

Enable Care & Home Support Limited

Enable Care & Home Support Limited - 11 Denby Road

Inspection report

11 Denby Road
Inkersall
Chesterfield
Derbyshire
S43 3RR

Tel: 01246471135
Website: www.enable-group.org.uk

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16 May 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

11 Denby Road provides accommodation for up to 4 people with a learning disability who require personal care. There were 4 people using the service at the time of our inspection.

This inspection took place on 10 and 16 May 2016. The first day of the inspection was unannounced.

There was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission had not been notified of all events at the service, as legally required.

Complaints were well managed. Systems to monitor the quality of the service identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care provided was in line with people's assessed needs. The records had also been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had been followed consistently where people were potentially being restricted.

People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support. People were able to take part in hobbies and interests of their choice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were deployed effectively to ensure people were assisted in a timely manner and followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable people were employed.

Is the service effective?

Good 

The service was effective. Staff had sought people's consent to care and support and acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood and legal requirements had been followed where people were potentially being restricted. People received the support they required to maintain their health and they were enabled to see health care professionals. Staff made sure they received enough food and drink. Staff had completed sufficient relevant training to meet the needs of people using the service.

Is the service caring?

Good 

The service was caring. People were treated with kindness and compassion. Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in planning their care and support.

Is the service responsive?

Good 

The service was responsive. Concerns and complaints were well managed so people's concerns were addressed at an early stage. People were encouraged to express their views and had been supported to participate in hobbies and interests they enjoyed.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

There was no registered manager at the service and we had not routinely been notified about incidents and events in the service.

Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

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Detailed findings

Background to this inspection

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

The inspection took place on 10 and 16 May 2016. It was unannounced. The inspection was carried out by one inspector. There were four people using the service at the time of our inspection.

We reviewed the information we held about the service, including notifications the provider sent us. A notification is information about important events which the provider is required to tell us about by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with four people who used the service. We also spoke with the acting manager and two support staff. During our visit, we observed care practice and general interactions between people and staff. We spoke with two relatives and two visiting professionals by telephone following the inspection.

We accessed a range of records relating to how the service was managed. These included two people's care records, two staff recruitment and training records and the provider's quality auditing system.

Is the service safe?

Our findings

People who were able to talk with us confirmed they felt safe using the service and when being assisted with personal care. One person said "I feel safe" and a relative told us "There are never any problems, it's wonderful."

There were clear procedures in place for staff to follow in the event of them either witnessing or suspecting the abuse of any person using the service. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff also told us they received safeguarding training, which was up to date, and had access to the provider's policies and procedures for further guidance. Records we saw confirmed training was up to date. The provider therefore minimised the risk of abuse occurring and ensured people were safe.

We found people were involved in planning their care, including risk assessments, as far as possible and were encouraged to be independent. Care plans and risk assessments were clear and we found these were being followed. Risk assessments covered health and safety areas applicable to individual needs, such as prevention of falls pressure ulcers. They were reviewed annually or more frequently if required to ensure the information was up to date and reflected current needs. They included taking positive risks; for example, there was a specific risk assessment for people going on holiday to ensure they were safe when away from the premises. We observed people being encouraged to be independent and build on their skills, for example, staff offered encouragement to one person to walk around the building safely. This helped to make sure that people received safe care and support.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and their relatives told us staff were available at the times they needed them. All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to ensure staffing arrangements were sufficient for them to perform their role and responsibilities.

We saw there were always staff available in communal areas and they responded to requests for assistance in a timely way.

We looked at rotas for 2 – 10 May 2016. This showed us that there were two support staff available for morning and afternoon shifts and one sleep in member of staff at night. We saw the number of staff available during the inspection was consistent with the rota seen. Where any absences were identified, the rota showed that cover was obtained from within the existing staff group at the service. Our observations during the day confirmed people received assistance in a timely manner. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit

are suitable to work with vulnerable people who use care and support services. This meant people were safely cared for by staff who were suitable for the role.

We found medicines were managed safely. We found medicines were stored at the correct temperatures to ensure they were safe to use. Staff were able to explain the procedures for managing medicines and we found these were followed, including what to do if an error was made. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded.

Is the service effective?

Our findings

People confirmed they liked the staff and felt well supported. A relative said of the staff, "They're diamonds, absolutely wonderful."

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. A staff member told us, "They're [the provider] on the ball with training." Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service. Training records showed staff were up to date with health and safety training and they identified which staff needed refresher training. Records confirmed training for specific needs such as falls prevention, prevention of skin damage (tissue viability) and epilepsy had occurred in the last two years.

The PIR received from the provider stated that staff supervision would be completed according to the provider's procedures by the end of 2016 following the introduction of a new written format. Staff we spoke with told us they received appropriate guidance through one to one meetings with their manager. Records confirmed this although they were not occurring at the frequency stipulated by the provider.. Staff were able to provide effective care based on the support and training they received.

Staff demonstrated a detailed knowledge of people's individual needs and preferences. We saw staff encouraged people in household tasks and hobbies of their choice and communicated with them effectively.

People told us they saw a doctor or nurse when required. Relatives also confirmed that people's health needs were met. One told us their family member was "Tons better" since using the service. Another relative said they were pleased because their family member's health had improved as a result of losing weight. They also told us the person was "Up to date" with health appointments such as dentist appointment and routine screenings. They also confirmed any changes in health needs were followed up in a timely manner.

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included opticians, chiropodists and specialist nurses. Visiting professionals we spoke with confirmed this. They told us the staff and acting manager were receptive to guidance to ensure people's health needs were met. Health action plans were in place to ensure people's individual needs and preferences were known for health and hospital visits. People's health care needs were addressed effectively.

People were supported to make choices and asked for their consent to the care and support provided whenever they were able. We saw staff asked for people's consent to care or support and records related to consent were signed by people, if they were able to do so, dated and their purpose was clear.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this.

We checked whether the service was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. Where people lacked the capacity to consent to a specific decision, there was a decision making profile in place. We saw specific decisions were recorded, for example, in relation to managing money. We also found relatives had been asked to contribute to assessments. They confirmed they had been actively involved in the best interest decision making process. A visiting professional told us that the service had been "Very Informative" when an assessment undertaken to establish what was in a person's best interests was undertaken. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

Information supplied by the provider stated that DoLS applications had been made for all four people using the service but the outcomes were not yet known. Records we saw confirmed this. This meant people's rights were being upheld, and restrictions in people's care were lawful.

People were supported to eat healthily and everyone could eat independently. We asked people about the food provided. They said it was good and we saw people enjoying their evening meal. One person said it was "Lovely" and another told us "The food's good."

Staff were able to describe people's individual diet and nutritional needs. They told us people were involved in deciding the menus. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose a balanced diet, for example, to avoid unnecessary weight gain. A relative told us they were very pleased that their family member was encouraged to eat healthily as they had now managed to maintain a stable weight.

People's records showed relevant information and advice was available in relation to dietary needs and healthy eating. People were weighed monthly and any fluctuations in weight were monitored. People's dietary needs were met and this enabled them to maintain a healthy lifestyle.

Is the service caring?

Our findings

People told us staff were friendly and helpful. One person "It's alright here" and another said "It's my home." Relatives praised the staff and confirmed they were caring. One said "I can't praise them enough" and another told us "They're ever so good."

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way.

People were listened to and were comfortable with staff. We saw staff sat with people and engaged them in conversation and encouraged them in their interests. We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. External professionals also confirmed that people were supported by caring staff. One described the service as "Very person centred." People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw people's privacy and dignity was respected when they received care and support. We saw staff always knocked on doors before entering and maintained eye contact when conversing with people. Staff were able to give us examples of respecting dignity and choice. For example, they explained how they would ensure the person doors were closed when providing personal care and how they listened carefully to people to ensure they understood what they were saying. People were asked for their consent before tasks were completed e.g. when being supported to move safely and when participating in hobbies. People's care was therefore provided in a dignified manner.

We observed people were offered choices in their daily routines. Staff described how they offered choices to people; for example, regarding meals and what activities and events were on offer. They also said people had time alone, as appropriate, when they wished. Where people refused options, their choice was respected. For example, when one person did not want to join in conversation, their choice was respected.

Visitors to the home were not restricted in any way. A relative told us they were able to visit the home at any time and were always made to feel welcome. They said "We can call anytime we like."

People and their relatives were involved in care planning. A relative told us "We're always kept informed." Another told us they were always invited to meetings to review their family member's care. Two people showed us their care records and looked at them with us. We saw staff give people clear explanations about care plans and that they were asked for their opinions about the support they received. We saw people were able to express their views and they were listened to.

Staff told us they worked with the people to establish their needs and preferences and they were involved in reviewing their individual care and support plans. Staff gave us examples of promoting independence, for example enabling people to participate in household tasks and shopping. Our observation confirmed this. We saw people assisting with laying the table for the evening meal.

Records we saw showed reviews of people's care involved family and people important to the person. Where people had capacity to do so, they had signed their care plan. Care planning was therefore inclusive and took account of people's views and opinions. No one using the service currently had an advocate. We asked the acting manager about this. They told us no one currently needed an advocate but they knew which organisations to contact should the need arise. The provider ensured people and their families were actively involved in planning care and support.

Is the service responsive?

Our findings

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked reading and another said "I like going to the pictures" and also said they enjoyed going out on day trips and to the shops. A relative told us "They all go out" and was pleased that the service supported their relative to maintain family contact. Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and opportunities that were more personal to them.

People were supported to maintain contact with their families. One person met their family regularly and their relative told us "Staff ensure we always meet up." Visiting professionals also confirmed relationships were maintained with families. One told us the person they were involved with was "Supported well" to see their family and another described the service's relationship with family members as "Very good."

Staff told us they were responsive to people's needs and said they were able to encourage people's independence. For example, one person enjoyed being in their room when they wanted and staff respected this and another had chosen to attend an exercise class. Our observation during the inspection also confirmed this. Staff understood people's personal preferences for their care. A new document for people's lifestyle choices was being developed to ensure that all aspects of people's daily routines and preferences were covered. An external professional confirmed that people's preferences were respected, for example with one person preferring to not to attend any day centre.

Staff told us that people undertook the following activities, cinema, bowling, some religious events, outings and being assisted to go out with their families. We saw people attended day centres and trips out to places of interest if they chose to do so. However, there were no holidays organised by the service for people. We discussed this with the acting manager. They told us that days out were organised rather than holidays as people had chosen this. One person was having a holiday with their family.

Records we saw contained detailed information about people's health, personal and social care needs. Each person had a social history record completed and the service had started to develop a more detailed document to provide better information on people's background and hopes for the future. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations. A visiting professional described the service as "Very positive."

Relatives told us that the acting manager acted on their views about the care and support their family member received. They said they were consulted about decisions affecting their family member and that any suggestions they made received an appropriate response. They spoke positively about the communication with the service and their involvement in their family member's care. One relative told us "There are never any problems."

The acting manager told us they listened to people and staff. We found the provider gathered feedback from staff and people via surveys and used this to identify improvements. For example, the service was

developing a pictorial menu board to assist people in making meal choices. An external health professional told us the service was professional and any issues raised were resolved. The provider strove to ensure that any issues raised were used to improve the service.

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said "I would talk to staff" and a relative said "I have never had to make a complaint". Another said there was "no fault at all" with the service so the need to complain had not arisen.

We reviewed complaints that the service had received. No formal complaints had been received that required an investigation in the previous twelve months. Responses to other informal issues, such as activities and meals, were dealt with as they were raised or discussed at meetings with people. For example, we saw meetings records showed people had had their say about menus and outings and were signed by those who were able to do so. This meant people's concerns were addressed properly and appropriate action taken.

Is the service well-led?

Our findings

There was no registered manager at the service. The previous registered manager had left the service in February 2016 and an acting manager had been appointed. They had not yet made an application to register with the Care Quality Commission as legally required. They did not fully understand their responsibilities, for example, when and why they had to make statutory notifications to us. We had not been notified of one safeguarding incident as required. This meant we could not be sure the leadership of the service was meeting its legal obligations.

People and their relatives felt that staff and the acting manager were approachable and open to listening to their suggestions or concerns. A relative said "We can always talk to someone." They were confident any concerns would be addressed. Visiting professionals also said the service was approachable and the manager was "Very welcoming."

We found the provider had gathered people's views on the service. Surveys had been completed in 2016. These showed people were satisfied with the support they received. Regular meetings were held and we saw people made suggestions about the service. We found these had been acted on, for example in the provision of activities and outings. Relatives had also provided feedback and we found this was all positive. For example, one relative's written comments stated staff showed, "Kindness, patience and understanding." The provider used people's comments and opinions to monitor and improve the quality of the service.

The provider also produced a newsletter to ensure people were kept informed of events and held awards to celebrate achievements. For example, we saw the provider's forum for people using the service had won an award for being the most innovative project in 2015. It involved people in making suggestions and to assist the provider in knowing what was expected of their service. The provider was therefore open to suggestion and listened to people using the service.

Staff also felt able to raise concerns or make suggestions about improving the service. Staff told us they received guidance and supervision from the acting manager in one to one sessions. They said this was useful and were positive about their job role. One staff member said "Things usually get sorted quickly." Records confirmed supervision meetings took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service.

The acting manager told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities of their choice such as shops and places of worship. One person had started using a local leisure centre for exercise classes. They also maintained professional contacts with relevant agencies such as social services and local medical centres.

The provider had held meetings for staff in 2016 to explain recent changes in to the executive team. They had also conducted a staff survey to find out staff views on working for the service and how staff were supported by their manager. Staff we spoke with were positive about the meetings and said they felt

listened to.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The acting manager told us regular visits to the service were made by an external manager and a range of audits were undertaken in the home. We saw the audits were thorough and up to date and identified shortfalls and any actions required. Where an issue had been identified, we saw it had been addressed; for example, accidents were analysed and plans put in place to minimise the risk of a repeat incident. We saw a specific care plan was in place to prevent falls for one person. The acting manager told us daily and monthly checks were undertaken on the operation of the service. For example, daily fire safety checks were undertaken to ensure there were no obstructions to exits and a monthly check of the fire system was also up to date. We saw regular checks of the safety of the building were undertaken, for example, gas safety and electrical appliances had been checked in October 2015. The provider had systems in place to ensure the service operated safely.