

- People told us staff were always hygienic and wore gloves and aprons when required. This meant they were protected against acquired infections.
- Staff told us they were trained in infection prevention and control. They also confirmed they had enough disposable gloves and aprons.

Learning lessons when things go wrong

- There were systems to ensure incidents or accidents involving people using the service or staff were managed effectively. Staff knew they needed to inform the registered manager of any incidents that occurred during their work.
- Records showed the registered manager reviewed this information and took appropriate action to ensure everyone was safe. Any lessons learnt from incidents were shared with staff during supervision and team meetings.
- Measures taken to reduce the risk of recurrence included updating risk assessments and making referrals to other professionals to assess people or re-training staff.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People told us the service was meeting their needs well and staff provided good care. One person who said, "They (staff) are very, very good and they will help you with whatever you ask them to." One relative told us, "The care is very good."
- There were systems to continually assess people's care and support needs to ensure they received effective care. People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were updated when necessary.
- The service made referrals to other professionals if equipment and adaptations to people's homes were necessary for staff to provide safe and effective care. One staff member said, "We can have access to equipment and put this in place quickly when needed for a customer."

Staff support: induction, training, skills and experience

- Staff were trained and supported to gain the skills necessary for them to support people effectively. People told us staff were skilled, competent and knowledgeable. One person said, "They are very competent and a great help."
- Staff told us of their induction and required training they completed. One staff member said, "Training is brilliant, and we are always kept up to date. Everything we need to know is covered."
- Staff told us they were happy with how they were supported in their work. They said they received regular supervision and could speak with senior staff whenever they needed support. One staff member said, "Supervision is fine and relaxed. Everything is noted down. There is an agenda to it and it's quite thorough. The supervisors are very good listeners and they are always supportive to staff."

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

- Not everyone was supported by staff with their food and drinks. Most people could manage getting their own food and drinks without support.
- The few people who were supported by staff with this said it was always done well. Staff told us they had no concerns about people not eating or drinking enough. They said they always gave people a choice of what they wanted to eat or drink, and people were happy with this support.

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

- People told us staff did not support them to attend appointments with health professionals. This was because they and their relatives managed this. However, they said they were confident that this support would be provided well if necessary.

- Staff told us they supported people when urgent healthcare was required. This meant they could contact a person's GP or emergency services for advice if they found a person unwell. One relative said, "[Person] wasn't looking very well and they advised us to contact 111."
- The registered manager also worked closely with other professionals when required to ensure people received consistently effective care. We spoke with a professional who said the service had a very good preventative role. They also said, "They intervene and support people before things get worse. They are very passionate about helping people stay well and gain their independence."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found these were met. Records showed most people had capacity to make decisions and had given consent to their care support.
- Where necessary, relatives supported people who had no capacity to make decisions about their care. This ensured any care provided was in their best interests.
- Staff showed good understanding of the MCA. The registered manager understood their responsibility to report to relevant professionals if they were worried about someone's mental capacity to make decisions about their care. Everyone was happy with how people's rights were promoted by the staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were kind and caring. One person said, " They are all very nice. They make sure I'm ok before they go'." Another person said, " They have been very caring and a great help to me."
- People told us they always enjoyed mutually respectful and friendly relationships with staff.
- People told us staff respected their diverse needs and preferences, and they provided care in a way that supported this. They also said staff always treated them in a non-discriminatory way and involved them in having a say about their care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about their care. They were involved in discussions about how they wanted to be supported by staff, and staff respected their choices.
- We saw that care plans had been developed together with people and where required, their relatives and other professionals. The coordinator told us about how they used their assessment process to gain appropriate information and people's views about what they wanted to get from the care relationship. They said this helped them to plan care that was truly centred in what people wanted to achieve to re-gain their independent self-care skills.
- One relative said, "They (staff) are very flexible and will help [person] in any way they can."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff supported them in a respectful manner and they always promoted their privacy and dignity. People said staff were particularly careful to protect their privacy when providing personal care. Everyone was happy with how this was done.
- The aim of the service was to provide rehabilitation and support so that people could regain their independence. People and relatives told us staff supported people in a way that ensured they could achieve this in the six weeks of their care contract. When required, some people were supported for a longer period than that. A care coordinator told us this was usually up to three months, by which a person was normally able to care for themselves or were referred to longer term care services.
- One person said, "I'm on my last visit today and it has worked really well." One relative said, "They help and encourage [person] to do things for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff provided their care and support in a person-centred way. One person said, "They've all been really helpful with anything I've needed."
- People said their care plans reflected their care needs and preferences, and they told staff how to support them to regain their independence. Regular reviews ensured care plans continued to meet people's current needs, and the care provided by staff met those needs.
- The service monitored people's progress at regular intervals and as a result, some people needed support for shorter periods than the planned six weeks. A coordinator told us their 'customer measurement tool' showed evidence of staff's impact in enabling people to self-care. This meant they could gradually reduce the frequency of visits and stop them when people had gained enough independence.
- Everyone described staff's attentiveness and responsiveness as 'excellent'. Feedback from people showed those who went on to being supported by other providers wished they could be supported for longer periods by the service. The registered manager told us they had started to support some people on a longer-term contract. They were hoping to grow this part of the service so that they could support more people.

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints. People told us they knew about this, but they never had a reason to complain. They also said they would feel comfortable doing so if this was necessary because they had always had positive contact with the service.
- The registered manager explained their complaints procedure. We saw they took appropriate action to deal with any issues raised by people in a timely way.

End of life care and support

- The service did not provide end of their life care support. This was mainly a short-term service, supporting people to re-gain their independent living skills following a period in hospital, an injury or surgery. People would have to be referred to other services if they needed this support.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People told us the service was well managed and they all told us they were satisfied with the quality of the care they received. One person said, "I've been very happy with everything." One relative told us, "We would recommend it as it's been brilliant."
- The service had effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care. The registered manager and other senior staff carried out regular audits. This meant they could regularly identify areas of the service that required improvements and make those improvements in a timely way.
- There had been checks of people's care records, staff records, and incidents and accident records to ensure these contained up to date and relevant information.
- There was evidence that any learning from shortfalls identified during audits was used to continually improve the service.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

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

- Staff told us they enjoyed their job and they always found the service to be good. They said they had appropriate support to carry out their roles well, they worked well as a team, and they knew the standards expected of them. One staff member said, "We have lovely people here from all walks of life. We all believe in the service and it is very rewarding to see people we support make progress."
- The registered manager was supported by senior staff in assessing staff's competency, providing supervision and other practical support. Staff told us this enabled them to keep their skills and knowledge up to date. They found team meetings were useful in ensuring they always had up to date information and could share learning with their colleagues.
- Staff told us they spoke frequently about the regulatory requirements and their contribution in ensuring the service consistently met these. One staff member told us they were happy to see us inspect the service as this was necessary to monitor the quality of care provided by care services. They also said, "The Care Quality Commission are doing a great job. Regulation makes people do the right thing."

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

- People and relatives said communication with staff and the registered manager was always very good. They felt listened to and their suggestions used to improve the service. People made positive comments

about all aspects of the service. They were happy with their level of involvement that ensured care was always provided in the way they wanted.

- There were regular care reviews and surveys that ensured the registered manager had regular feedback from people. People told us they always had opportunities to provide feedback. They said staff always checked if they wanted anything done differently during care visits or if they had any other comments about how their care was provided. They also said office staff phoned them occasionally to check if everything was going well. One person said, "They keep in touch with my son." One relative said, "They call me up to check it's going okay."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.