

Enable Care & Home Support Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Enable Care and Home Support provide personal care and support to adults with learning disabilities who need care in their own homes. The service is run from an office in Holmewood near Chesterfield and they provide care to people in North Derbyshire. We carried out this inspection at the provider's office on 19, 24 and 31 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition we also carried out visits to people using the service on 19 and 25 October 2016.

The service did not have a registered manager at the time of our inspection visit. 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 provider had not addressed issues requiring improvement at our last inspection in July 2015. Some people's risk assessments and care records had not been updated. There were systems in place to monitor and improve the service but these were not always effective as they had not acted on issues in people's care records or established trends and reasons for incidents.

At our last inspection in July 2015 we found people's capacity to make decisions was not always assessed and decisions were not always made in people's best interests. We found this had improved. The principles and requirements of the Mental Capacity Act (2005) were being met. When required, best interest decisions and capacity assessments had been completed. People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure. The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide people's care.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was

maintained when personal care was provided. People and their relatives were involved in the planning of their care and support.

People were supported to maintain their independence and participate in a range of leisure pursuits that met their individual needs and preferences.

Complaints were well managed. The provider had obtained feedback about the quality of the service from people, their relatives and staff.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. Staff 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 staff were employed.

Is the service effective?

Good ●

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was no registered manager at the service. Systems in place to monitor the quality of the service were not always effective and care records were not always up to date. 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.

Enable Care & Home Support Limited

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.

This inspection took place on 19, 24 and 31 October 2016. The inspection team was comprised of one inspector and one specialist advisor in governance. In addition, we visited people in their own homes on 19 October and 25 October 2016.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We visited fourteen people in their own homes. Some people did not have verbal communication. Where this was the case, we observed the care and support provided and spoke with those who were able to talk to us. We spoke with three relatives by telephone following the inspection visit. We looked at ten people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records.

We spoke with the management team, including the nominated individual (a person in the organisation with responsibility for supervising the management of the regulated activity), the acting manager, four assistant area managers, and twelve support staff. We also spoke with six health and social care professionals by telephone following our visit.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe when care was provided. One person said, "I feel safe here." A relative told us they had no worries about their family member's safety and said, "I know they're happy." External professionals also confirmed people were cared for safely. One told us they had not had any concerns about people's welfare.

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. One staff member said, "Reporting poor practice keeps people safe." Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit confirmed the provider made appropriate referrals, as required. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

Risks to people's health and well-being were well managed and staff understood people's safety needs. They were able to tell us how, for example, they supported people with their medicines and how people were enabled to use public transport safely and be safe on roads. People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care. We found there was clear guidance on how to safely support people in the records we looked at. For example, for equipment used to support people's mobility needs. However, we found there were inconsistencies in the review process. For example, one person's record did not have an up to date nutritional or falls risk assessment. We discussed this with the area managers and they told us care records were in the process of being updated in a new format and not all were yet completed. They anticipated that this process would be completed in the next few weeks.

There were enough staff to meet people's care and support needs in a safe and consistent manner. We saw staff were available at the times they needed them. A relative said staff were, "Always available" and another told us any staff who covered absences were familiar to them.

All the staff we spoke with told us staffing numbers were adequate to meet people's need and that absences were covered within the team. They said they all worked together to ensure that any absences were covered. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities. External professionals also confirmed there were enough staff available to meet people's needs. 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. One staff member described the recruitment process as, "Very professional." People were cared for by staff who were suitable for the role.

People who received assistance with their medicines told us they were satisfied with the way these were managed. One person said, "I take two tablets in the morning" and confirmed staff checked they were taken as prescribed. A relative told us staff were, "Really good," in the way they assisted with medicines.

Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact their manager and a doctor if they made a mistake when assisting with medicines.

Staff responsible for people's medicines received appropriate training, which was updated when required. Records we saw confirmed this. This included an assessment of their competency to administer people's medicines safely. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. One staff member told us, "The training is excellent." The provider therefore ensured there were procedures in place to manage medicines safely.

Is the service effective?

Our findings

At our previous inspection we found that the service was not following legal requirements in obtaining people's consent to their care. We found this had improved on this inspection.

We found people were asked for their consent to the care agreed. One person showed us their care plan and we saw they had signed it to show their consent. They told us it was discussed with them and they were fully involved in agreeing it.

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 the person, 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. We saw specific decisions recorded, for example, in relation to managing money. We also found relatives had been asked to contribute to assessments. People's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests.

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. We checked whether the service was working within the principles of the MCA. The provider had assessed whether or not anyone was receiving restrictive care that may amount to a deprivation of their liberty. They had identified individuals where this was applicable, and understood when an application to the Court of Protection would need to be made.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. One staff member told us, "I would not make anyone have care they did not accept." Training records we saw showed most had undertaken training in the MCA. This meant that people had their legal and human rights upheld and their views and wishes were taken into account to ensure that the least restrictive option was taken in a best interest decision for them.

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person said "I like the staff, they're good." A relative told us their family member received, "Really, really good care, there is a brilliant staff team."

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. One staff member told us, "Training is good and valuable," and another said, "They're on the ball with training." One staff member described their induction at the start of their

employment as good and told us they felt, "Pretty comfortable," about their role. They confirmed they had undertaken the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Training records we saw showed that staff were up to date with essential health and safety training. Staff told us they could also request additional training according to people's individual needs. Some staff told us that training in diabetes and managing behaviour that challenges were areas to address although others told us they had completed this. An external health professional told us training they had provided was understood and followed by staff and described staff as keen willing to learn. They described the staff as, "Absolutely excellent."

There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. Staff told us this was an opportunity to get feedback on their performance and raise any concerns or issues. However, one staff member said, "Supervisions are not personal. There is no opportunity to discuss personal progress or work situation. This new system is not useful.' We discussed this with the area managers who told us that all staff had the opportunity to discuss their progress and showed us records to support this. The provider therefore ensured staff were suitably trained and supported to provide effective care.

People and their relatives told us they were assisted to contact a doctor if necessary and that their health needs were addressed. One relative said, "They manage (specific health need) really well, I have every faith in them." External professionals confirmed their advice was sought and acted on. One said, "They follow up on health issues."

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurses, opticians and chiropodists. We also saw there was up to date information in most people's records where there had been changes in people's health needs. However, we found one person's record showed they had not had a recent speech and language therapy assessment and another where a physical condition was not reflected in their care plan. We discussed this with the relevant assistant managers, who agreed to look into these issues. A health care professional told us that the health needs of the person they were involved with were well managed. They described the service as, "Very, very, good, on the ball" and another said the staff were professional. This helped to ensure people's health needs were met.

People were supported to eat healthily and everyone could eat independently. We asked people about the food provided. 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 wisely, 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. They said, (Family member) eats healthily."

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

We found staff were caring and people and their relatives were appreciative of staff and their helpfulness and friendly attitudes. One relative told us, "They're a good bunch, (family member) is looked after well." Another described staff as. "Lovely," and said their relative was, "Very happy there." External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us, "They're a good staff team." Another described staff as approachable and said, "I can't fault them at all." The provider was therefore ensuring the service and its staff were caring and compassionate.

People and their relatives told us privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "I like the way (staff member) helps me to wash" and confirmed their dignity was maintained. A relative said, "They do a remarkable job." External professionals also said privacy and dignity was maintained. One told us, "They always manager privacy well."

We observed staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly and covering people when they received personal care. This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity. People's care was provided in a dignified manner.

We saw people were offered choices in their daily routines and that staff encouraged independence. We saw staff involved people in daily conversations about the support required. For example, we saw staff being patient and encouraging with a person who required assistance with personal care. Staff were able to describe how they offered choices to people. For example, regarding what to wear and how they would like to spend their day. One staff member said, "We encourage people to do as much for themselves as possible, even if it takes longer." When people refused options, such as joining in an activity, their choice was respected. A relative told us since their family member started using the service they were, "Much more independent and involved in doing a lot more."

People were listened to and were comfortable with staff. We observed that people had warm relationships with staff and were able to discuss what their preferences and choices for the day were. External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People and their relatives were involved in their care planning. People who were able to understand their care plan told us they were involved in writing it. Records we saw in their own home confirmed this. People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. We found advocates were involved to ensure people had a say in making decisions about their support. Records we saw showed reviews of people's care involved family and people important to the person.

Is the service responsive?

Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided and that the service acted on their instructions and advice. A relative told us, "I can't fault them. They're very good." An external professional also confirmed that the service responded well. They told us they had been called in appropriately and that they had observed staff responding to people's individual needs well. For example, they had witnessed people being encouraged to do tasks for themselves and be more independent.

People's individual care and support needs had been assessed before they began to use the service. Each person had an individual support plan, based on their identified needs and developed to reflect their personal choices and preferences. Support plans provided an individualised picture profile of the person. Choices and preferences were reflected throughout support plans, which enabled staff to provide appropriate personalised care and support, in a way the individual needed and preferred. Staff confirmed they had chance to read care records and were able to keep up to date with people's needs and preferences.

People mostly received support that was personalised and reflected their lifestyle choices. We saw people had varied social lives and were encouraged to participate in interests on their choice. One person said "I go out with my friend", another went swimming and a third told us they enjoyed music and watching DVDs. A relative told us their family member, "Is more independent now." Another person told us the staff team had worked there for a long time. This meant that staff got to know people's individual preferences well and could provide care that was person centred. We saw people were involved in a range of leisure pursuits outside the home such as bowling, using the gym and going to the cinema.

We saw one person had been involved in developing their care plans with staff, and we saw that their views and preferences were recorded. The care plans that we looked at were clear and detailed, with information about what was important to and for people. Staff knew which people were independent with different aspects of their care. People therefore received a service that responded to their individual needs and preferences.

Staff told us that people's care plans were formally reviewed annually and that people were involved in these reviews. They said if anything changed during the year plans were updated and reviewed at the time. However, we found there were some inconsistencies in the reviewing of care plans. Records we saw showed some plans were updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances. However, there were others where changes had not been recorded. We discussed this with the area managers and they told us care records were in the process of being updated in a new format and not all were yet completed. They anticipated that this process would be completed in the next few weeks.

The care plans provided sufficient guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings or with their

line manager to help ensure people were supported in a structured and consistent way.

Staff were responsive to people's needs. One relative said, "They've encouraged (family member). He's more sociable now and will try and help himself." The assistant managers told us they listened to people and staff through the reviews of care and staff meetings. People, their relatives and staff said that the acting manager and senior management were accessible and approachable. Most felt they were listened to and their voices were being heard. An external professional also told us the service acted on any issues raised and told us they were, "Easy to contact." The provider ensured that any issues raised were used to improve the service.

The provider had arrangements in place to ensure people were listened to. They had established a forum to enable people to voice their opinions and employed a member of staff to ensure people were included in decision making and having an influence on the development of the service. They assisted in organising events to include people in the community. For example, people had joined the 'Walking for Health' initiative and a fishing group had also been set up. There were other regular events that catered for people's interests such as dances, a choir and a film making group. One person was involved in self advocacy groups and speaking out for improvements and people were also involved in staff recruitment procedures. We found advocates were involved to ensure people had a say in all aspects of their lives. External professionals told us that people were listened to and that greater independence had been achieved. One professional said, "Their lives are better as a result of greater independence." This ensured people had an active voice in the running of the service.

People and their relatives 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 the staff." A relative said they would talk to staff at the property as the first port of call but would take it further if necessary. Several relatives told us they had not had any need to make a complaint. .

We reviewed complaints that the service had received. We looked at two formal written complaints had been received that required an investigation in the previous twelve months. This had been responded to appropriately. Responses to other informal complaints had reached a satisfactory conclusion.

Is the service well-led?

Our findings

At our previous inspection in July 2015, we found some care records were not up to date. We found this had not improved on this inspection and there were examples of people's risk assessments not being updated and care plans not being reviewed to reflect health changes.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as people's medicines records, had taken place in the last twelve months. However, these were not fully effective. We found an external audit of medicines was undertaken in 2015. This had identified improvements but these had not been fully implemented. Some of the required actions were still outstanding and were not due for completion until the end of November 2016. This meant some of the issues raised had continued for over a year. The collation of overall information to establish trends or patterns, was not evident. For example, an incident with a lost bank card had not been properly investigated. We found that although risks were identified at a corporate level, localised service risks such as risk to service delivery due to bad weather, or staff absence, were not identified. We discussed these with the acting manager and nominated individual who told us a new system of auditing and quality assurance had been in operation since the beginning of October 2016. However, we found there was insufficient information available at the time of the inspection to ascertain whether it was fully effective.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was going through a period of transition and reorganising the way it operated. This had resulted in management changes. There was no registered manager at the service. The provider had tried to recruit a manager over the previous twelve months but had not appointed anyone. This meant the service had been without a registered manager for almost a year. An acting manager had been recruited on a short term contract to ensure there was leadership in the service. The acting manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to us. There was also a staff team in place to run the service on a daily basis consisting of four assistant area managers.

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. A relative told us, "I have no complaints." Another relative told us, "We're very happy (family member) is using this service." External professionals were complimentary about the management of the service. One said they had a good working relationship with the service and described senior staff as, "Very good and professional."

People told us they felt able to make suggestions. One person said, "I can talk to staff." A relative also told us that an issue they had raised had been listened to and resolved. We found the provider had gathered people's views on the service and used their comments and opinions to monitor and improve the quality of the service. We saw surveys had been completed in October 2015 and mostly positive feedback was received. Where areas for improvement were identified, the provider had developed an action plan. For

example, the action plan stated a review of care plans would take place and we saw this was in progress. Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were set out in their statement of purpose and were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People and their relatives praised the service for employing carers who demonstrated these qualities on a daily basis. One relative told us, "We're very happy with the care (family member) gets," and another said, "The staff are excellent."

The majority of staff spoke positively about working at the service and praised management and leadership. One told us, "You can always report issues and get support, managers are responsive and helpful," and another said, "The management have been brilliant." They confirmed they felt valued and told us they were encouraged to take up training opportunities and give their opinions on the service. However, a small number of staff did not feel supported. One said, "Managers do respond but it may take a while. Lots of staff and service users, not many managers," and another told us, "I have never been asked my opinion since working here." The nominated individual recognised that the reorganisation of the service had initiated changes that not all staff were happy with. However, the majority told us they thought the changes were an improvement and that they had been involved in discussion and consultation throughout the process.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities.

Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. For example, one staff member told us of suggestions that were acted on regarding one person's leisure equipment in their home. All the staff we spoke with praised the registered manager and the domiciliary care service organisers. One staff member said, "They are easy to contact." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The nominated individual told us they were developing more links with the community, such as involvement in the 'Walking for Health' initiative and with a local leisure centre. The assistant managers also maintained professional contacts with relevant agencies such as local medical centres, specialist health services, hospitals and social services. They told us they operated an open door policy for people and welcomed people's views and opinions. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, by ensuring feedback was given at staff meetings and to relevant individuals. This showed the provider welcomed feedback and demonstrated a willingness to co-operate with other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not protected from the risks associated with ineffective monitoring and evaluation of the service and inconsistent record keeping.</p> <p>Regulation 17 (1) (2)</p> |