

Enhanceable

EnhanceAble Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service- EnhanceAble Living is a domiciliary care agency and registered for 'personal care'. The service provides personal care to young adults and older people who may be living with dementia, have physical and/or learning disability, autism and an acquired brain injury. At the time of inspection, nine out of 44 adults were receiving support with personal care from this service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Whilst the inspection was to cover support in the people's own home, the organisation also offered people day centre and respite services.

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

Quality assurance processes were not always in place to ensure effective care delivery. There were no audits carried out by the management team to monitor people's medication administration record (MAR)sheets, review criminal record checks, staff's performance and training needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans were detailed and person-centred but required additional information in relation to their personal histories and end of life care choices. The provider told us they would address this immediately.

Staff were aware of the actions they had to take should they notice abuse or incidents and accidents taking place. Pre-employment checks took place to ensure staff's suitability for the role. People had support to take their medicines as prescribed. Staff understood their responsibility to provide hygienic care for people. Risk assessments were robust and person-centred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood and complied with the requirements of the Mental Capacity Act (MCA) 2005.

Guidance and support from healthcare professionals was implemented into the care delivery to people. Staff supported people to access sufficient amounts of food and drink to meet their dietary requirements.

People told us they were well treated, and that staff kindly attended to their care needs. People had their cultural and religious needs embraced which helped them to feel valued. Staff supported people to enhance their independence and express their choices where possible.

People addressed their concerns with the management team if they wanted to make changes to the services they received. Contacts details were provided should people want to raise their concerns outside the organisation.

The management team worked together and shared responsibilities to provide leadership at the service. Staff had the necessary support in their job and were encouraged to develop in their role which motivated their involvement in providing good support for people. The staff team worked in conjunction with the healthcare professionals to support people's well-being.

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 5 January 2017).

Why we inspected- This was a planned inspection based on the previous rating.

Follow up- We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

EnhanceAble Living

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

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers 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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). 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.

During the inspection

We spoke to four people and three relatives asking for their feedback about the service delivery.

We visited the agency office on 4 June 2019 and spoke with the registered managers and deputy chief executive of the service. We also talked to three staff members working for the service.

We reviewed a range of records. This included four people's care records, two staff files, training, recruitment and medicine records and other documents relating to the service delivery.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- People told us there was enough staff to support them when needed. Their comments included, "I think [staff] are doing shifts and always come to me on time" and "There is always someone when you need them and if my key worker is on a break, someone else is there to help me."
- Staff told us that in the near past they didn't have enough time to attend the visits on time, but after raising their concerns with the management team this was addressed as necessary.
- The management team told us they continuously recruited staff and that at the time of inspection, they had five staff members on induction. Referrals made by the local authority were only taken when the service had the necessary staff capacity to support people safely.
- Staff had to carry out pre-employment checks before they started working with people. Records showed that staff were required to complete a job application form, attend an interview, provide two references and an identity document which helped the management team to decide their suitability for the role. New staff were also required to carry out a criminal record check before they commenced working for the provider.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care provided by the EnhanceAble Living staff was safe. One person said, "I don't think there would ever be a concern there. My carers are very good and professional." A relative told us, "Safety is something we thought about when we started, but I have to say, we don't have any concerns with the carers [my relative] has, they are wonderful."
- Staff were aware of the actions they had to take should they notice people being at risk of harm and abuse. A staff member told us, "I would inform the client, who would share any information of concern with me, that I will be talking to the managers about this. We have a duty to report abuse."
- There were no safeguarding concerns received since the last CQC inspection.

Assessing risk, safety monitoring and management

- Risk management plans were regularly reviewed and reflected people's changing care needs. Staff were provided with guidance on how to manage the potential risks to people's well-being in relation to mobility,

social inclusion and daily activities.

Using medicines safely

- People told us they received the necessary support to manage their medicines safely. One person said, "I have medication in the morning and evening. If I forget what it is for, my key worker tells me and writes it down in my folder." A relative told us, "I like to check the care plan notes when I come in and then I see that [my relative] has had what she is meant to. [The care notes] are always up-to-date."
- People's care records reflected the support they required to manage their medicines safely. Information was available regarding the medicines people were taking, reasons for medicines being taken and how much support people required to take their medicines as prescribed.

Preventing and controlling infection

- People told us staff used protective clothing to support them safely. One person said, "[Staff] use gloves for preparing food and other things. [Staff] are always washing their hands and reminding me to wash mine."
- Staff were aware of the actions they had to take to protect people from risk of infection. One staff member said, "I use gloves and aprons when assisting clients with personal care which I throw away when I finish."

Learning lessons when things go wrong

- There were systems in place to monitor any incidents and accidents taking place. The service used a tracking template to record any relevant information about the incidents and accidents occurring, including dates and concern details.
- The management told us that any incidents and accidents occurring were dealt with on individual basis making sure that appropriate action was taken to address repeated incidents.



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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

- Records showed that all staff had recently had a supervision and appraisal meeting to identify their developmental needs and to discuss their professional goals.
- People told us that staff were skilled and had the necessary knowledge to support them safely. Their comments included, "[Staff] seem to be very well trained" and "I think the workers I have here are very good and well trained." A relative said, "The staff are very good, efficient and knowledgeable. They work hard."
- The staff team were provided with a wide range of training courses, including additional training to support people with their specific health conditions such as epilepsy. However, training records showed that not all staff were up-to-date with their training to ensure they supported people safely. We saw gaps in training for MCA, infection control, health and safety, equality and diversity and safeguarding.
- After discussing this with the management team we were told that all staff were asked to complete the necessary training within the next two weeks. We will check their progress at our next comprehensive inspection.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA and told us how they supported people to make decisions. A

staff member said, "If someone does not make a wise decision, it does not mean that they do not have the capacity to make this decision." Another staff member said, "Everyone has capacity if it's not proven otherwise."

- The service worked in partnership with the local authority to assess people's capacity and to make a best interest decision where they had concerns about a person not being able to make the decision independently, for example in relation to their medicines.

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

- An initial assessment was carried out when people were first referred to the service. Information was collected from a person, their relatives and the local authority to make a decision if the service was suitable for the person. A person was also observed in their everyday environment to ensure that the service was able to provide staff with the right skills.
- There were comprehensive moving and handling assessments in place to guide staff on the support people required to move safely, including effective positioning of a person during the transfers.

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

Staff working with other agencies to provide consistent, effective, timely care

- People told us they had the necessary support to meet their nutritional needs, with one person saying, "The carer helps me to make my dinner and he makes sure I have snacks and drinks that I can get on my own. We talk about them being healthy choices. The carer bought me a special cup to help keep my drinks warm when he isn't there."
- People had support to meet their nutritional needs. The staff team were provided with and followed healthcare professionals' guidelines to ensure they assisted people to eat and drink safely.

Supporting people to live healthier lives, access healthcare services and support

- Staff had guidance on the actions they had to take should they recognised any symptoms or triggers related to people's health conditions such as epilepsy.
- The management team told us they helped people to book and attend their health appointments where they required assistance. For example, one person needed support to provide details of their health history to ensure they didn't miss any important information.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and caring towards people. People's comments included, "[Staff] are kind and make me feel like a person" and "[Staff] are very pleasant and I do look forward to a chat."
- People told us that staff had good listening skills. One person said, "The carers we have listen to as to how I like things to be done and ask me if it is okay so I feel like we work together." A relative told us, "When we started here, we were introduced to everyone and [the staff team] made time to find out about my relative and the family. The regular carers listen to [my relative] and us. They do a good job."
- The registered manager told us they matched staff with people to ensure they had similar interests to talk about. They also considered the level of skill staff required to ensure effective care delivery.
- Staff were aware of people's cultural, spiritual and religious beliefs and provided support to meet these needs. This included supporting a person to prepare meals according to their religion.

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

- People told us they made choices about their care and support. One person said, "I make decisions about how I like [staff] to do things for me. I make all my decisions about what to do each day." A relative told us, "[My relative] has a lot of freedom. [Staff] help him to make choices about all sorts of things such as food, outings, learning opportunities and if he would like to go to a college. [My relative] is leading his life."
- A staff member told us they provided people with 'basic information and simple choices' to help them to make decisions independently.
- The staff team encouraged people to access community activities to increase their social participation, with one person saying, "The manager has found some information about a day centre that I can go to which will be nice."
- People had a key worker who helped them to plan their goals that they wanted to achieve. A key worker is a nominated staff member who takes a key role in co-ordinating the care of the person.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity as necessary. People's comments included, "Privacy is as good as it can be. [Staff] do ask first if they can assist with personal things or to come in. I feel I have dignity" and "[Staff] ask me to let them know if I would like to do certain things myself or in privacy like using the shower."
- People had support to enhance their independence where possible. One person told us, "I get a say in what happens to me. I feel like [staff] listen and give me some independence and choices to carry on doing things. There are no rules." A relative said, "[Staff] supports [my relative] with the things he struggles with but giving him a lot of independence still."
- A staff member said they encouraged people to do things for themselves where they were able to, including meal preparations.
- Confidentiality principles were followed to ensure that personal information about people was kept safely. A staff member told us they respected people's private information and that they only shared this information on a need to know basis.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery. Legal requirements were met.

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

- People told us their care needs were regularly reviewed to ensure they had the support they required, with one person saying, "[Staff] ask me if I am happy with the care and how they are doing things. I got a call from the office manager to ask if everything is going well for me. That was a few weeks ago."
- People's care records were detailed and person-centred. Staff were guided on the assistance people required to do their laundry, food shopping and teeth cleaning. People had their daily routines and choices identified to ensure they had the necessary support to lead their preferred life styles.
- However, care records did not include information regarding people's personal history and their preferences and choices in relation to end of life care. This was discussed with the management team who told us they would address this immediately after the inspection. We will check their progress at our next comprehensive inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded to ensure that staff were aware of how to engage people in conversations. Information was available on how a person expressed their emotions, including happiness and sadness.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident to raise their concerns if required, with one relative telling us, "I would call to discuss my concerns with the manager. I find them easy to talk to although I've never had a complaint."
- Records showed that complaints received were investigated thoroughly and any necessary action taken where failures had been identified.

- The registered manager told us that people were provided with a handbook that included contact details for services such as the local authority and CQC should they have any concerns to share.

End of life care and support

- At the time of inspection, the service did not provide end of life care, but they had in the past.
- The management team told us that staff received training when they were required to support a person in the last stages of their life.



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 the last inspection this key question was rated as Good. At this inspection this key question has been rated as 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.

Continuous learning and improving care

- Systems were not always in place to monitor the quality of the care delivery, including management of medicines, staff's performance on the job, recruitment and training.
- The management team told us that people's individual medication administration record (MAR) sheets were returned to the agency office monthly for checking that they were appropriately completed. However, there were no records available to suggest that these checks took place. We looked at MAR sheets for four people and saw the medicines not always being signed for two people. The management team told us that at the time the staff team were not administering the medicines to people because they were either in the hospital or had support from their relatives. For one person the last available MAR sheet stored at the agency office was dated March 2018.
- The management team told us that staff recruitment and training schedules were monitored by human resources. There were no checks undertaken by the management team to oversee these areas. As already mentioned earlier in the report, some improvement was required in relation to staff training to ensure safe care delivery. Records also showed that two staff members did not have their criminal record check reviewed since 2012, one since 2013 and a further two since 2014.
- When we asked staff about the improvements required at the service, a staff member told us, "The managers should be out and checking on staff. It is a good thing to do as they do not know what we are doing." The management team told us that there wasn't a formal procedure in place to assess staff's competency on the job. They observed staff on the job for a specific reason, for example following a hospital admission or when a staff member raised concerns around a person's living arrangements. However, no evidence was provided to suggest that staff's performance on the job was evaluated to ensure they were carrying out their duties as necessary.
- After the inspection, the management team told us they took immediate action to address these areas of concern which included review of auditing systems to ensure effective care delivery.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had recently started using a 'Quality register' to monitor the quality of the services being provided for people. Any complaints, safeguarding concerns, incidents and accidents received were recorded so that lessons could be learnt to prevent errors happening in the future.
- People's care plans were regularly reviewed by the management team to ensure they were meeting people's current support needs.

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

- People and the relatives told us the service was well managed. Their comments included, "The manager is a good listener" and "The managers are very nice and proactive."
- Staff told us they had the necessary support to perform their duties as necessary. One staff member said, "It is a fantastic, lovely job. Managers are excellent. If any issues I do not have a problem speaking to them." Another staff member said, "When the [registered] manager was on leave, we had issues but since she is back, and the management changes were introduced, everything settled down and all is good."

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

- There was a clear management structure in place to provide leadership at the service. The service had two managers registered with the Care Quality Commission who shared responsibilities to monitor the service delivery. The chief executive of the service was also involved in everyday running of the service and took responsibility to carry out supervisions for staff. The management team were assisted by senior support workers who managed day-to-day tasks with the aim to ensure that work was completed on time.
- The management team was aware of the different forms of statutory notifications they had to submit to CQC as required by law.
- On-call system was used to provide staff with on-going support should they require guidance during out of office hours, for example with emergency situations.

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

- People told us they felt engaged in planning their care, with one person saying "The carers review any changes with me by chatting and answering questions that I have. The office calls me now and again to ask how I am finding my care."
- The provider had regularly asked people and their relatives to provide feedback about the service delivery. They completed questionnaires, providing their views on the service's performance. Results showed that people were mostly happy with the care provided and described staff as friendly, caring and understanding.
- The staff team was encouraged to expand their interests and professionally grow within the organisation. Staff were given extra responsibilities to learn new skills and gain knowledge where they showed interest. The management team told us they informed staff about the employment opportunities within the organisation should they want to go for a promotion.
- Staff meetings took place to discuss the systems in place aimed at improving the quality of care, including arrangements around weekend working.

Working in partnership with others

- The staff team worked closely with healthcare professionals to support people's well-being. Over time they developed good working relationships which aimed to provide people with appropriate support as and

when they needed it.

- The service was registered with the Skills for Care, which is a strategic body for workforce development in adult social care in England, and CQC for information and updates about the changes taking place in health and social care services.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to assess and monitor the quality of the services provided for people.</p> <p>Regulation 17(1) and(2)(a) and (c)</p>