

Enham Trust

Enham Trust - Care & Support at Home

Inspection report

Enham Place
Enham Alamein
Andover
Hampshire
SP11 6JS

Tel: 01264345800
Website: www.enham.org.uk

Date of inspection visit:
20 October 2016

Date of publication:
09 February 2017

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

People told us they felt safe and were confident in the staff that provided their care and supported them.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust and ensured people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People had good relationships with the staff and were treated with dignity and respect.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

Staff told us the service was well-led and managed by an effective and organised management team.

People had confidence in the provider and staff were clear about their roles and responsibilities.

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.

There were systems in place for safeguarding people and staff were aware of their responsibilities should they suspect abuse was taking place.

The provider had a system of checks to recruit only safe and suitable staff.

Risk assessments had been carried to minimise the risk to people receiving care and the staff supporting them.

Is the service effective?

Good ●

The service was Effective.

People were supported by competent staff who understood their needs.

Staff had access to the training and support they needed.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was Responsive.

Care plans reflected people's individual needs and preferences.

The provider sought people's views about their care and support and responded to their feedback.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

The service was Well Led.

There was an open culture that encouraged staff, people and their relatives to express their views and be listened to.

Staff felt supported by the management team.

Records relating to people's care were accurate, up to date and stored appropriately

Good ●

Enham Trust - Care & Support at Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 and 21 October 2016, was unannounced and carried out by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, a team leader, two member of staff from the human resources department, obtained feedback from staff members and spoke with the Director of Integrated Services. After the inspection visit we spoke with four people receiving care and support from the provider and two relatives.

We looked at staff duty rosters, staff recruitment files, policies and procedures, staff training records and viewed care plans and risk assessments associated with people's care requirements.

We last inspected the home on 16 and 17 January 2014 where no concerns were identified.

Is the service safe?

Our findings

People and healthcare professionals told us the service was safe. One person said: "To be fair to the staff they are a great bunch and they help me with my personal care so I don't fall over". A healthcare professional said: "I have been included in risk assessments in the past so I have confidence in the company". A member of staff said: "All staff are safeguarding trained and supported with knowing indicators of abuse and are made aware of who the internal safeguarding officers are. Staff are encouraged to highlight concerns that they might have, even if they are questioning whether things are signs/ indicators of abuse."

Safe recruitment processes were in place. Staff records contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager had recently reviewed the medication policy and said it was updated to reflect the support people required with medicines in their own home. The medication policy provided guidance for staff to follow in respect of obtaining, recording, handling of medicines. A member of staff said: "All staff are medication trained to ensure they are competent and this training is updated regularly." Another member of staff said: "Medication is dispensed by the chemist into blister packs"

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff said they would not hesitate to contact CQC or the local authority if they felt abuse had taken place. Staff had received training in safeguarding people from abuse. A member of staff told us each member of staff had received training on equality and diversity and knew how to protect people.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had deployed suitably skilled staff to meet people's needs. When explaining how people's care visits were organised one member of staff said: "By having a rota in place and making sure that there are enough staff available to cover shifts. This would include regular breaks throughout the day" and "Rotas are done six weeks in advance so there is plenty of time to get staff to cover shifts with permanent or relief staff."

The provider had good arrangements in place to mitigate any risks associated with people's care. Management meetings took place on a regular basis which provided them with the opportunity to share information, discuss any safety issues and ensure people were being supported with consistency. Detailed risk assessments were in place which were created and developed with the support of a multi-disciplinary team which included involvement from specialist healthcare professionals and relatives. Assessments were reviewed on a regular basis and any changes or concerns identified were quickly reported to the appropriate professional for further review.

Is the service effective?

Our findings

Staff told us they received an effective induction and were supported by management. One member of staff said: "I have regular chats and supervisions with my manager". A healthcare professional said: "I have never had any reason to believe staff are not trained to a good standard".

All new staff employed by the service had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005).

Staff benefitted from an annual performance management cycle and regular training opportunities. This included annual performance reviews and regular supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with learning and development opportunities made available. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the management of the service. A member of staff said: "I have regular supervisions and appraisals and training. I also have updates every year. I have a personal development plan that highlights any skills or knowledge that is needed."

People were supported and encouraged to eat sufficient amounts and were advised about healthy eating options. A member of staff said: "Individuals are supported when buying their food shopping and advised as to which foods are healthier. The individuals help prepare the food. Staff are always aware as to what they eat and drink and would encourage and advise them on their diet." Another member of staff said: "A service user (Person) I support used to see a dietician and has books and leaflets about healthy eating which we often refer to." People were supported to maintain good health and have access to healthcare services. A member of staff said: "There is a local G.P. surgery in the village which a lot of people choose to be registered with and Enham as a care service provider have a good relationship with the G.P.'s and staff who run the service." The staff worked in partnership with district nurses, GP's and local authorities to support people's wellbeing.

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. Documentation showed decisions made for one person had been appropriately assessed with input from the relevant professionals. A member of staff said: "Consent is something which is sought each time a person is supported whether this be implied or informed consent." Independent advocates were available when people needed them.

Is the service caring?

Our findings

People and relatives told us the service provided was caring. One person said: "They treat me like I am family and fully respect what I need". A relative said: "I am pleased with how things are going; the company really care and go the extra mile". People told us staff treated them with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care.

Each person's physical, medical and social needs had been assessed before they started to receive care and support visits from the provider. Assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a way which promoted their dignity and privacy by covering people whilst providing personal care. One member of staff said: "When doing personal care I stay in the room only when necessary."

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. A member of staff said: "I have supported the two individuals for over six years as have the other staff in the team. The continuity and consistency and knowing each individual for a long period of time has helped develop a good relationship."

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved in planning their own care. Care plans were updated when people's needs changed.

Is the service responsive?

Our findings

Healthcare professionals and people told us the service was responsive. A healthcare professional said: "We don't have any complaints about the Enham, they look after people well and they speak to us when they need to". One member of staff said: "Care plans should reflect how they (People) would like to receive their care, treatment and support. This should include their personal history, individual preferences, and to make sure they have as much choice and control as possible."

People's individual needs were met. A member of staff said: "As the individuals I support are very able they require little physical support. Mainly with personal care such as washing their hair. Both people I support have verbal difficulties so we use Makaton signs and body language to converse along with some speech as they understand what is said to them". Makaton is a language programme using signs and symbols to help people to communicate. Another member of staff said: "I support service users (People) with personal care, emotional support when needed, accessing the community for social occasions and supporting the service user to maintain family and friend relationships. A service user (Person) I support is nonverbal; I support her with Makaton and picture reference to communicate with others."

People received care and support at the times they wanted it. After a review of one person's care the person concerned provided feedback that they wanted their care later to allow them the time to socialise with their friends at the weekend. The times of care were moved to meet their needs. A member of staff said: "It's great because he is living the life he wants, he goes out with his mates, comes back late after having a good few drinks and then we turn up to check he is alright and help him out".

People's support plans and risk assessments included information for staff about their health conditions, such as diabetes, mobility requirements and communication needs. These were explained in sufficient detail for staff to understand people's conditions and how to support them. People's support plans and risk assessments were reviewed and updated regularly or when their needs changed.

Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments included specific plans for their health needs, such as epilepsy, mobility requirements and communication. Records showed people's changing needs were promptly identified and kept under review.

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the managers or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated by management. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered managers directly.

Is the service well-led?

Our findings

People, staff and healthcare professionals told us the service was well-led. Professionals consistently told us the registered manager and the senior staff were passionate and caring towards people. They told us the staff worked effectively with external organisations and were not afraid to ask for advice or help if they needed it. One healthcare professional said: "I am pleased with management and feel they do a good job".

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. For example, one audit highlighted the need to review and update various policies and procedures. The registered manager said: "We needed to change a few of the policies to make sure they reflected care in the community". We could see the policies were being updated with some awaiting approval from the provider.

Staff told us they had good opportunity to talk about any concerns they had with management and were supported with their day to day work to provide a high level of care. They said they staff could speak to a senior member of staff when needed and told us they were listened to. A member of staff said: "We are able to contact our team leader or head office by phone. Our team leader constantly checks that we are ok." Another member of staff said: "All staff and people we support also have contact details for the office so if they are unable to physically go to the office, they are able to call/ email. Regular staff meetings are another way of ensuring good communication, giving the staff the chance to meet and discuss issues which they might not know that others are experiencing and identifying ways around this as a team.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were useful as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the registered manager to ensure that the quality of recording was appropriate.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been managed. This demonstrated the registered managers understood their legal obligations. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. One member of staff said: "I know I can raise a concern confidentially if I

wanted" and "We can go to the Police or CQC".