

Enhanceable

# EnhanceAble Living

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 December 2016 and was announced. We told the provider 24 hours before our visit that we would be coming. At our last inspection in August 2014, we found that the service was meeting all of the standards that we inspected.

EnhanceAble Living provides a domiciliary care service to over 50 people living in Kingston and the surrounding area. People who used the service had needs associated with a physical and/or learning disability, an acquired brain injury, autism or dementia. The support people received was to help enhance their social skills and prevent isolation because of their disability. Some people were not able to fully express their opinion of the service verbally but could communicate through Makaton signing and showing us pictures of the activities they took part in. Most people required some type of personal care during their support time. A few people only needed help with day-to-day tasks such as housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by the Care Quality Commission.

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.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable for the role.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

The type of activities people engaged in were chosen by the person and tailored to meet their individual needs.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions about the service and action plans were developed where required to address areas for improvements.

## 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. Staff knew how to identify the signs of abuse and how they were required to respond.

The provider had completed risk assessments to help ensure the safety of people and staff.

The provider had undertaken all appropriate checks before staff started their employment. In this way only people deemed as suitable by the service were employed.

Medicines were administered to people as safely as possible and the risks of errors were minimised. Staff received training to help make sure they were competent to manage people's medicines.

□

### Is the service effective?

Good ●

The service was effective. Staff received regular training and support to keep them updated with best practice.

The registered manager and provider were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health, including their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring. People were encouraged to maintain their independence.

The provider ensured the same care staff attended to people whenever possible so people had consistency and continuity of care. □

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

### Is the service responsive?

Good ●

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

Activities were individually planned by the person receiving support, with the help of staff. This ensured people took part in activities they enjoyed.

The service had a complaints policy and procedure, and people knew what to do if they had a complaint.□□

**Is the service well-led?**

The service was well-led.

Staff felt supported by the registered manager who was approachable and encouraged an open door policy.

The provider carried out regular checks to monitor the safety and quality of the service to ensure people receive safe and appropriate care.

**Good** ●

# EnhanceAble Living

## 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 13 December 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service. We also emailed five staff working for local authority commissioning teams to ask for their opinions of the service. We received one reply.

During the inspection we went to the provider's head office and spoke with the registered manager, the chief executive of the company, the office manager, five people who used the service and four staff. We reviewed the care records of four people who used the service and looked at the records of four staff and other records relating to the management of the service.

After the inspection we spoke with four relatives of people who used the service and spoke with two other members of staff.

# Is the service safe?

## Our findings

All the people and relatives we spoke with said they felt safe within the service. One person commented "I feel very safe when I'm out with staff." Relatives commented "My relative is safe when they are out with staff" and "I have confidence my relative is safe with staff."

We found the service had taken steps to make sure staff were aware how to safeguard adults who had been assessed to be at risk. Records showed staff had received the training they needed to help ensure the safety of the people they supported. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read. The registered manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate safeguarding alerts.

We saw people had individual risk assessments in their care files. These had been developed where possible with the person in order to agree ways of keeping them safe whilst enabling them to have choices about how they were supported. The risk assessments we saw covered the range of daily activities and possible risks including those associated with mobility, moving and handling, eating and drinking and communication. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. A 'Service Disruption Plan' had been developed and agreed by the provider. This covered situations such as, adverse weather conditions, disruption to travel or a major disaster. Each situation was prioritised to ensure people's safety and that people had access to nourishment, personal care, were warm and had received their medicines. Plans were also in place to help keep staff safe, to reduce stress, isolation and loneliness when an emergency situation occurred. Staff and people had an out of hour's phone number they could call which linked them to on call staff if they needed help or advice. This helped to provide a continuity of service for people.

Staff were recruited to the wider organisation of EnhanceAble and had the opportunity to work in each of the different sectors, EnhanceAble Living, domiciliary care, EnhanceAble Space, respite care for young people and adults, Geneva Road, a day centre and Croft Cottage, respite care for children. We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, employment references, proof of identity and criminal records checks. These checks helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

The service had systems in place for the investigation and monitoring of incidents and accidents. Records showed if an incident or accident occurred staff would contact the office or on call team as soon as possible, they would complete an incident form which included a section on learning from the incident. If required, an

investigation was carried out and an action plan developed. This helped to keep people safe and avoid a reoccurrence of the incident.

Medicines were administered safely. Once staff had prompted a person to take their medicines or had administered the medicines, staff signed the medicines administration record [MAR] to confirm these had been given. The medicines records were retained at the office. We saw the records retained at the office were correctly completed and signed by staff. Staff told us they encouraged people to be as independent as possible with the administration of their own medicines.

## Is the service effective?

### Our findings

Three people we spoke with gave similar comments that "All the staff were very good, really helpful and kind." Three relatives commented "Staff are very professional," "Staff are very confident" and "Staff are brilliant."

Staff told us they felt well supported by the registered manager, the office and senior staff and by other staff. Staff had appropriate training to carry out their roles. As staff were recruited to the wider organisation of EnhanceAble, their induction was carried out across all four services. Before staff worked with a person alone, they would shadow other staff for several weeks until they felt confident with the support the person needed. Three staff said the induction they had received was appropriate to their role and had been very helpful.

The provider had identified a range of training courses that all new staff needed to complete as part of their induction and a range of training courses that were refreshed annually or biannually. Before working with a person with specific medical needs staff would undergo training in that specialism, so they could confidently support the person's medical needs. For example a person with Epilepsy or an allergy or behaviours that challenge. This additional training helped give staff the confidence to work with people and to meet their needs. New staff were also required to complete the Skills for Care, Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The registered manager told us staff received one to one supervision sessions and an appraisal each year. Staff we spoke with and records we looked at showed some staff did not receive formal supervision on a regular basis. When asked staff told us "I can speak to a manager at any time," "I don't wait for supervision, if I have a concern I talk to someone straight away" and "As a team we support one another, through meeting up, text messages and phone calls." One staff member said where staff were having a concern with a person they supported the whole team who supported that person would meet to find a solution and support the staff member." Of the six staff we spoke with only one staff member felt the level of supervision was insufficient. We spoke with the registered manager about formalising supervision sessions and they said that along with getting dates for team meetings in peoples diaries, formal supervision sessions would be arranged for staff.

The registered manager and staff told us that getting everyone together for a team meeting was very difficult if not impossible because of the nature and flexibility of the work they did. The registered manager told us they had thought about a system of a 'rolling' meeting that repeated the same information over a set period of time. This way staff would be able to pop into the meeting at a time convenient to them and the people they supported. The registered manager said they were going to trial this in 2017. In the meantime the minutes of team meetings were sent to staff and staff were encouraged to speak with their line manager or the registered manager about any issues that arose from the meeting.

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

The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved because a person might not have the capacity to make a specific decision, they were engaged in the process and relevant people were involved to decide on what was in the person's best interests. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

We saw where required, dietary requirements for people were detailed in their care plans. Records showed that staff were trained in food safety. One relative told us they had recently had a review meeting with the provider as their relatives eating needs had changed. Staff we spoke with were fully aware of the changes and had helped to implement them.

Where necessary the service supported people to meet their health needs. The majority of people who used EnhanceAble Living either lived at home with their parents or lived in a care home or a supported living scheme. This meant that staff or family at their primary residence were responsible for helping to meet their healthcare needs. But on occasions staff would accompany a person to an appointment or help them contact their GP or other healthcare professionals as necessary. Staff were aware of the need to contact the emergency services when necessary and inform the office of their actions.

## Is the service caring?

### Our findings

People and their relatives were consistently positive about the caring attitude of the staff. Two people said "Staff support me to do what I want to do and we have fun" and "All the staff are helpful and caring." Three relatives said "Staff seem to have fun and enjoy the time with my relative," "Staff care and are very committed, very supportive of the whole family" and "Staff try to encourage and lead my relative to try new things. He is very happy with the staff and enjoys his time with them."

Positive, caring relationships had been developed with people. The registered manager and provider were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared by the staff we spoke with. Staff said "We are here to give support and promote a person's well-being, to improve their life," "We support people to reach their potential, to help enhance their life" and "The person we support is our priority."

Because of people's different communication skills they were not always able to tell us about their involvement in their support plans. Although we did see that people (where they were able) had signed and dated their plan to show their agreement with it. The relatives we spoke with were all very positive about their involvement in helping to develop a support plan that would meet their relative's needs.

Staff told us that people's care plans included sufficient information about the person's background, likes and dislikes and support needs for them to be able to better understand the person they supported. We saw that notes recorded by staff at each visit were descriptive and informative.

The registered manager confirmed that each visit was a minimum of one hour. The provider recognised the importance of providing the same staff consistently over time so they knew the people they supported well. Three relatives made similar positive comments about 'staff arriving on time and having consistent staff to support their relative.' The registered manager and senior staff had detailed information about the staff and who they supported in the past, so that if a change needed to be made the person receiving support could be assured it was someone they had met before.

Relatives commented "Staff are always on time, if they are delayed I get a phone call straight away," "Staff are very receptive, they tell me about my relatives day and what they have been doing" and "Because my relative is non-verbal staff have taken the time to talk with me and find out what they [relative] likes to do. Together we plan the day. I would say the support given to my relative is 'Brilliant'."

A good example of staff's thoughtfulness and caring attitude was displayed in the preparations for a Christmas party at the day centre run by the provider EnhanceAble, to which many people using EnhanceAble Living were attending. Staff knew and understood some people did not like noisy places but still wanted to join the celebrations, so staff had set aside a quiet room where people could still enjoy the party but in a quieter environment. Staff had even taken the snaps out of the Christmas crackers so people could still have the fun of pulling a cracker without the loud bang. This knowledge and care of people helped ensure people received the support tailored to their needs.

People's privacy and dignity was respected. Staff asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. We heard from one member of staff who took a person swimming that they helped arrange the person's clothes in the changing room and then left them to change but were just outside the door if support was needed. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was shared appropriately.

## Is the service responsive?

### Our findings

People and relatives told us staff who provided their support knew about their wishes and support needs and cared for them accordingly. One person said "You couldn't get better staff." A relative said "Staff are engaging, happy, interested in my relative. It's more than just a job to them."

We found the care plans we looked at were comprehensive, well written and person centred. People's needs had been assessed and information from these assessments was used to plan the support they received. The registered manager explained where a person was funded through the local authority they were sent the assessment carried out by the social worker for the person.

These assessments ensured the service could provide an appropriate level of care and support to meet that person's needs. Staff were matched with a person and would read their support plan and if necessary speak with the person's relatives to fully understand the person's needs. They met the person before the support started, to discuss the type of support they would like, what they would like to do on their support days and generally get to know the person. People were given a 'Service Users Guide' which outlined the service they expected to receive. We saw the guide had been updated in August 2016; this helped to keep the information relevant.

All the people who used the service provided by EnhanceAble Living had needs related to some form of disability either physical or learning, or associated with an acquired brain injury, autism or dementia. Relatives told us the type of support their relative needed and received focused around activities to prevent isolation, enhance a person's socialisation, increase their skills for independent living and give them the opportunity to take part in new activities and adventures. One person told us "Staff help me to do my 'on line' weekly shopping and listen to music on the computer." Other people went swimming, bowling, horse riding or another activity of their choice. People were supported to travel safely and to have an understanding of the dangers of traffic. Another person told us staff enabled them to meet up with friends and go to the pub for a meal, chat and drink. A small group organised a 'cooking club' and decided on a meal, bought the ingredients, cooked together and then shared the meal. People were supported to attend sporting events such as football, cricket or rugby matches. One person told us "I would be lonely if I didn't have this support to socialise and try new things." Staff told us "I love the job; no two days are the same. I have the freedom to do what the person wants to do." They went on to tell us if a person wanted to try a new activity, they would first risk assess the activity, ensuring the venue was accessible and put plans in place to ensure the person had a positive experience.

People and relatives we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or management about anything. The provider had a complaints policy and procedure, which was available for staff to read and understand. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. The registered manager told us they reviewed any complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

## Is the service well-led?

### Our findings

People and the relatives we spoke with told us they thought the service was well managed. Relatives commented "This service is marvellous, the manager communicates with us very well," "I'd be stuck without this service," "Communication is very good, the service is run efficiently and we really like the service given to our relative" and "I think the service is very well run, we are fully involved in the care plans and reviews and informed of any changes."

The registered manager introduced us to the people we spoke with and we could see that the manager knew people well and that people knew and liked them. People spoke freely with the registered manager and all the staff.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. Staff commented "I enjoy the job, we work as a team and help one another," "The manager is very helpful, you can call anytime," "A lot of our work is 'lone working' but you are never alone. There is always someone to support you. I couldn't ask for more" and "You are encouraged to do your best, I love it [the job]." They also said the registered manager and the Chief Executive [CE] were available and approachable and they could discuss any concerns with them.

The registered manager told us they promoted a culture of honesty and clear communication to staff and people using the service. Part of the EnhanceAble ethos was to 'Rethink what is possible. To provide support and services unavailable anywhere else locally and to constantly look how to create new solutions that will best serve those we support.'

The registered manager added they encouraged a positive and open culture by being supportive to staff through team meetings, supervision and being available to talk with staff. During our visit we saw that staff came to the office and could talk with the registered manager, the CE or office staff. We saw and heard the registered manager helping a member of staff to resolve a medicines issue with the local pharmacy, so medicines could be collected immediately for a person who needed them.

Systems were in place to monitor and improve the quality of the service. An annual survey was sent to staff, people and relatives. The latest staff survey was sent out in the summer 2016. A manager's day is planned for February 2017, where the survey and staff conference will be discussed and planned. The staff conference takes place in March 2017. This gave staff the opportunity to hear the results of the survey, discuss the actions needed and plan for the year ahead. The survey for people and relatives using the service also concluded with a conference day, where people come together to hear the results of the survey, plan the actions needed and suggest ideas for the next year. These surveys and conferences gave people and staff the opportunity to reflect of what had gone well, what needed to improve and to celebrate achievements.

The provider carried out monthly audits of the care plans and daily notes to monitor the quality of service people received. Management review plans were developed and actions were identified to address areas for improvement, where necessary.

