

Enfield Carers Centre

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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

Enfield Carers Centre is a domiciliary care agency providing personal care to people living in their own homes. The agency provides a respite service which allows relatives and carers to have a break and have some time for themselves. The agency worked with children and young adults with a learning disability and/or autism as well as older adults with dementia and/or physical disabilities. At the time of our inspection there were 19 people using the 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.

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

Many of the people receiving support were children or young people with Autism. Many were non-verbal and had behaviours that could place them in danger if they were not adequately supervised. All the parents of such young people were confident that the care workers supporting their children knew how to keep their children safe when they were not present. People had comprehensive risk assessments that provided guidance to staff and were reviewed regularly. Staff had received medicines training and people received their medicines safely and on time. There were robust recruitment systems in place to ensure staff were safe to work with vulnerable people.

People and relatives told us they valued the support offered to them by the care staff and appreciated their professional and dedicated approach to their work. Care staff arrived at the time stipulated in the care plan and were involved in a meaningful way with the people they worked with. 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. People were supported to eat and drink where this was an identified need.

Care staff were described as, "Tremendous", "A life saver", "Dedicated" and "Lovely". Staff we spoke with were passionate about the care they provided and knew people well. People usually had the same care staff visiting them. People were treated with dignity and respect and recognised as individuals with their own likes and dislikes.

People had detailed care plans which reflected how they wanted to receive their care. Care plans were reviewed regularly. People and relatives were fully involved in all aspects of planning care. People were encouraged to take part in activities that were meaningful to them.

Everyone we spoke with thought the organisation was well-managed and that the office staff were very approachable and obliging. People were very happy with the care given and appreciated the short periods of time they were given for themselves whilst care workers looked after their loved ones. The service valued

people and relatives' feedback and there were numerous ways in which this was gathered.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were treated as individuals with their own preferences. Care was person centred and tailored to achieve maximum wellbeing for people. Staff had received training in working with people with a learning disability and/or autism. The values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Enfield Carers Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors and two Experts 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. The Experts by Experience supported the inspection by making telephone calls to people and their carers and relatives.

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 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. 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 16 December 2021 and ended on 27 January 2022. We visited the location's office on 16 December 2021.

What we did before the inspection

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

During the inspection

We spoke with the registered manager, the nominated individual and a care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed six staff files including, training, recruitment and supervision records. We looked at some quality assurance processes including staff spot checks.

After the inspection

We spoke with 11 relatives, two people who used the service and seven care staff. We also spoke further with the registered manager. We reviewed six people's care and support plans and risk assessments, policies and procedures and further auditing processes.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm by staff who understood their responsibilities around safeguarding.
- People and relatives told us care staff were skilled in what they did and people were confident they or their loved ones were safe in the care of staff from Enfield Carers Centre. One person said, "I just know I'm safe with the carers. I like them." Relatives commented, "I know the children are safe with their carers because the children like them. I would know if they didn't like them, because they would not want to go out with them. The carers look after the children really well. They know what to do. One of my daughters reacts if she sees dogs and the carers know this" and "Yes, Mum does feel safe with her carer as she chats with her and makes mum smile and laugh."
- Staff had received training in safeguarding which was refreshed regularly.
- Staff understood how to recognise and report any concerns around safeguarding and were confident these would be dealt with if they did happen.

Assessing risk, safety monitoring and management

- The service ensured people were kept safe through comprehensive risk assessments.
- People's personal risks were assessed and guidance for staff in how to minimise known risks was documented in their care plans and risk assessments.
- Risks assessed included skin integrity, behaviours, food allergies and moving and handling.
- Prior to the service providing care, an environmental risk assessment was completed on the property to ensure all risks were known about and minimised.

Staffing and recruitment

- There were enough staff to meet people's identified care needs and provide continuity of care.
- All people and relatives told us care staff were very reliable, always stayed the correct amount of time and arrived on time. A person said, "The carers are always on time and stay for the right amount of time." Relatives told us, "Yes, carers always stay with [person] for the full amount of time and are always here on time, too. I need the carer here by 7.30am so I can leave to go to work, and they are always on time" and "They [care staff] are absolutely brilliant, always on time and very reliable."
- People had the same care staff visiting them and were able to build effective working relationships with their care workers. A person told us, "Yes my carers are all regular carers, they haven't changed that much in the year I have had them." A relative said, "Yes we need continuity for mum as she has dementia, so have requested the same carer to provide support and have received it, which we are grateful of."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in

employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults or children.

Using medicines safely

- There were robust systems in place to support people with medicines.
- Where supporting people with their medicines was an identified need, people received their medicines safely and on time.
- People and relatives were confident staff understood their support needs with medicines. A relative commented, "I usually put out medication for [person], but the carers always watch her take it, so that she doesn't forget it. They do this after she has eaten her breakfast."
- Staff had received training on administering medicines. During management spot checks, staff competency around administering medicines was observed and documented. This ensured staff were safe to administer medicines.
- Where staff needed specialist training around administering a certain medicine, this was provided by the service. One person had specific allergies and had an Epi Pen when they may have had their allergy triggered. Epi Pens are a way of administering a medicine when a person suffers an allergic reaction to something. A relative said, "Sometimes there is a need to use an Epi Pen. The organisation trained the carers to use it."

Preventing and controlling infection

- People were protected from the risk of infection by robust infection control policies and well-trained staff.
- Relatives told us care staff always used appropriate Personal Protective Equipment (PPE) to ensure people were kept safe. One relative commented, "The carers always arrive with a face mask on then put gloves and an apron on if they do personal care."
- The service had implemented a COVID-19 safe office space. Where people visited the offices or attended groups, there was a one-way system and social distancing in communal areas. On entry to the building appropriate checks were conducted for symptoms of COVID-19 to help keep people safe.
- Staff had received appropriate training around infection control and using PPE.

Learning lessons when things go wrong

- The service was proactive around learning. The registered manager told us any learning from incidents or feedback were positive as learning was an on-going process and helped improve the quality of care they gave.
- Where any learning was identified, this was shared with staff during staff meetings and through regular supervision.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed in line with current standards, guidance and law.
- People were involved in an assessment before starting to use the service. This ensured the service would be able to meet their needs.
- Information gathered during the pre-assessment was used to create people's care plan.
- We received positive feedback around how involved people and relatives were in the pre-assessment process. Relatives said, "We had a meeting to discuss what help we needed with [Person] and everything we asked for is in the Care Plan" and "Initially we had a meeting to discuss what care we needed and how it was to be done. Our views were taken into account and it's very good."

Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate training, support and experience to carry out their role.
- People and relatives told us they felt staff were well trained and understood people's care and support needs. A relative said, "[Person] has Autism and the dangerous behaviours he has include climbing and jumping around and he needs constant supervision. When the carer is with us, I know [person] is safe, because he is supervised carefully and guided away from dangers. The carer really knows what she is doing."
- Staff received a comprehensive induction prior to starting work. As part of their induction, new staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. One person told us, "I believe the carers do have a good induction training before they start work."
- Staff were supported through a thorough regular supervision and annual appraisal.
- Staff received regular training to ensure they were up to date with best practice. Where any specific training was identified around people's care needs, this was provided. For example, epilepsy, autism awareness, dementia awareness and Percutaneous Endoscopic Gastrostomy (PEG) feeding. PEG feeding is where a person receives nutrition through a tube into their stomach. Relatives were positive care staff were well trained and one relative commented, "Especially in dementia training! Mum's carers have a good knowledge of the subject." A staff member said, "I asked for some training I needed and he [registered manager] helped me attend the training and improve my skill, but we have a lot of training, we do dementia training."

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

- Where this was an identified care need, people were supported by staff who understood their needs.
- People's care plans documented what support people needed around food and drink. For example, if they needed light meals prepared, help with eating or observing the person to ensure they were safe and maintaining nutrition.
- Staff knew people well and were aware of what food and drink they liked. A person told us, "My carer only gives me a hot drink after my shower and she knows what I like and where things are" and relatives said, "[Person] is given her breakfast by the carers and she knows what she wants. They sit with her while she eats her breakfast and chat to her" and "The carers do have to prepare food from time to time for our children, and they do understand the care needed to prepare food for our son who has allergies."
- Where people had specific needs around food, such as receiving food via a PEG, staff were fully trained before being able to work with the person. A relative said, "My daughter is PEG fed, which can be provided by carers who have been trained to do this procedure."

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

- People were supported to lead healthier lives both mentally and physically.
- The service supported people's wellbeing through ensuring they were able to participate in their care in a way that was meaningful to them. Feedback was positive from people and relatives around how care staff involved people.
- Where necessary, we saw the service made appropriate and timely referrals to healthcare partners.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care was delivered in line with the principles of the MCA.
- At the time of the inspection, no people were subject to CoP.
- People's care plans documented people's capacity and how staff could work with people effectively.
- Staff had received training around the MCA which was refreshed regularly. A staff member said, "You don't assume people have capacity. People always have a choice, you can't just take over people's affairs unless they have been properly assessed to see if they have [capacity]."
- People and relatives felt staff communicated well with people and asked for consent before carrying out care tasks. One person said, "Yes, my carer always does [ask for consent] before each task." A relative said, "Yes definitely, from what I have heard and seen, If the carers need to transfer mum from her chair to her bed and reversed, this is all communicated to mum."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People were treated with dignity and respected as individuals.
- People and relatives feedback around how kind and caring staff were, was exceptionally positive. A person told us, "I like my carers. They are kind and caring. I like being with them." Relatives commented, "[Named] likes to have cuddles and the carers do this well. He likes his carers very much and knows when they are due. Both carers are kind, calm and sweet natured. They are also very patient" and "The carers are kind and caring and know what they are doing. The children really like them."
- Relatives were also positive around the support they and their loved ones received and felt their needs were fully understood and respected. A person said, "My carer is lovely, and she understands my needs and works with me accordingly." Relative's said, "The support we get from this organisation is just what we wanted and really needed. Without them, I don't know what I would have done. Sometimes it really gets on top of me, and they help me through it" and "Carers are great with the kids. They know exactly what each of them need and it is going well."
- Where people had specific cultural or equality needs, these were documented in their care plan. These included ensuring people with a learning disability were fully included in their care, as well as cultural needs, such as food and faith.

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

- People and relatives were involved as partners in their care and collaborated with the service to create care plans that met people's needs.
- There were regular reviews of people's care plans. Relatives said, "My daughters care plan is reviewed every six months and changes recorded and updated" and "Yes we have discussed mums care plan and her needs four months ago when she first started having carers visit her."
- Where a person had a change in their care needs, such as a return from hospital or updated healthcare needs for healthcare professionals, care plans were reviewed and updated. A person told us, "Yes [I am consulted] on a regular basis I have had discussions about my care plan when things change, such as I had a fall some time ago and would need more help to get into the shower." A relative also commented, "Yes, my daughters care plan has been regularly updated following health changes and training needs for the carers such as first aid for her seizures."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Feedback from people and relatives supported people felt they were treated with dignity and respect. A person said, "Yes, they do [treat me with respect], very much so when doing very intimate tasks." A relative

said, "Carers get along very well with [person] and know her well. They are very respectful with her. They are very patient too."

- Where possible, people were encouraged to be independent and encouraged 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in a way that gave them control and met their needs.
- Care plans were detailed, comprehensive and clearly reflected people's preferences. People's likes, dislikes and individual needs were fully explored, and information provided to staff on how to meet those needs.
- People and relatives were fully involved as partners in the care provided. This was clear from both feedback and people's care records.
- The registered manager told us people were at the heart of the service and the care plans written were a reflection of how people wanted to receive their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were clearly assessed and responded to.
- People's communication needs were reviewed as part of their pre-assessment prior to starting use the agency.
- The service recognised each person communicated in their own way and where there were specific communication requirements, these were clearly documented in their care plans. For example, '[Person] is able to read your lips if you keep eye contact. All communication to be written if wearing masks'
- People had the same care staff visiting them. Because of this, staff got to know people well and were able to understand how people communicated and what worked best for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where this was an identified need, the service supported people to have a full life and take part in appropriate activities.
- People and relatives were positive about the way staff involved people and ensured activities were inclusive and age appropriate. A person said, "They take me out in my wheelchair to the shops or for a walk." Relatives commented, "She [staff member] is creative with them and usually has something in mind to do with them to hold their attention. She always does age-appropriate activities with each of the children" and

"[Carer] is extremely kind and caring. She is very good company for [person] and they get along really well. They go out shopping together and have something to eat together and it really boosts her mood."

- For a person living with a learning disability, who had been feeling very isolated, the service supported them to attend a day service which allowed them to meet their best friend they had not seen in a long time.
- The service had created 'activity packs'. These packs contained various indoor activities staff could do with people. This allowed people to feel more emotionally engaged with staff and help stimulate them during lockdown.
- People's likes and dislikes around activities were clearly documented in their care plans.

Improving care quality in response to complaints or concerns

- There were systems in place to ensure complaints were documented and responded to appropriately.
- Prior to starting to use the service people and relative were provided with an information pack that explained how to make a complaint.
- People and relatives told us they felt comfortable raising issues, and were confident they would be dealt with. A person said, "I would have no hesitation in ringing the office to talk about a complaint, but I prefer to raise issues when they are only minor, so things don't escalate. The office are always willing to talk through problems." A relative said, "I think we work as a team. I can ring with a problem any time and know it will be sorted out."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service placed people at the heart of their own care and were responsive to people's needs. This meant people experienced good quality care and outcomes.
- Feedback throughout the inspection from people that were able to speak with us, supported they felt supported, included and empowered by the service. A relative said, "I don't think there is anything they could improve on!"
- Relatives told us how using the service had made a difference in their lives. Relatives commented, "The organisation is tremendous. The carer we have is brilliant and I couldn't speak more highly of the carer or the organisation. The office staff are very good, very supportive and we like the consistency of the service", "The support we get is really great. It has been lifechanging. My wife and I can spend some time together now, just doing all the things we can't do when the children are around" and "This organisation has kept me sane. It's really difficult living with someone with dementia and they have helped me cope with it."
- Staff were valued by the management team and the service had a low turnover of staff. This ensured people received a continuity of care with staff who got to know them well.
- People and relatives knew who the registered manager was and were complimentary of his communication with them and commitment to the people being supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and regulatory requirements. Appropriate notifications were submitted to CQC and the local authority when necessary.
- There were systems and processes in place to monitor the quality of the service. Where any concerns were found, these were documented and addressed.
- The service completed regular spot checks on staff to ensure they were providing appropriate care and following best practice.
- There was a clear management structure in place.
- Staff told us they felt supported by the registered manager. Staff told us, "I find that the manager is heavily involved. Before meeting the service user, you are given full brief, introduction and shadowing. He knows the service users and I just find him fully involved" and "Even if I am just unsure, they [registered manager] will reassure me and I can ask for help. I find it really warm and welcoming coming into the job."
- The registered manager understood their responsibility to be open and honest with people and relatives if

something went wrong.

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

- People, relatives and staff were engaged and involved in the service. People's individual equality needs were respected. Feedback gathered throughout the inspection supported this finding.
- Throughout the pandemic, the service kept people informed and up to date on how care staff would keep people safe. Relatives were positive around communication during the pandemic. A relative said, "They have been fantastic during the pandemic."
- There were regular newsletters for staff which provided up to date information on government guidance, best practice and initiatives the service was running.
- The service was committed to improving people's and their carers' daily lives and had put some initiatives in place to promote this. There was a staff member who had been appointed as 'Digital Champion'. The service had purchased laptops and tablets which were part of a lending library for people. The digital champion taught people how to use the technology and help people stay in touch. During the second lockdown the service facilitated a dementia campaign to support people to stay safely at home and not be socially isolated.
- There were systems in place to gather people's feedback. This was done by annual surveys as well as telephone calls to people, where they were able to participate, and relatives. At the time of the inspection, the results of the recent survey had been collated and the registered manager told us the results would be fed back to people.

Continuous learning and improving care; Working in partnership with others

- Any learning was shared with the staff team through regular team meetings and supervision sessions.
- The service worked in partnership with external healthcare agencies to ensure people's wellbeing.
- Throughout the inspection the registered manager and nominated individual were responsive, open and knowledgeable.