

Your Choice (Barnet) Limited

Enablement Service

Inspection report

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21 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- Enablement Service is a domiciliary care agency. The service is registered with the CQC to provide a service to younger adults and older adults some of whom might be living with dementia, learning disabilities or autistic spectrum disorder, physical disability and mental health needs.
- The service is designed for people who need support to regain their independence after a medical or social crisis.
- The service provides time limited support to people in their own home, for a period of six weeks initially.
- At the time of our inspection, there were 69 people receiving the regulated activity of personal care from the service.

People's experience of using this service:

- Staff had not always received the training they required to enable them to meet the requirements of their role and to meet people's needs.

We have made a recommendation about this.

- People received care from staff who were caring, kind and compassionate.
- People told us they were positive about the support they received from the service.
- People said they felt safe. Staff were aware of types and signs of abuse. They were clear about how to report any concerns and were confident that these would be fully investigated to help ensure people were protected.
- New staff completed an induction prior to working in the service.
- Safe recruitment procedures were followed to ensure staff were safe to work with people.
- People's needs were assessed and their care was planned to maintain their safety, health and wellbeing.
- Risks were assessed and recorded to protect people. There were systems in place to monitor incidents and accidents.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- There were policies in place which ensured people would be listened to and treated fairly if they complained. There was a process in place to enable the registered manager to respond to people's concerns, investigate them and had taken action to address their concerns.
- The registered manager worked in partnership with health and care professionals.
- When required notifications had been completed to inform us of important events and incidents, this helped us to monitor the action the provider had taken.
- More information is in the detailed findings below.

Rating at last inspection:

- This is the first inspection of the service since their registration on 22 February 2018 with the Care Quality Commission.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Enablement Service

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:

- The inspection team consisted of one inspector and one expert by experience. The expert by experience spoke with people who used the service and their relatives by telephone. 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:

- The service is a domiciliary care agency. It provides care and support service to younger adults and older adults some of whom might be living with dementia, learning disabilities or autistic spectrum disorder, physical disability and mental health needs.
- 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 visit because we needed to be sure that the registered manager would be in and people were available to speak with us.
- Inspection site visit activity started on 20 February and ended on 21 February 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. On 21 February 2019 we made telephone calls to people who used the service and their relatives.

What we did:

- Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

- The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We also checked for feedback we received from external professionals the service worked with.
- During our inspection we spoke with the registered manager, director of care and support, human resources business partner, care co-ordinator, administrator, two senior care staff and three care staff.
- We also spoke with 11 people who used the service and three relatives to gain their views on the support they received.
- We looked at a range of documents and written records including seven people's care records, five staff recruitment and training records and information relating to the auditing and monitoring of service provision.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "I absolutely felt safe; they were sensitive courteous and non-intrusive. I was very grateful for the help" and "[Person] is very safe, they are all caring and respectful and they know exactly what to do."
- The provider had effective safeguarding systems in place and all the staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- One staff member said, "I know I need to look out for people's safety and well-being and be aware of domestic circumstances and report of any concerns about people's safety to the manager."
- There was a whistle-blowing policy in place and staff told us they knew how to raise any concerns confidentially with management and felt it would be actioned.

Assessing risk, safety monitoring and management

- People told us they felt safe with the staff. One person said, "I do feel safe. They know what to do. Twice I have needed help to stand up and they have assisted me to get up safely."
- Risks to people were identified, reviewed and managed to maximise people's independence. For example, where people experienced difficulties with their mobility following discharge from hospital, staff worked with the occupational therapist's team to get the person the right equipment to help them mobilise safely and maintain their independence.
- Risk assessments included environmental risks, and any risks in relation to the health and support needs of the person.
- Staff were informed of any potential risks before they went into people's home for the first time.

Staffing and recruitment

- Staff were recruited safely following the provider's recruitment processes.
- The recruitment procedure included processing applications, conducting interviews and seeking references from previous employers.
- We saw checks were made before staff began work, including criminal record checks.
- There were sufficient staff to support people and to be able to deliver care safely. People had been assessed for the numbers of staff they would need.
- We reviewed records of missed calls for the last 12 months. The registered manager ensured when there were missed calls, these were reviewed and appropriate actions were subsequently taken. For example, the registered manager contacted people affected or their families to apologise and arranged staff to attend to

people as soon as possible.

- The missed calls were discussed in staff meetings and with relevant staff to prevent any further re-occurrence.

Using medicines safely

- At the time of our inspection, no people were receiving support with their medicines.
- We reviewed Medicine Administration Records (MARs) for people who had recently stopped receiving care and support from the service. We observed that these were not always completed as required, for example, there were gaps in recording. This meant that people may not have received their medicines as prescribed.
- We discussed this with the registered manager who explained that they had identified this and the service have been working with the local authority's quality team to improve practices. As part of this, the provider has reviewed and amended the medicines oversight systems in place.
- All staff had received refresher training and had their competency assessed in relation to medicines management.

Preventing and controlling infection

- People told us staff were well dressed, clean and presentable. One person said, "They wear a uniform and look tidy and they wear a name badge."
- Staff told us they always had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents reported were reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks.
- Staff were aware of the reporting process for any accidents or incidents that occurred.
- Accidents and incidents recorded in the last 12 months had all been fully recorded and investigated with actions taken to reduce the risk recorded.
- For example, accident and incidents were discussed and shared with the team in meetings with the aim to keep staff informed and reduce the likelihood of any re-occurrence.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt the staff were well trained and were able to meet their needs. However, records showed that not all staff had received training to meet people's needs. We found that there were shortfalls in safeguarding adults, infection control, food hygiene, fire safety, MCA and first aid training.
- The provider's training records evidenced that staff had not received training to support them to carry out their roles. Out of 35 care staff 24 had not received training in infection control, 25 in first aid, 28 in food hygiene, 17 in fire safety and 25 in equality and diversity. This meant that staff were not always supported to keep their knowledge updated in line with best practice.
- We discussed this with the registered manager who confirmed that they were aware of this shortfall and were in the process of booking staff on the training they required. We recommend that the service follow current best practice guidance to ensure staff receive appropriate training to meet the requirements of their job role.
- New staff told us they received good support during their induction. They completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, including any cultural and religious preferences.
- Staff had been supported to undertake qualifications relevant to their role, such as National Vocational Qualifications (NVQ's) in health and social care.
- Staff had their competency to provide care and support assessed to ensure the care and support people received was of good quality.
- Staff told us they were supported by the registered manager and senior staff through supervision meetings. However, records showed that not all staff had received regular supervisions in 2018. We discussed this with the registered manager who explained that that they had identified this as part of their audit and has reviewed the supervision structure to ensure all staff receive consistent support through supervision.

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

- People's needs were assessed, in line with best practice, before they started using the service. This ensured that staff could meet people's needs and the service had the staff with the right skills mix to provide the care and support.

- Assessments of people's needs were detailed; objectives were identified and care and support was reviewed when required.
- Senior staff met with people, their relatives and representatives to discuss their needs and the support they required.

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

- Staff supported some people at mealtimes to have food and drinks of their choice. This was documented in their care plan.
- One person told us, "At lunch I have my meal. They microwave a ready meal for me, I choose which one. They leave me with a drink of anything I want."
- Staff told us of the importance of good nutrition and hydration for people they supported.
- People with specific health needs in respect of their eating and drinking were protected from risks. For example, morning visits were prioritised for people with diabetes.
- Staff described how they encouraged people to eat and drink when they carried out their visits and said they made sure people had access to drinks in-between their visits.

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

- The registered manager and staff worked closely with other professionals to ensure people received the support they needed.
- The office was located within the same building where occupational therapist and social care assessors were based. The registered manager explained this meant they could ensure people received support from other services in a timely manner.
- Care plans detailed other professionals, such as GP's, social workers and district nurses involved in peoples' care and support.

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

- Most people who used the service made their own healthcare appointments and their health needs were coordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed.
- Staff worked with health and social care professionals involved in people's care if their health or support needs changed.
- People and staff told us about occasions when care visits had to be rearranged so they could attend health appointments.
- When people needed referring to other health care professionals such as GP's or district nurses, staff ensured they passed the information onto relatives or managers so that this was organised to protect people's health and wellbeing.

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 with appropriate legal authority.

- We found the service was working within the principles of the MCA. The registered manager had a good understanding of the MCA and staff understood how these principles applied to their role and the care they provided.
- Assessments took account of people's capacity and their consent had been sought about their care and support. Where people were unable to consent due to a lack of mental capacity, people's families and other representatives were consulted to ensure decisions were made in people's best interests.
- Staff showed clear understanding of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. One staff told us, "If people refuse care, I would respect their choice and always feedback to the manager."

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

Good: 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 and their relatives were positive about staff. Comments included, "I am happy with everyone. They are from all over the place, Indian, French and other nationalities. They all speak English okay. Most of them are so friendly and respectable. They always say, 'Good morning and, how are you?' They are a number one agency", "They are very good; nice people, kind and polite", "As far as I'm concerned, they are very good", "The care is good and the carers are friendly and helpful" and "They are excellent and I am very satisfied."
- Staff demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life.
- Staff knew about people's care needs and understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices.

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

- People were consulted and involved in decisions about their care.
- People's care plans were reviewed and updated by staff when required. Any changes were communicated with the team and other professionals on a regular basis.
- Care plans included people's preferred communication means and this was met by culturally aware staff who could communicate in people's first language. This helped staff ensure they had the information to support people's individual needs and choices.
- One staff told us, "I support people who speak Gujarati and Hindi, where language is a barrier. I explain to them what the service is about and get as much information as possible from them. This helps the person and staff. It also helps build up the rapport with people. They become more confident to express themselves."
- People and their relatives told us that the registered manager encouraged their involvement in decision making and provided information to do this, for example, service user guide, surveys, telephone contact details to report concerns or make a complaint and how to recognise signs of abuse.
- The registered manager had a good understanding when people may have needed additional independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection no one required that support.

Respecting and promoting people's privacy, dignity and independence

- People said they felt staff did their best to encourage them to be as independent as possible. People told us, "They have enabled me; they have helped increase my independence. Initially they had to help me in the

kitchen but I'm more independent now" and "I like the fact that they just assist me rather than taking over and I never feel they rush me. I have poor dexterity in my hands and can't lift, push or pull. They give me a hand with lifting the kettle, the frying pan and things like getting my socks on. They do check that I am ok for them to help me."

- Staff told us about how they cared for people and respected their privacy by closing doors and curtains and using towels to preserve people's dignity when conducting personal care.
- The language and descriptions used in people's care plans referred to them in a dignified and respectful manner.
- The registered manager was aware of changes needed to comply with General Data Protection Regulation (GDPR) that related to how people's personal information held by the provider is managed. Staff were regularly reminded to use the confidentiality process.

Is the service responsive?

Our findings

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

Good: 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

- Staff were knowledgeable about people and their needs.
- Information gathered prior to the service commencing had been used to develop care plans. Care plans included information on achievable goals which people agreed to and recognised this was to maintain their independence.
- We saw that the care plans were being further developed to a new format which had a more person-centred feel. The new care plans contained more detail and a clearer layout in accessing information.
- Care plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility.
- Staff said they had access to people's care notes on their password protected smart phones and found these useful. They gave them enough information and guidance on how to provide the support people wanted and needed.
- Records showed that each person had a set routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was responsive to people's needs. People told us staff knew their preferred routine and this helped make things easier for them.
- Care plans were regularly reviewed and updated in response to people's changing needs.
- This showed the registered manager was responsive in reviewing the care plans to reflect the people's needs.
- Most people and their relatives were positive about calls being on time however, some said that staff were late occasionally. We spoke with the registered manager about this and they said they tried to minimise any disruption of late calls by allocating care calls within same post codes. They also contacted people to inform them of possible delays.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response.
- The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this.
- People we spoke with felt at ease to raise concerns with care staff or any member of the management team.
- People felt that any issue raised would be resolved quickly and efficiently.
- There were five complaints made in the last 12 months. We saw that all the complaints had been

investigated and addressed providing the complainants with a formal response.

- Compliments were also recorded and we saw a number of these had been received from people who used the service or their relatives.
- Comments included: 'May I offer my greatest respect to you for the way I am looked after by [carer]. I could not get better treated by any one' and '[Staff member] is such a wonderful person...she puts her heart and soul into it. when she arrives and I feel depressed, she is full of encouragement and makes me feel uplifted.'

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

The service was well-led. The service culture promoted high-quality, person-centred care.

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

- We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw that audits took place.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.
- The registered manager understood their role and was aware of the legal requirement to display the rating from this first inspection and any subsequent inspections.
- We saw the registered manager and senior staff checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard.
- We saw that spot checks took place. These were visits from senior staff to people's homes to assess the quality of the support provided.
- They checked that staff were dressed appropriately, wearing personal protective equipment such as gloves and aprons.
- The checks included looking at people's care records to ensure these were fully completed and meeting people's current needs.
- It was also an opportunity for a member of the management team to talk with people who used the service and gather their feedback.

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

- People and staff told us the service was well-led and they would recommend the service.
- The provider had clear values which were promoted by the management team to all staff.
- The culture of the service was open and inclusive. The registered manager was honest about improvements they needed to implement, to ensure they continue to provide good quality care to people and drive the service forward.
- Staff we spoke with consistently demonstrated the provider's values to help people regain their confidence and continue to live independently or with little support.

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

- Feedback from staff, people and relatives were sought via surveys, meetings and telephone calls. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed.
- Staff contribution and hard work were recognised and celebrated. Positive staff stories were shared across the organisation and staff were nominated for awards at the provider's annual conference.
- The provider offered staff training in building personal resilience, which promoted staff well-being.
- Staff had access to mental health first aiders, who could signpost staff to services should they need this support.
- Cultural events and festivals were celebrated. Staff had the opportunity to participate in these and learn about different cultures.
- Staff told us they felt listened to and described the management team as approachable.
- Comments from staff included, "It is a very good company to work for, they look after the staff. Everyone is treated and supported equally" and "Management is approachable. There is nothing that we cannot discuss with the manager, she always listens and helps."
- There were regular team and management meetings which were used to share good practice ideas and problem solve. One staff told us, "Staff views are taken into account; we can make suggestions and our ideas and input are valued."

Continuous learning and improving care

- Accidents and incidents were recorded by staff and reviewed by the registered manager.
- The registered manager discussed incidents to identify if any immediate action needed to be taken to prevent future incidents.
- Accidents and incidents records were reviewed to identify if there were any trends or repeated incidents. Learning was shared with staff in team meetings
- There were plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk.

Working in partnership with others

- The registered manager and staff worked closely with social workers, referral officers, occupational therapists and other health professionals.
- This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance.
- The registered manager worked with the local authority's quality team to improve systems and ways of working. This was to ensure people receive a good quality service.
- A healthcare professional said, "Enablement service is brilliant. They have progressed a lot in the last year. We work well as a team; communication is very good. The manager is quick to respond to queries. They are aware of client's safety and would let us know if any equipment is needed or referrals to OT [Occupational Therapy]."