

Enabling Care For You Limited

Enabling Care for You Limited Head Office

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:

Enabling Care For You is a domiciliary care agency providing support to people living in their own homes in the community. It provides personal care to children, young people, adults and families, those with physical or learning difficulties, mental illness and those who may just need practical support to see them through a particular crisis.

Not everyone using Enabling Care For You may receive a 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. At the time of the inspection, the service was supporting 49 people.

People's experience of using this service:

The people confirmed that the service they receive had continued to be good. They said the staff were kind and caring, and they confirmed that all their current needs were being met.

People's needs were assessed, and their care was delivered in line with current legislation. Needs were assessed before people started using the service to ensure that they were able to provide them with the care they required. This included information on religious and cultural needs. The service had policies in place to ensure that people's rights were protected, and people were protected from discrimination.

People could involve relatives and others who were important to them when they chose the care they wanted.

People were protected from abuse and the risk of harm. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns. Risks to the person had been assessed and there was a plan in place to minimise these risks. Care was provided by staff who were able to meet the person's needs.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and was aware of the person's decisions and respected their choices.

People were fully involved in their care planning and received information in a way that they understood.

Care planning informed staff what people could do independently and what staff needed to do to support people. The care plans used were consistently reviewed and updated.

There were policies and procedures to ensure that people's medicines were managed safely.

People had good relationships with staff, who were knowledgeable of their support needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.

Staff supported people to maintain a balanced diet and monitor their nutritional health when needed. People had access to GP's and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People were treated with respect and kindness. Privacy was respected, and they were supported in a dignified way. People were supported to maintain and increase their independence where appropriate

People were protected by the prevention and control of infection.

People said they felt comfortable raising any complaints or concerns with staff and the registered manager.

The registered manager recruited staff with relevant experience and the right attitude to work with people. New staff were given an induction and all staff received on-going training. There were enough staff to keep people safe and meet their needs.

The provider and registered manager made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

People were asked for feedback about the service they received.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong.

The registered manager attended networking events to share learning and best practice.

The provider, registered manager and staff were working with a clear vision for the service. The registered manager had the skills and knowledge they needed to support people.

Rating at last inspection:

This service was rated, 'Good' at the last inspection (published on 18 January 2017).

At this inspection, we found the service met the characteristics of 'Good' in all domains.

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will continue to monitor the service.

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

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?

Good ●

The service was Well-led
Details are in our Well-led findings below.

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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:

One inspector and an Expert by Experience carried out this inspection on the 12 and 17 July 2019. 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:

Enabling Care For You is a domiciliary care agency. It provides personal care to people living in their own houses.

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

Notice of inspection:

This was a comprehensive inspection and was announced. We gave three days notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2019 with the Expert by Experience making telephone calls to people living in their own homes, and the inspector visited the office location on the 17th July 2019.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last comprehensive inspection, on 20 December 2016. This included details about incidents the provider must notify us about, such as abuse or serious injury. We used all of this information to plan our inspection.

During the inspection, we spoke on the telephone with three people that used the service and nine relatives of people that used the service. During the visit to the office, we spoke with the registered manager, deputy manager, care co-ordinator, team leader and three support staff.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at three staff recruitment records, assessment, supervision and support records and reviewed records relating to the management of the service, staff training and 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. People told us they felt perfectly safe when being supported by staff.

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person said, "They (staff) are all trustworthy." Relatives said, "We have complete confidence in them", "Perfectly safe" and "Mum is safe with them."
- The registered manager was able to explain what the possible signs of abuse were, such as bruises and a change in behaviour. They were aware that they needed to report concerns to the local authority and the commission.
- There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns.
- Training had been updated and was on-going, so staff could keep up-to-date with changes to legislation and best practice. The registered manager and provider liaised with the local authority safeguarding team when required.
- Staff were supported to understand how they could 'whistle blow' to external organisations such as social services if they had concerns. Staff told us that they had not had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people started to use the service. The assessments included assessing and recording actions to reduce risks. Staff assessed people's mobility, nutrition and health needs. For example, if people needed support going out and about in the community. The care records included instructions on what action to take if any changes in behaviour were noted.
- Individual risks to the person's health and wellbeing had been identified, there was the guidance needed to mitigate risks. Care plans contained risk assessments including risks relating to mobility, personal care and medicine.
- Risks to the environment took place in people's homes. The electronic care plans contained information on how to support the person to remain safe within their own home, for example, assisting the person to keep areas of their home environment uncluttered to reduce the risk of falls.

Using medicines safely:

- Processes were in place to make sure people received their medicines safely. People's ability to manage their own medicines was assessed before they were supported by the service. People were supported when taking their medicines. One relative told us, "They (staff) give the medicines and there has never been a problem."

- Processes were in place to safeguard people and staff when medicines were being administered. Staff supporting people with medicines had undertaken medication administration training.
- Staff worked in conjunction with health care professionals when people needed end of life support with medicines. For example, working with community nurses.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Accidents and incidents were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong. Actions were taken to reduce the risk of reoccurrence.
- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.

Preventing and controlling infection

- There were gloves and aprons available to staff when these were needed. There was information in people's care plans about how to reduce the risk of infection such as through hand washing.
- Staff told us they had access to as much equipment that they needed.
- Infection control training was provided to staff on their induction into the service and regularly updated.

Staffing and recruitment

- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. We reviewed three staff files for members of staff and evidenced that a robust recruitment procedure was in place.
- The provider employed enough staff to be able to provide the care and support people had been assessed as needing. There were enough staff to meet people's needs.
- A staff rota provided staff with the details of the hours they were working and the people they were supporting. Staff were paid for the time they spent travelling between visits. This meant that people always received their full allotted support time.
- People told us staff arrived on time. If staff were late due to traffic, they would inform the next person to be visited by phone. Relatives said, "Timekeeping was good" and "Mostly very good, but if they were late they would call." People and staff were supported out of office hours by an on call system manned by senior 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.

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

This meant 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.

- People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance.
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience.

- People continued to be supported by staff who had the skills, knowledge and experience to deliver effective care. One person said, "Very well trained and competent." Relatives said, "They (staff) are very well trained and seem to have just the right sort of experience."
- Newly recruited staff received an induction programme and then gained experience by shadowing more experienced staff. Staff we spoke to told us that when they started work they shadowed a more experienced member of staff.
- Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them. Specialist training was available or sought out by the registered manager if it was required.
- Staff received supervision and an annual appraisal and told us they felt well supported. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

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

- Staff were skilled in making sure people had access to support from health and care professionals when needed.
- People were encouraged and supported to be as independent as possible managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their appointments, their family carers would usually do this, with staff supporting where necessary. Staff however recorded any concerns around people's health, and if appointments had been requested or made. Some people did not have family to help them and in this case, staff would always support when necessary, making sure their health needs were taken care of. Relatives said, "Yes, Dad sees the practice nurse and between them all he is well looked after" and "Yes, they (staff) call the district nurse and/or me if there are

changes."

- Staff supported people by arranging for them to be assessed for specialist equipment that might enhance their lives, such as specialised beds or mattresses.

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

- Most people were supported to eat and drink by their family members. The care plan gave guidance and instruction for staff to follow. When needed, other people were supported by competent staff who were trained in, for example, food hygiene. One person said, "Yes, they (staff) do all that and it is great." One relative said, "They (staff) do everything for Dad and he has what he likes."
- Where people were at risk of choking whilst eating. Referrals to the speech and language therapy team (SaLT) had been made. There was clear guidance for staff on how to support the person to manage this risk.

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.
- Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
- We checked whether the service was working within the principles of the MCA and found that they were.

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.

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

This meant 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 were treated with kindness and compassion in their day-to-day care. Staff told us they knew people well because rotas allowed them to support people consistently. Relatives said, "They (staff) are lovely and they go the extra mile" and "Absolutely brilliant, always cheerful, will always listen to me if I need a moan and incredibly kind."
- Staff sought accessible ways to communicate with the people they supported. Staff told us that they would communicate with people about what they were going to do before they did it. This was detailed in care plans which explained when people needed reassurance.
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- People were involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them. People told us about their review meetings and said they felt able to speak up. They had agreed the content of the care plans.
- If people did not have relatives to support them, the management team would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves.
- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support and covering the person with a towel during personal care. Relatives said, "Yes, they respect my father and treat him as a person" and "Yes, they (staff) are respectful."
- The registered manager made arrangements to ensure that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use.

Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

Is the service responsive?

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 remained Good.

This meant 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 received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way.
- Family and friends who were important to people were recorded in the care plan. For example, different family members such as sons and daughters as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact when.
- Care plans were regularly reviewed and any change in information updated immediately on the electronic system.
- Care plans were drawn up taking into consideration information and advice from health professionals such as district nurses and occupational therapists.
- The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were taken into account. Many people had complex care needs and lived with relatives. However, care plans described people's individual care needs and choices. The care plans enabled people or their relatives to check they were receiving the agreed care. One relative said, "My daughter cannot speak and they (staff) manage to get her engaged so that care is sort of two way."

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).
- People and their relatives told us they knew how to make a complaint and felt any concerns they had would be treated seriously by the registered manager. One person said, "I have no complaints." Relatives said, "I have raised concerns rather than complaints and these have been dealt with" and "I have never needed to complain."
- Information on how to make a complaint was held in care records at each person's home. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
- Any complaints received had been responded to in a timely manner and all had been resolved.
- Compliments received about the service included, 'Your girls (staff) treated my wife and me with kindness

and dignity', 'I am very grateful to you all for the way you treated my Mum. I was impressed by the concern and respect you showed at all times and without exception. So, thank you all for the amazing work you do every day' and 'Thank you all who visited and helped me.'

End of life care and support

- People were supported at the end of their life to have a pain free and dignified death.
- Staff worked closely and sensitively with involved health professionals to make sure people received the right 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.

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

This meant 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

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
- The management team checked if staff followed the values held by the provider by discussing them in supervisions and checking at spot checks in people's homes. Staff told us, "We get regular unannounced visits by management and they observe us to make sure we are doing what we should."
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People using the service said the service was well led. All the people and relatives spoken with said they would recommend the service to other people.

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

- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

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

- Arrangements had been made for the service to learn, innovate and ensure its sustainability.
- The registered manager carried out a number of audits and checks to make sure a safe and effective service was provided. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service. Comments from a survey carried out in April 2019 included, 'I found all staff most helpful', 'Happy with the service and the care received' and 'Very happy with the service and there has been

a vast improvement in the service in the last few months.'

Continuous learning and improving care

- Regular staff meetings were held and staff told us they were able to speak out if they wanted to.
- Staff felt they were well supported by the management team. A staff member said, "I get a lot of personal support, more than I did from other companies. It is a good company to work for."

Working in partnership with others

- The registered manager and staff helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.