London Borough of Newham

Enablement Service

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

Enablement Service provides up to six weeks of support to adults in their own homes to support them to regain their independence or to learn new skills. At the time of our inspection there were around 37 people using Enablement Service. Due to the nature of the support provided the number of people receiving a service varied from week to week. Not everyone using Enablement Service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection took place on 7 and 14 March 2018 and was announced. The provider was given 48 hours' because the location provides a service to people in their own homes and we needed to be sure staff would be available at the location to speak with us. Two inspectors carried out this inspection.

At the previous inspection in January 2017, the service was rated as "Requires Improvement" overall. This was because, although significant changes and improvements had been made to the service, these had not yet been fully embedded. During this inspection, we found the improvements had been sustained.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe using the service. Staff knew how to report abuse if they were concerned a person was at risk of harm and abuse. People had risk assessments in place and management plans to mitigate the risks they may face. The provider completed appropriate checks when recruiting new staff. There were enough staff employed to ensure people's visits were punctual and lasted for the required amount of time. The provider's contingency plan ensured the service would continue if an emergency occurred. People were protected from the risk of the spread of infection. Staff told us they had access to plenty of gloves and aprons.

The provider carried out an assessment of needs before people began to use the service to ensure their needs could be met. Staff received regular supervisions and a range of training opportunities appropriate for their role. The provider worked jointly with healthcare professionals to ensure people's health needs were met. The provider had systems in place to ensure there was good communication within the service. People gave their consent before staff gave them care. Staff were knowledgeable about their responsibilities under the Mental Health Act (2005).

People thought staff were caring. Staff were knowledgeable about developing positive relationships with people. People were involved in planning the care they received. Staff showed they understood about equality and diversity issues. People's privacy and dignity was respected. In line with the aim of the service, staff supported people to regain their independence.

Staff knew how to deliver a personalised care service. Care plans were personalised and contained a detailed goal plan. People confirmed they received care in line with their preferences. Care plans were reviewed after the first week of service provision to determine people's satisfaction with their support and at week three or four to determine if ongoing support was needed. People knew how to complain if they were not happy with their service. The provider dealt with issues before they became formal complaints and kept a record of compliments. The provider worked in partnership with other agencies in response to people's changing needs.

Staff spoke positively about the management team. The provider had a system of obtaining feedback from people in order to make improvements to the service. Staff had regular meetings which kept them updated on training and good care practices. The provider used quality assurance systems to improve the quality of the service provided. The service was currently participating in several pilot schemes to improve the outcomes of people who used the service. The provider worked jointly with other agencies to ensure they could meet people's needs and people's expectations could be managed.

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. People felt safe using the service. Staff were knowledgeable about the procedures to follow in order to report abuse or to whistleblow. People had risk assessments carried out to mitigate the risk of harm.

The provider had a safe recruitment procedure in place. People told us staff were punctual and stayed for the expected amount of time. Staff thought there were enough staff employed to meet people's needs.

The provider had a business plan and a contingency plan to ensure the service would still continue if there was an unforeseen event. People were protected from the risk of the spread of infection.

Is the service effective?

Good

The service was effective. People received an assessment before they began to use the service in order for the provider to ensure they could meet their needs. Staff were supported to give effective care through regular training and supervisions.

The provider worked jointly with healthcare professionals to ensure people's needs were met. Staff confirmed there were good communication systems within the service.

The provider obtained consent from people before delivering care.

Is the service caring?

Good

The service was caring. People were involved in their care planning. Staff were knowledgeable about developing caring relationships with people who used the service.

People were provided with privacy and dignified care. Staff demonstrated they knew about equality and diversity issues.

People were able to live independently after receiving support

from the service in line with the service's remit.

Is the service responsive?

Good

The service was responsive. People confirmed the service responded to their preferences for care. Care plans were personalised and contained people's preferences.

People knew how to make a complaint but told us they had not needed to. The provider kept a record of compliments about the service.

The provider was responsive in organising an alternative service provider when required. .

Is the service well-led?

Good

The service was well led. Staff spoke positively about the registered manager.

The provider obtained feedback from people during the review process. Staff had regular meetings to obtain further training.

The provider had various quality assurance systems in place to monitor the quality of the service provided. The service worked in partnership with other agencies to ensure people's needs were met. The provider had several pilot schemes underway to further improve outcomes for people.

Enablement Service

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 7 and 14 March 2018 and was announced. The provider was given 48 hours' because the location provides a service to people in their own homes and we needed to be sure staff would be available at the location to speak with us. Two inspectors carried out this inspection. At the previous inspection in January 2017, the service was rated as "Requires Improvement" overall.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the evidence we already held about the service before the inspection including notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority's commissioners to obtain their view about the service.

During the inspection we spoke with the nominated individual, registered manager deputy manager, a senior enabler, one enabler and four people who used the service.

We reviewed six people's care records including risk assessments and care plans and four staff records including recruitment, training and supervision. We also looked at records relating to how the service was managed including policies and procedures, complaints and compliments and quality assurance documentation.

After the inspection we spoke to three more enablers.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I feel safe with them because [staff] are there." Another person said, "[Staff] being with me gives me the reassurance I need."

The provider had a comprehensive whistleblowing policy for staff and used the London multi-agency adult safeguarding policy and procedures. Information about abuse, the signs to look out for and how to report abuse was included in the staff manual.

Staff were knowledgeable about how to report abuse. One staff member told us, "I am familiar with [the policies]. I have to tell [person] I may have to tell my manager." Another staff member told us, "Immediately we document it down, call the office to tell my manager and I email it to the case manager. Whistleblowing is where you see any issues you don't like you can report to CQC." This showed the provider had systems in place to protect people from the risk of abuse.

People had risk assessments carried out to mitigate the risks of them coming to any harm. A staff member told us, "A risk assessment is carried out before people start the care. We continue to do the risk assessment daily. Every day we assess them and we inform the seniors if things change."

Risk assessments included an environmental risk assessment which included fire, air quality, stairs, pets and floors. For example, one person's risk assessment mentioned the lower levels of the house were undergoing refurbishment which presented a further risk. The risk management plan stated the person was staying on the upper floor in order to mitigate this. Another person's mobility risk assessment stated, "[Person] lacks confidence accessing the bathroom independently. Potential to fall or slip. Risk is minimum. [Person] has suitable equipment in place to support safe personal care."

We noted another care file, as a result of a fire risk assessment, contained a referral to the London Fire Brigade for a smoke alarm to be fitted because the person lived in a flat and there was no alarm in place.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, the provider had checked proof of identification, confirmation of legal entitlement to work in the UK and written references. New staff had criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

People told us staff did not miss visits and were punctual. Two people told us that staff turned up when they expected them and stayed for the time they expected. One of these people also said, "Sometimes [staff] stay longer if I need it."

The registered manager said the service had flexibility at present. He said, "I tend to work in hours, rather than people. That way I can ensure people get what they need in terms of care and we can broaden the function of the service." A staff member told us, "I don't feel rushed I am given sufficient time." Another staff

member said, "I would say with the level of referral we have now [the staffing level] is adequate." A third staff member told us, "We have more staff than customers [people who used the service]." This meant there were enough staff to meet people's needs.

Each person's enablement plan had contact details at the front with information about who to call if they needed to speak to the office staff. The telephone line was available from 08:00 to 22:00. Outside of these times the phone diverted to an on-call roster service covered by senior staff. Any changes to a person's needs, including if they were admitted back into hospital, was automatically emailed to all staff who carried individual tablets.

The business continuity plan stated in an emergency office staff could work from home on their individual lap top computers and there was a contingency plan in each enablement plan. This gave information on how the person would like to be contacted in the event of a missed or late call and whether or not they would wish to have a replacement. Each person was given a dependency score. For example, one person was medium dependency as they lived with family. The above meant the service would still continue to operate if there was an unexpected event.

The nominated individual told us the service at the time of inspection did not provide prompting or administration of medicines. This was in line with the provider's policy. The nominated individual also told us that as such they did not get referrals for people who required assistance with medicines but if there was a need they would liaise with the referrer to find an alternative provider for this. This meant the provider ensured people's needs around medicines would be met.

People told us they were protected from risks associated with the spread of infection. One person told us, "They always do wear gloves and wash their hands." Another person said, "They always wear their gloves and their aprons and they treat my house with respect." Staff were up to date with infection control training. The provider had an infection control policy which gave clear guidance to staff on the prevention and control of infections.

Staff confirmed they were knowledgeable about preventing the spread of infection and confirmed they were provided with enough gloves and aprons. One staff member told us, "Infections can be transmitted. We use all the equipment given to us. Gloves and disposable aprons. Before and after personal care it is mandatory to wash our hands." Another staff member told us, "We have an abundance. We overstock." A third staff member said, "We can have as much [gloves and aprons] as we want." The above meant people were protected from the risks associated with the spread of infections.

Good

Is the service effective?

Our findings

People confirmed they had an assessment of their care needs before they began to use the service and they felt involved in this process. Assessments were carried out by senior enablers and contained comprehensive background information about people including who they lived with, their past history, employment, likes and dislikes as well as hobbies and interests. For example, one person's care record stated they liked to sit in the garden watching the world go by and their spiritual needs were documented. The assessment gave a good all round picture of the person and also stated why they needed the service.

People told us staff had the skills needed to provide them with support. One person said, "[Staff] are trained well and they've got manners." Another person told us, "They are trained. One carer said they had been doing it for years."

Staff confirmed they had regular opportunities for training. One staff member told us, "The training is ongoing. I did moving and handling yesterday because we have to keep up with current training. It was an introduction to the different hoists. I was given the opportunity to do dementia training level 3 and epilepsy training. It's good because in the case of an event we would know how to apply our training." Another staff member said, "I have just finished NVQ [National Vocational Qualification] Level 3." The different levels of the NVQ enable staff working in the health and social care sector to become more effective when performing their duties at work.

Training records showed staff had received safety related training including first aid, health and safety, risk assessments, double-handed care and moving and handling. Other training included awareness of dementia, pressure ulcers, sensory, epilepsy, diabetes, mental health and learning disability. Records showed that staff completed a reflective learning journal which covered the standards of the Care Certificate. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.

The nominated individual told us, the service was developing specialisms for senior staff which included learning disability and mental health training for senior staff involved with people who had those needs.

Staff received one to one supervision every three months in line with the provider's policy. Supervision records showed that staff had the opportunity to discuss their training needs, support for people who used the service and any shortfalls or concerns. Staff confirmed this was the case. One staff member told us, "Supervisions are very, very useful. It is an opportunity to speak out. I ask for one if there is a need." Another staff member said, "If we have concerns we can raise them. We have a patch meeting every two weeks. We discuss [people using the service] and learn from each other."

The provider had strict referral criteria for this service to ensure people could be properly supported. The nominated individual said, "We have developed proper criteria on who we'll accept into the service." The registered manager told us he had worked hard with social workers in relation to them understanding what the service could offer.

Staff confirmed there were good communication systems within the service. One staff member told us, "Sometimes you get adequate information and sometimes it's not enough. Management will gate keep and say this information is missing. We may not progress the referral until we get that information. We have had cases where we have done joint visits because of concerns." Another staff member said, "We receive a text message or a phone call if there is a change or something to pass onto us." A third member of staff told us, "[Communication] is by word of mouth and by email."

Care records showed the service worked alongside health professionals including the hospital, physiotherapist, occupational therapist and GPs. For example, one person was assessed as being at a high risk of falls and the service had made a physiotherapy referral to assist them with this. A staff member told us they had worked with a hospital occupational therapist to ensure their views were incorporated into the person's goals and enablement plan.

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 checked whether the service was working within the principles of the MCA.

The provider's referral criteria clearly stated that they only worked with people who had full capacity. Assessments contained a section relating to the mental capacity of people. Care plans showed that people had full capacity to make decisions about their care and treatment. People had signed their enablement plans by way of consent to receiving care.

Staff understood they needed to obtain consent before delivering care. One staff member told us, "We must get consent for everything. We always ask [people who used the service] what they want support with." Another staff member said, "We get consent every time we see somebody and that may change from day to day." The above meant that staff were knowledgeable about their responsibilities under the MCA.

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included "They wait for you. They are patient with you. They're really good and very nice", "I am happy with the service. It's very helpful" and "Every one of them treats me with respect." However one person said, "I am happy with them yes, but I see different faces all the time and I never know who is coming."

Staff described how they developed caring relationships with people. One staff member said, "The job is the best because we care for people. I love it." Another staff member told us, "I think by being cheery with them [people] and taking an interest. Quite quickly you build up a bond. It's how I or a member of my family would want to be treated and valued." A third staff member said, "I greet them and I introduce myself. I read their care plan. I talk to them. I love people and I'm a chatterbox."

Records showed people were involved in planning their care. One staff member told us, "Most of the time they are involved at the first assessment to set up the care plan. We usually ask [the person] if they want any member of their family to be there. Some of the time you actually need them to give adequate information. Their input is of great importance to us." Another staff member said, "The [person] is included and the support they have is what they agreed to." A third staff member told us, "[People] are included in the initial care plan with the managers and it is evaluated every day."

The registered manager told us, "When we get the referral the [person] will state who they want with them on the enablement assessment. A lot of our [people who used the service] make that choice at the assessment stage. [Person] has to consent to the care they receive."

Records showed staff were made aware of equality policies through team meetings, supervisions and reflective learning. The provider had a comprehensive equality and diversity policy which gave clear guidance to staff on the principles and commitments they were expected to follow. Care plans recognised people's cultural, religious and relationship needs. For example, one person's care plan noted, "Please be advised shoe covers will be required inside the family home. [Person] prefers cultural dress."

The registered manager said, "We make sure [people who used the service] are treated fairly and equally through policies and procedures. Everyone is given the same information. Everyone is given the same treatment depending on their assessed needs."

Staff demonstrated they knew how to promote equality and diversity. One staff member told us, "We don't discriminate against anyone." Another staff member said, "That is part of our policy. It's in our mission statement." A third staff member told us, "We have to respect everybody. I respect people and their views. That's no different to anything else."

Staff described how they would support somebody who identified as lesbian, gay, bisexual or transgender. The registered manager said, "If we knowingly had somebody from the LGBT community and they had specific requests, staff would be aware of how to support them from training." A member of staff told us, "I

would support [the person] as anybody else. If they are open to discussing it, then that's great." A third staff member told us, "[People] don't always say so. [If person said] we would ask if it is okay to put it in their care plan."

The provider's policies gave staff clear guidance about promoting dignity in care. Staff demonstrated an understanding of promoting privacy and dignity. One staff member told us, "We don't discuss their private issues. We give them respect and give them personal space. Cover them if giving them personal care." Another staff member said, "Make sure the door is closed and the curtains are closed. By making sure they are covered to keep their modesty." A third staff member told us, "Confidentiality is important. It's their privacy."

People's independence was supported as the aim of the service was to get people back to looking after themselves. One person told us, "They let you do things yourself. They don't do it for you." A second person said, "They encourage me to do things." One care plan noted the person had asked staff to cream their feet. As this was against the agency's policy staff instead had discussed the issue with the person and had looked at ways they could do this independently.

The nominated individual and the registered manager told us 80% of people going through the Enablement Service did not need ongoing care packages. This meant people were able to live independently following input from the service.

Good

Is the service responsive?

Our findings

People we spoke with told us they had been involved in their support planning and felt they could make the decision about what they wanted in terms of the care. One person said, "If there is something I am doing and could do it better the staff will say, 'have you tried doing it this way?' which helps me."

Staff described how they delivered personalised care. One staff member said, "When people first have the service they are very frail. As time goes by the hours they need us drops and we always tell the seniors. I start engaging with people straight away. They need your trust for the service to be successful. We become friends." Another staff member told us, "We ask what their preferences are including male or female staff." A third member of staff said, "It's tailoring [the support] to that person and their needs and wants. Everyone's an individual."

People had a folder in their home which contained the office contact details, consent to share information, timetable of support hours, risk assessment, information on key safe and information on shopping services. The folder also contained logs of visits which included the progress the person had made towards attaining their goals.

Support plans included, nutrition, mobility, communication, personal care, mental health well-being, daily living, finances, relationships and community. Additionally support plans contained a detailed week-by-week plan of goals. For example, one person had a nutrition goal plan whereby during the first two weeks the staff member would warm the soup and put eggs on to boil for the person, then the plan for the following two weeks stated "enabler to step back and observe" the person doing this for themselves. This goal plan aimed for the person to prepare lunch independently during week five.

Records showed that care plans were reviewed after week one to check if the person was happy with their support and again at week three or four to determine if ongoing support would be required. One person's review stated, "I feel goals are met, the enablers have been very helpful. I've started to do more tasks independently. I feel I won't require ongoing support".

People knew how to complain if they needed to. One person said, "I have nothing to grumble about." Another person told us, "My daughter has a number to ring if we are unhappy with anything."

The provider had a comprehensive complaints policy which gave clear guidance to staff on the complaints procedure. Staff were knowledgeable about the process to follow if somebody wished to make a complaint.

The registered manager told us the service had not received any formal complaints since the last inspection. Records showed that enablers sent an observation message to the senior staff to resolve any issues arising to prevent situations escalating into a formal complaint. Actions taken in response to these messages were documented. For example, one person did not want their last visit as late as it had been so the senior staff arranged for an earlier visit.

The provider kept a record of compliments received. Since the last inspection compliments received included, "Thank you for a wonderful team who gave me my independence", "Thank you so much for managing such a wonderful team of enablers who gave me my independence and self-confidence" and "Would like to thank [staff name] and everyone on the enablement services team for taking such good care of me when I came out of hospital I cannot fault the care and kindness."

The provider's service specification contained "exclusion criteria". This meant they did not offer a service to people who required end of life care. The registered manager described a situation where they had learnt lessons from a previous experience.

Previously the referral form had a 'yes' and 'no' tick box for end of life. One person was referred who was end of life but the referral form did not indicate this. The registered manager explained the person's health deteriorated quickly and their needs became care rather than enablement. The registered manager said, "We worked with the referrer to put in place an alternative package and did not withdraw until this was in place. This helped with the exclusion criteria. The service learnt of the importance of reporting at the first signs of deterioration through the observations of the enabler [staff member]." This showed the service was quick to respond to people's changing needs and to work in partnership with other agencies to ensure people received the correct support.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager and six senior enablers. The registered manager told us, "[Staff] formally meet with me to raise concerns. They raise concerns through team meetings. They informally raise concerns by speaking to me or ringing the office to ask if they can come and see me to have a chat."

Staff confirmed they were able to raise concerns with the registered manager and the management team. One staff member said, "[Registered manager] reminds me of a manager we had years back. He's got this open door policy. He's warm, approachable, calm and he will listen to you. [We are] very much supported." Another staff member told us, "I feel supported and valued by the senior enablers. Newham make it easier for us. We work together as a patch and learn from each other. We can always raise things [with management] and it is done." This showed staff felt the management team were approachable and they felt comfortable with raising concerns.

The provider had a system of obtaining feedback from people who used the service during the review process. One person's feedback noted, "There is nothing they could do better at all for me." Another person's feedback stated, "I didn't know what to expect but it's helpful and they tell me I will get well again."

Reviews showed people were satisfied with the care being provided, they were clear about goals they were working towards, enablers arrived on time, they were polite and friendly and followed the support plan. People said they did not feel rushed or pressurised by staff.

The registered manager told us they had taken action when people fed back that there was no place on the survey to say the nice things the service does and it was very long. So a new questionnaire was devised to be more meaningful. This meant people could voice their views about the service and the provider took appropriate action.

The provider had regular meetings with the staff. Records showed the registered manager held meetings with the senior enablers twice a month. We reviewed the minutes from the last three meetings. Topics discussed included the new rota, people's care files, overdue cases, mandatory training, the feedback survey, spot checks, weekend work and double handed care.

The service was divided into two patches and each patch had a staff meeting twice a month. Records showed the patch meetings were used as group supervisions to assist staff to work on care standards. We reviewed the most recent meeting minutes for both patches. Topics discussed included training, rotas, feedback, practice issues and two care standards (health and safety and handling information). Staff told us they found their meetings useful. The above showed the provider had a system to keep staff updated on training and good care practices.

The provider had various quality assurance systems in place to monitor the service provided. Records showed regular field supervisions were carried out. These looked at whether staff were on time for visits, if

they wore their identification badge, followed infection control processes, how they interacted with people and how respectful they were. Records showed they took place twice a year for each staff member and 30 field supervisions had been carried out since August 2017. The field supervisions were also used to obtain people's views on the service. Comments included, 'health has improved' and 'great confidence towards achieving goals'.

The deputy manager carried out quality assurance checks of risk plans and enablement plans. Records showed the deputy manager checked five files on 6 March 2018. These audits showed where actions were identified and completed. For example, there was a consent form missing in one plan. The action noted that this was now completed.

The registered manager did a quarterly report which included accidents and incidents, safeguarding, complaints, training, evidence of people's involvement in their plans and review of plans. The registered manager produced an action plan from this report. The most recent one included updating the training matrix which was noted as completed. We saw it was documented that the new risk assessment was difficult to complete. The outcome of this identified action was that training was arranged for senior enablers and it was to be discussed in supervision.

External senior commissioner quality audits were carried out. We reviewed the last audit carried out on 28 July 2017. The audit included checking actions from the previous audit. For example the previous audit had noted a one week review form was to be introduced and this was noted at the most recent audit as completed. Staff comments were documented and included, "The office is more relaxed and supportive since [Registered manager and deputy manager] arrived. The morale feels good."

Records showed that random call records were documented. This showed how many rings it took for staff at the office to answer a call. We noted that calls were generally answered promptly within three and five rings. The above showed the provider checked the quality of the service provided in order to make improvements.

The nominated individual explained that several pilot schemes were currently underway and told us, "We don't want to be system led." Records of one of the pilots showed they were working on safety and travel training with a person who had a learning disability as a way of helping them to become more independent.

Another pilot the provider was looking at using in their approach to care was called Buurtzorg. The concept of this model was to provide solutions to increasing people's independence and improving their quality of care. This approach puts the person using the service at the centre of their informal community networks. The above showed the provider was looking at ways of continuous improvement to achieve better outcomes for people.

The nominated individual told us the hospital to home team was a national government directive and as such the enablement team were currently working with another service on this pilot. The aim of the pilot was to provide a "wrap around" care package when a person was discharged from hospital.

The registered manager said they had worked closely with social workers to ensure they were clear on the criteria of the service. This meant that people did not have expectations that could not be met.

We saw that, where appropriate, care files had referrals for other services. One person had been referred for a domiciliary care service for daily visits to maintain the independence they had gained from the input of the Enablement Service. Another person's care record stated, "Goals partially met, would like to be assessed for ongoing services." The above meant the provider worked in partnership with other agencies to ensure

people's needs were met.