

Winusman Care Ltd

# Enabling Lives - Birmingham

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Enabling Lives Birmingham is a community-based care provider that provides personal care to people living in their own homes and supported living settings. At the time of inspection there were two people in receipt of the regulated activity of personal care who were both living in their own homes.

Not everyone who used the service received personal care. 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

Staff had received training in safeguarding and knew the actions to take to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. People's medicines were managed safely. The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infection.

Staff received induction training and people were supported by staff who had the skills and knowledge to support them safely.

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.

People were supported by kind and caring staff who knew them well. People's individual needs were respected and staff supported people with dignity and respect.

People's care and support was planned in partnership with them and risk assessments were regularly updated.

The provider carried out regular audits of the service to oversee the quality of the care provided. The provider carried out competency checks to assess whether staff were working in line with best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 11 December 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection for this newly registered service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Enabling Lives - Birmingham

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or domiciliary care; this inspection looked at people's personal care and support.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection-

We sought feedback from two people using the service and two relatives. We spoke with four members of staff including the nominated individual, registered manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was carried out on 18 and 22 March.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people using the service were safe, a person told us, "I am quite safe." Relatives told us how they could feel assured people using the service were receiving safe care. A relative told us, "They [the provider] rest me assured. I am impressed with the carers. They are young people but very mature and they take responsibility."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current support needs.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People were supported by a regular team of support workers who knew their needs well. This enabled people to feel safe and secure and build trusting relationships.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely.
- The provider carried out regular audits of medication to ensure staff were administering medicines in line with company policy.

Preventing and controlling infection

- The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infection.
- Staff had received training in how to prevent and control infection. A staff member told us, "I currently wear masks, gloves and aprons."
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

### Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents or incidents and explained how they would look to see what had gone wrong and how they could improve.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff received induction training to give them the skills and knowledge to support people safely.
- Staff had completed the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- People and relatives told us staff were well trained. One person said, "I meet with them [staff] first and they're not allowed to work with me until they have done my training."
- Staff received on-going training to meet people's specialised needs.

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

- People at the service were supported to eat a healthy diet that suited their cultural preferences.
- People were supported to cook and shop for themselves to encourage independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health professionals in order to meet people's specific needs. A relative told us, "They [the provider] have been very, very supportive. They assessed and suggested things. Helped to get a social worker."
- People were supported to access healthcare in the community. One person was supported to obtain a falls alarm so they could access help 24/7 if they needed it.

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 MCA 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.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. One member of staff told us, "Always assume people have capacity until proven otherwise. Always involve people in decisions."
- Staff told us how they always asked for consent before supporting someone. They told us, "We ensure we have consent."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by kind and caring staff. One person told us, "I really like [names of care staff], I do fun things with them."
- A relative told us about their previous poor experience of care. They explained how things were so much better with Enabling Lives. They said, "I am really happy. I didn't know which way to turn. I now have someone to take over, they have taken control. The carers are polite, on time, ask if I am ok, anything worrying you? They are very caring."
- Care workers told us how caring the provider was. One care worker said, "They [the provider] are so professional. It's not about the money, the company put the service users first."
- The provider had a "Values Champion" scheme which recognised care staff for their good work. This enabled staff to feel appreciated and valued by the provider.
- The provider kept a record of compliments they received and shared these with the team. One compliment read, "I would like to thank you and your company directors for a wonderful service. [Name of person] has come on leaps and bounds in the last month since you took over their care. Their confidence has grown in abundance. Their ability to communicate has improved because of the care and expertise of the team giving him care. Overall, I cannot express how happy I am with the service and detail of care you have provided."

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

- The registered manager kept in regular contact with all people using the service to obtain their feedback on the care provided.
- People were involved in care planning and their views and wishes respected. One person told us how they had been supported to write their own care plan, they told us, "I helped [name of registered manager] write my plans. He listened to me then put it in."
- Quality reviews were carried out to ensure people were happy with the care they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A member of staff explained how they protect a person's dignity whilst providing personal care. They said, "Always keep people covered, put a towel over their lap, if it is a woman put a towel over her shoulders to cover her top half."
- People were supported to live their lives as independently as possible. One person told us, "I am really happy I can go out on my own now. My staff helped me complete training to go on the bus myself so [name of relative] doesn't worry. [Name of nominated individual] got me some training to keep me safe. [Name of registered manager] has helped me get counselling."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and detailed people's cultural needs. They contained detailed information about people's individual support needs and what outcomes they would like to achieve.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the Accessible Information Standard and told us how they produced documentation in formats which made them easier for people to understand, for example in easy read format.

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 were supported and encouraged to take part in activities they enjoyed. One person was supported with some voluntary work in the provider's office which has helped to build their confidence and well-being.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to talk to if they had any concerns.
- Staff told us they felt comfortable to raise any concerns with the manager and their concerns would be listened to and actioned.

End of life care and support

- There was no-one receiving end of life care during the inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the provider. One person told us, "[Name of registered manager] has a good sense of humour, they are fun. They help me loads, if I explain something to them, they will make sure the staff do it. They always listen to me."
- Relatives also spoke well of the provider. One relative said, "From a care point of view, I couldn't fault them. They come across as a company who cares."
- Staff views of the provider were positive. One staff member told us, "[Name of registered manager] is absolutely fantastic. With other care companies there has not been that relationship. Since coming here, I have never had so much support. Nothing is too much trouble. They make sure we are well looked after and supported."

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 understood the duty of candour. They told us, "Making sure we are open, honest and transparent but as an organisation how we promote that within the organisation. We make that really clear and make it clear anyone who is not open or honest that is not acceptable. We have systems in place to deal with that, being open, honest and transparent is really serious."

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

- We saw regular audits were carried out in order to oversee the quality of the service.
- Competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.
- The provider told us in information we received prior to the inspection, they had maintained sufficient numbers of suitable staff throughout the COVID-19 pandemic to support people safely and meet their needs. They had implemented contingency plans should there be an outbreak and staff or the person needing support needing to isolate.

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

- The provider carried out surveys to gain people's feedback of the service and drive forward improvements.
- Reviews were carried out with people to ensure the care they received continued to meet their needs.
- Regular meetings were held with staff to enable staff to share their views.
- A relative we spoke with told us how the provider kept in touch with them regularly. They said, "Management keep in touch. [Name of person] goes to the office regularly and they [the provider] come to see [name of person]."

Continuous learning and improving care; Working in partnership with others

- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.
- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.
- The provider was a member of other healthcare organisations in order to improve their knowledge, keep updated with current legislation and work in line with best practice.