

Enabling Care For You Limited

Enabling Care for You Limited Head Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Enabling Care For You is a care at home service that provides personal care support in people's homes to people with dementia, physical disabilities, diabetes and end of life care. At the time of the inspection there were 80 people being supported.

Not everyone who used the service received support with their personal care needs. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks were not always assessed, monitored and managed safely. There was not enough guidance or information available in care plans and risk assessments about how to safely support people. Staff were unaware of available guidance about risks and supported people in different ways to each other to manage risks. We found no evidence people had been harmed. However, this increased the chance people may not get safe support. The provider acted during and after the inspection to address these issues.

People's medicine support was not always accurately recorded or checked to see this was being provided safely. There were no formal quality assurance and governance systems in use and action had not always been taken to address any issues and risks in a timely manner. Some people's care records were not always up to date or accurate. The provider had not always submitted notifications to CQC as required. The provider acted during and after the inspection to address these issues.

There were effective systems in place to protect people from abuse and improper treatment. The provider was acting to manage infection risks. During the COVID-19 pandemic additional infection prevention and control measures in line with Department of Health and Social care guidelines had been put in place to ensure people's safety. There were enough staff to meet people's needs safely.

Staff were offered training in relevant subjects and received regular spot checks and supervisions. People received effective support with their eating and drinking needs. Staff worked well with other agencies to support people to achieve good outcomes, including health related outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We received consistent positive feedback from all relatives, health and social care professionals and people using the service that we spoke with about how caring and responsive staff and management at the service were.

Staff received equality and diversity training and did not discriminate when assessing people's needs or helping people achieve their care and support choices. Staff considered people's individual needs and communicated with people in ways they understood.

The service provided end of life care to many clients at a consistently high standard. One relative's feedback said, "The professionalism and dedication your team showed throughout the time they cared for [our family member at the end of their life] was exemplary. They gave them the dignity they deserved and made them feel they weren't a problem for them and us".

Staff were supported by the management and there was an inclusive and open culture at the service, where staff differences were respected. Staff worked well in partnership with other agencies to support people in the best possible way.

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

Rating at last inspection

The last rating for this service was Good (published 9 August 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enabling Care For You Ltd head office on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Enabling Care for You Limited Head Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, an inspection manager and an Expert By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Enabling Care For You is a 'care at home' service that provides personal care support in people's homes.

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 72 working hours-notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 October 2021 and ended on 5 November 2021. We visited the office location on 27 October 2021.

What we did before the inspection

Before the inspection, we reviewed information we held about the service. We considered the information which had been shared with us since the last inspection by the provider, the local authority and other agencies and health and social care professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection-

We spoke with the registered manager, the team leader, care co-ordinator and two support workers. We spoke with eight service users and six relatives of people who used their service via telephone. We reviewed copies of people's care and medicine records, staff training, rotas, recruitment, and supervision records. We reviewed the provider's organisational policies, infection control information and accident and incident reports.

After the inspection –

We obtained feedback from six health and social care professionals who regularly work with staff and people who use the service. We spoke with a further two support staff via telephone. We continued to review people's care records remotely to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, Using medicines safely

- Risks were not always assessed, monitored and managed safely. There was not enough guidance or information available in care plans and risk assessments about how to safely support some people who required support with complex health needs, including respiration (breathing) and aspiration (choking). This increased the possibility staff may not know how to recognise and act quickly if people needed further medical support to prevent risks of harm to their health.
- Where there were directions available about how to reduce staff were not always aware of these or were not following them. Staff said they supported people in different ways to each other to manage these risks. Some care plans and risk assessments contained inconsistent advice about these people's support needs, including management of physical and psychological risks to their well-being. This increased the chances people could not get safe support.
- People's risk assessments were not always formally updated following reviews to say if agreed risk management actions were still safe enough, including when people's support needs increased or changed. One staff member said they worried this system could lead to information about managing risks being missed, especially by new staff.
- People's medicine administration records were not always completed accurately. It was not always possible to confirm if people had received their medicines as intended or, if they had not, what the reason for this was. These errors were occurring frequently, and it had not always been checked to make sure people were safe enough.

We found no evidence that people had been harmed. However, the provider had not done all that is reasonably practical to assess and mitigate risks to people or manage medicines safely. This placed people at risk of potential harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to shortfalls we identified immediately during and after the inspection. They have begun to re-assess risks for all clients and were re-writing risk assessments as necessary. The registered manager was increasing oversight of recording of risk reviews. A new audit of medicine recording, and administration support was being introduced.
- We received positive feedback from some people, relatives and health care professionals that informal risk management systems worked well. Some people said they felt involved in agreeing decisions about any

risks they may take when being supported. A healthcare professional said staff were good at sharing information about existing or new risks to people and in asking for specialist input to help manage these safely.

- Staff had been trained and assessed as competent to undertake medicines tasks before administering medicines for people. People said staff helped them have the right medicines at the right times. Healthcare professionals told us they had no concerns about medicine support people were receiving from staff.

Learning lessons when things go wrong

- Staff completed daily notes and specific report forms that detailed any accidents or incidents. If an incident or accident did occur this was immediately shared with the registered manager and team leader. The management team reviewed incidents and acted to ensure that people were kept safe, including sharing information with other healthcare professionals if necessary. There was an on-call system, the manager or team leader were contactable out of hours for advice and direction if an incident occurred.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place for staff and management to report, review and investigate safety and safeguarding incidents. The registered manager and staff we spoke with could explain how to recognise signs of abuse, who they could report to and how they would do this. People who used the service, their relatives and health and social care professionals told us they had not had any cause for concern about abuse occurring by staff at the service.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People's care calls were met and were only very rarely delayed. People and their relatives told us staff supported them safely and stayed for the right amount of time on care calls.
- There were safe recruitment practices. Suitable employment, reference and DBS checks were carried out before people started working, to help them make sure they were suitable to be able to provide care to people safely. Staff were required to complete an induction and probation period, as well as on-going training, to help make sure they were able to work safely.

Preventing and controlling infection

- We were assured the provider was ensuring staff were using Personal Protective Equipment (PPE) and following government infection control guidance effectively and safely when supporting people in their own homes. We were assured the provider was accessing appropriate COVID-19 testing for staff, in line with government guidance.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received regular training, spot checks, supervisions and appraisals to support them to deliver effective care. We received positive feedback from people and health and social care professionals about the skills and knowledge of staff. However, we also found systems to identify when staff required additional or updated training were not operating effectively. Some staff required re-fresher training to help ensure they could effectively meet people's specialist care needs. We have commented more on this in the Well-Led section of our report.
- Immediately following our inspection visit, the provider arranged for any required training to be delivered to staff who needed it and sent us evidence of this.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found that it was. Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. People's mental capacity to be able to make decisions about different activities had been assessed and was regularly reviewed by staff. We found some records evidencing this process were not always up to date. We have reported more on this in the Well-Led section below.

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

- People's physical, psychological and social needs had been assessed before they started to use the service. People were involved in these processes and, where relevant, staff also liaised with relatives and

local authority social and healthcare services to share assessment information.

- There were inconsistencies with how the service recorded and stored formal written assessment information and how this was reflected in people's care plans. We have commented more on this in the Safe, Responsive and Well-Led sections of our report.
- Staff received equality and diversity training and did not discriminate when assessing people's needs or helping people achieve their care and support choices. People told us staff helped them to use equipment such as electronic mobility and personal care aids to enhance their support and promote their independence.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- Staff gave effective support to monitor and meet people's health and well-being needs and help them understand information about their care and treatment options. Staff helped people to make referrals to, or access, other medical services. One person said, "Carers do seem to seek help and will speak to the district nurse and the GP if they need to. If they don't know something they will seek advice from elsewhere... Staff will go to the chemist to fetch a prescription".
- We received positive feedback from all health and social care professionals about how staff were good at working with them and the people they supported to achieve good outcomes. One professional said, "They're excellent at communicating with us over both telephone and email, and always escalate deteriorating patients to us in a timely manner".
- People who required support with their eating and drinking did not raise any concerns when we spoke with them. One professional told us staff had met one person's complex eating needs well. They said, "We have recently worked closely together with a service user to support them with transition from oral / bolus feeding to pump feeding. This process was very smooth, and communication was excellent to ensure that the person was able to have some control over the management of her condition".

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were caring, kind and listened to them. One person said, "Carers will ask me how I am and will remember at the next visit what I have said". Another person said, "All are kind and caring including the Manager". Staff told us it was important to get to know and respect people, their history, preferences and their backgrounds. One person said, "I am utterly treated with fairness and respect. The Manager has been particularly helpful". A relative said, "I was so impressed with [the carer's] patience and compassion, it meant so much".
- People were given information and were offered explanations about their care. Staff shared information about other services and organisations people could contact for other help with their needs. This helped involve people and give them as much control as possible in decisions about their support. One relative said, "I have now arranged foot care for [person using the service] and I managed to do that after advice from the staff".

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they wanted. The registered manager and staff said they strongly believed in helping people to do tasks themselves as they wished. People said staff were good at encouraging and helping them to do as much as they liked themselves. Staff received training and guidance from the management team about ensuring they always respected people's privacy and dignity. One person told us staff were, "so polite and nice".
- People's confidentiality was respected. There were policies regarding not sharing personal information on the shared staff group text or care notes systems. People gave positive feedback about how they were confident staff respected their privacy and did not share information about them or their care unnecessarily within or outside the staff team.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, and other relevant people such as relatives and healthcare professionals contributed to the planning of their care and support. The management team gathered as much information as possible about people's strengths and levels of independence, as well as their physical, emotional and cultural needs when designing a care package to help make sure people received personalised care.
- Staff told us they understood people's support choices and knew how to meet their individual needs. One person said, "Carers all seem to know about me". A relative said, "Everything [regarding person's care] is run past them. They can't do much, but their mind is very active and they can write down what they want. They are fully involved."
- People were supported to maintain contact with families and friends and their wider community if they needed this help. Staff had acted to help source and provide equipment such as specialist beds and personal care equipment for people when their needs changed. This had allowed people to continue to receive care in their own homes and be able to carry on doing things like washing their hair the way they liked.
- Some people's care plans did not always contain a good level of detail about all their support needs and wants and outcomes from reviews of people's care were not always recorded. Staff said they gained most of the information they needed about people's personalised care, including any changes to their needs, from spending time with them, or via updates on informal group texts and talking with other staff. This increased the chance staff may not know or have access to up to date information about people's support needs. We have commented more on this in the well-led section of the report.

End of life care and support

- This service specialised in providing end of life care and support for people who needed this. The registered manager and staff were very passionate about ensuring they provided a service that enabled people to have as dignified, comfortable and compassionate end of life care as possible. The registered manager said, "We will take a referral at any time and it does not matter if it is one care call or if we are still supporting them in a year's time, we will not refuse anyone. We respect everybody's personal beliefs. I want to give everyone the chance to have their final days in their own home and being treated with dignity."
- Staff had received training in end of life care approaches and the registered manager promoted an

individual approach to make sure people received personalised and responsive care in their final days.

- Staff told us about how they offered emotional support and reassurance for people coming to the end of their life and took into consideration people's spiritual needs. We saw feedback from one relative which said, "The professionalism and dedication your team showed throughout the time they cared for them was exemplary. They gave them the dignity they deserved and made them feel they weren't a problem for them and us".

- People had identified pathways for arranging any necessary medical equipment and resources needed to support people approaching their end of life. This helped to ensure people could be as comfortable and pain free as possible. Healthcare professionals told us staff worked well with them to make sure these pathways were followed effectively. Staff said they had not had any issues obtaining necessary medicines or equipment, even at short notice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff considered people's individual needs and communicated with people in ways they understood. For example, reading aloud written correspondence to people who had difficulties reading text and using unique hand signals with people whose health conditions meant this was more effective in allowing them to express themselves than talking.

- The registered manager had recently reviewed their accessible communication policy. The registered manager said they were committed to making any adjustments to people's support and correspondence to meet people's communication preferences as and when this may be necessary.

Improving care quality in response to complaints or concerns

- There was a formal complaints policy. People were informed about this and knew how to raise a complaint. The management team told us they hoped to resolve any issues informally if possible. This system worked well and there had been few formal complaints raised. A social care professional said, "I have never had any complaints from clients regarding their services". People said any issues they raised were dealt with quickly and improvements made. One person said, "I had a complaint and I got in touch with the staff dealt with it straight away. There was a satisfactory outcome".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Statutory notifications had not always been submitted as required, and the registered manager was not aware of their responsibilities to do so. Registered providers are required to notify CQC of important events that happen in the service and about the support they provide. This is so we can check the action the provider takes and ask for more information if we need it.
- There were no formal quality assurance systems and processes in operation. There was no development or service improvement plan in operation to help oversee and evaluate information about the delivery of people's support, to help staff to identify and act to improve and build on good practice.
- Quality and safety issues such as staff training needing renewal, risk assessments not being completed or monitored, care plans needing updating, and medicine recording errors had not been identified and had continued occurring over long periods.
- People's care records and risk assessments were not always accurate or up to date. This presented risks to the safety and quality of people's support.

The provider had failed to ensure quality assurance and governance systems were effective, failed to ensure that risks to people's safety were identified and managed safely and records related to the provision of support for people were not adequately maintained, service performance was not evaluated or improved. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider responded immediately during and after the inspection to shortfalls we identified. The registered manager acknowledged the lack of effective governance and began to design and implement a process of regular and comprehensive quality and safety audits and a central service development plan. The registered manager sought advice regarding notifications and submitted backdated notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear vision of providing high quality, person centred and responsive support. They said, "It is all about the clients". Staff understood this vision and told us about the values they were expected to display to help achieve this. One staff said, "Our vision is to make everyone's lives the best as they can be. It is all about supporting people as individuals in the way they want". A person told us the service "Is well managed and carers are brilliant. Without them I would still be in hospital. They have been superb".
- The registered manager promoted an open culture within the service. Staff were able to contact either them or the team manager at any time. Staff said they felt well supported by the management and there was an inclusive culture at the service, where staff differences were respected. The registered manager was aware of their responsibilities regarding duty of candour regulations and could explain when and how they would fulfil these, if necessary.

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

- Staff and people were encouraged to put forward their views and contribute to the delivery of people's support. One staff said, "We can talk openly and raise concerns". They gave an example where they had suggested to the management changes were needed to improve one person's support. Their feedback was acted on and positive changes had been made quickly.
- Another staff member said, "The manager and team are very respectful, there is no bullying here". They felt all opinions and contributions regardless of people's differences were respected. People were regularly asked for and sent feedback about their care. People said their feedback requests were accessible and said their suggestions were acted on.

Working in partnership with others

- Health and social care professionals gave positive feedback about how well staff worked in partnership with their agencies to support people in the best possible way. One professional said, "Overall as a team we find Enabling Care to be really good". Another said, "We have always received positive feedback about the services that they have provided".
- Staff worked well sharing information with relevant agencies to help people they supported. One professional said, "We have found them to be accommodating and responsive to all requests."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that is reasonably practical to assess and mitigate risks to people or manage medicines safely. This placed people at risk of potential harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained, service performance was evaluated and improved. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>