

London Borough of Lewisham

# Lewisham 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

### About the service:

Lewisham Enablement Service is a domiciliary care agency. It provides personal care to adults living in their own houses and flats. People also receive support through rehabilitation. This approach helped people to improve their level of independence following an accident or deterioration in their health. Rehabilitation was scheduled to be in place for up to six weeks, therefore the numbers of people using the service could vary each week. At the time of this inspection 90 people were using the service.

### People's experience of using this service:

There were established safeguarding processes in place that were followed by staff. This helped staff to manage and report allegations of abuse while protecting people.

Staff assessed people to identify risks to their health and wellbeing. Plans were put in place to manage any risks found.

People were supported by staff when taking medicines. Medicine administration records were completed and audited for accuracy.

The provider and registered manager followed a robust recruitment process to employ suitable staff.

People and relatives contributed to an assessment of their care, treatment and support needs. An individual plan of care was developed and regularly reviewed which detailed people's individual support requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff contacted people and their relatives for their opinions of the service. People gave positive responses and feedback regarding the care and support they received.

People said staff were kind and respectful to them and their dignity and privacy was protected when people received personal care.

People chose the activities that they wanted to take part in, staff supported people to access their local community to continue to enjoy them.

People, relatives and staff said the service was well run. They said that the management team were available when they needed support or advice.

There were established systems used for monitoring and reviewing the quality of care and service delivery.

Rating at last inspection: At the last inspection on 11 August 2016, the service was rated overall Good. (Report published on 16 September 2016).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

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

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

## 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.

# Lewisham Enablement Service

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One inspector and two Experts by Experience carried out this inspection. The Expert by Experience was a person who has personal experience of using or caring for someone who uses a domiciliary care service.

#### Service and service type:

Lewisham Enablement Service provides care, treatment and support to adults who are living with ill health or a physical disability. At the time of this inspection, 90 people were using the service. Not everyone using the service receives 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. Inspection site visit activity started and ended on 1 April 2019. We visited the office location on 1 April 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service including notifications sent to us. A notification is information about important events, which the service is required to send us by law. 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.

During the inspection:

We also spoke with the registered manager and two support workers.

We looked at 15 care records and medicine administration records. We also looked at 15 staff records and other documents relating to the management of the service.

After the inspection:

We spoke with 14 people who used the service and one relative. We did not receive feedback from the two health and social care professionals we contacted.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- The registered manager and senior staff were familiar with the provider's safeguarding policy and processes.
- Staff we spoke with were able to describe what abuse was and how they would report an allegation of abuse.
- The registered manager understood their responsibilities to protect people from the risk of harm and abuse by reporting abuse to the local authority for investigation.
- All staff completed training in safeguarding adults. This provided staff with the knowledge of how to act promptly to identify abuse and keep people safe.
- Safeguarding records showed concerns were managed in a safe way and were reported to the local safeguarding team.

Assessing risk, safety monitoring and management.

- People and relatives said the care and support they had from staff was safe. They commented "Yes, I am safe, I am quite happy", "[Family member] is absolutely safe. She/he has every confidence in them. I could not fault them" and "I feel safe with them."
- Staff identified risks that affected people's health and wellbeing. Including risk of falls, difficulties with eating and drinking and ability to manage their personal care needs independently.
- Risk assessments and management plans were in place and reviewed so they remained relevant and met people's current support needs. For example, a person's care records clearly stated their physical abilities and the staff support required.

Using medicines safely.

- Medicines were managed in a safe way.
- People were supported by staff to have their medicines as prescribed.
- Staff completed training in medicines management. Following the training each member of staff was assessed as safe and competent in the administration of medicines.
- Suitable records for medicines management were in place. The medicine administration records (MARs) we looked at were completed accurately and a record kept to explain any gaps in them.

Staffing and recruitment.

- There were sufficient staff available to provide care and support to people using the service.
- There was a system in place to monitor any late and missed care visits. People we spoke with told us that staff often arrived on time and had not received any missed visits. People said, "They usually turn up on time", "They are on time" and "No missed calls. I see different carers which I quite like."

- The provider's recruitment processes were followed to ensure suitably experienced staff were employed.
- All staff completed an application process that included an interview, providing references and proof of the right to work in the UK and their identity.
- The provider arranged pre-employment checks before employment was confirmed. Each member of staff had a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.
- The provider had a system in place that monitored staff checks for renewal. This included right to work in the UK and DBS.
- Each member of staff completed mandatory training including safeguarding adults, medicines management, basic life support and infection control.
- Staff received regular supervisions and appraisal, and they were able to discuss their role and personal and professional development goals with their manager.

#### Preventing and controlling infection.

- Staff understood the provider's infection control policy.
- Staff had available to them personal protective equipment to help them to reduce the risks of infection. Gloves, aprons and uniforms were provided for each member of staff. People said "[Staff] wore gloves when they washed me" and "They use gloves to protect us both when they wash me."

#### Learning lessons when things go wrong.

- Incidents that occurred at the service were recorded.
- The records showed that these were looked at by senior staff and the registered manager.
- Each incident was reviewed and monitored to establish themes.
- Concerns about incidents were shared with staff. This enabled staff to learn from these and give their views on what they would do if they were involved in a similar incident. This helped staff to manage the risk of incidents recurring.

# 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

Good: 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.

- Staff completed an assessment of people's needs and also included individual rehabilitation goals. One person described the rehabilitation they received. They said "Definitely. They would help me to walk up and down the road and understood what I needed help with. It was very reassuring" and "Yes, they have been fantastic. They have really increased my confidence. It's amazing what they have been able to do in such a short time."
- People were able to make choices about how their care should be provided to them. People provided their written consent to receive care and treatment.
- Each person had a plan of care in place which detailed how the care and support was to be delivered.
- The registered manager understood local guidance. Staff worked closely with the clinical commissioning group (CCG) staff and were aware of and implemented good practice guidance. This included the infection control and safeguarding guidance.

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

- People had additional support and advice from health care professionals when this was required.
- People who required rehabilitation were regularly reviewed by an occupational therapist or physiotherapist. This support helped people to maintain or improve their physical abilities, health and wellbeing.
- Staff knew people well and would contact the office and speak to a senior member of staff if a person became unwell. Staff arranged for GP appointments or support from a district nurse when this was required.

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

- People had meals and drinks of their choice.
- When people were unable to make meals independently, staff supported and supervised them so they could improve their skills and become more independent.
- Not all people using the service had staff prepare meals for them. People who needed staff to prepare meals of their choice had this available for them. People said "[care worker's] do breakfast and all three meals" and "I prepare my own meals."

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

- Staff completed training in the MCA. The training helped staff to implement their learning to protect people's rights and to support them to make their own decisions wherever possible.
- Staff referred people to the local authority if they suspected a person was not able to make decisions for themselves. Social care staff carried out mental capacity assessments to assess people's individual abilities to make specific decisions regarding their care and support needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff had an understanding of people's needs. The care and support provided met people's planned care and support.
- People and relatives said they felt staff knew how to support them. Comments included "[Care worker] understood his/her needs absolutely. The [care workers] were wonderful and nice, and friendly with it."
- People said that care workers were respectful and provided them with the care and support they needed. People said "They looked after me really well. No complaints. I am very happy" and "Yes, they have been fantastic. They have really increased my confidence."
- People maintained relationships with their friends and relatives.
- Relatives who were involved with their family member's care were kept updated with their progress with the rehabilitation.
- Staff understood people's cultural and religious needs. People said "Yes, they did" and "Yes, I'm a Christian, and we spoke about it a bit, but did not go into detail." Although staff understood people's individual cultural and spiritual needs people said staff were limited in how they supported them.

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

- Staff developed a plan of care with contributions from people and their relatives.
- People made some decisions regarding how they wanted their care and support carried out. For example, some people requested a specific gender of care worker to support them and this was respected and made available for them.

Respecting and promoting people's privacy, dignity and independence.

- People were complimentary about the care workers that supported them. They said that they showed them kindness and respected them and their privacy. Comments included "Of course they treat me with dignity and respect. They seem to be very considerate. Most of them are very kind", "All of them have been absolutely kind and considerate", "They definitely respect my privacy", "Wonderful, some very thoughtful and caring people" and "They have a full working day, I do applaud them."
- Staff ensured people's privacy and dignity was maintained when being supported with their personal care and support.
- People had rehabilitation goals that included them going out into the community. People who had previously enjoyed doing this wanted to go out independently in the future. One person said that the support provided by staff increased their confidence in going out into their local community again.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each person had a care assessment with staff before receiving a care service.
- An occupational therapist or physiotherapist completed specialist therapy assessments. These identified people's individual abilities and what type of rehabilitation goals would improve their health and wellbeing needs.
- Care, support plans and rehabilitation therapy goals were in place for people. This guided care workers to provide the appropriate care and support to ensure people received safe care. People said "I am getting better and better. They have taken me outside to walk where the accident occurred, which was really good for me" and "Yes, they did help me, and for longer than the six weeks it is supposed to be."
- All care and rehabilitation goals were reviewed on a regular basis. This meant that staff had accurate information about people's needs so they could provide appropriate care for them.
- People chose the activities they were interested in and managed this part of their lives with some staff support.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and process in place.
- People were provided with details of how to make a complaint, at the beginning of receiving a service.
- Records showed that staff had managed any complaints in line with the provider's complaints policy.
- People and relatives said that any issues were dealt with in a timely way. Comments included, "No complaints, it's all been okay", "Nothing wrong with anything, so no need to complain" and "I did mention stuff I've talked about to [care worker] at one time. But no need certainly to formally complain."

End of life care and support.

- No one using the service received end of life care and support at the time of the inspection.
- There were systems being developed to support people who required this care.
- Staff we spoke with understood how to support people who required end of life care and support.
- The registered manager was aware of the health and social care professionals who could provide specialist end of life care support when this was required.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager completed regular quality checks of the service.
- Checks were completed on care records, staff training and recruitment records, safeguarding allegations and medicines management to ensure these were accurate and of a good standard.
- Any areas of the service that required improvement had an action plan in place to address these concerns.
- Staff showed their enthusiasm for working at the service. Staff said they enjoyed their jobs and many had worked at the service of a numbers of years. Staff comments were "I really enjoy my job", "It can be really challenging but I enjoy what I do" and "I have satisfaction when people improve and do not need our services anymore, that is the best result for them."
- The registered manager informed the Care Quality Commission (CQC) of events that occurred at the service as required.

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

- People said that they felt the service was well-led. One person said, "Staff listen to its clients and is not dogmatic. This is a good example of their flexibility." Other comments included "Yes, it is well organised. Overall it's very good" and "Yes, she [care worker] is outstanding."
- Staff said that the registered manager was supportive and was approachable.
- Staff were able to discuss work related issues with senior staff with felt comfortable discussing personal issues.
- The service operated seven days a week and people and staff could make contact with senior members of staff for support and advice when needed.

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

- People and relatives gave positive feedback on the service. People commented "I couldn't commend it better", "As an old soldier, I'm used to rough treatment, but they treat me good" and "Gold stars for everything. Very happy. Excellent."
- Performance was reviewed to ensure staff practices met the person's needs and the provider's standards.
- Staff meetings were held at the service. The registered manager attended these which provided an opportunity for staff to meet with each other to share ideas and discuss their daily practice.

Continuous learning and improving care.

- The registered manager reviewed incidents, complaints and safeguarding concerns. The outcome was discussed and shared with staff.
- Staff were asked for their opinion of the service. Staff were happy working in the service and felt they could offer their advice to improve the development of the service.

Working in partnership with others.

- The registered manager and staff worked with social and health care services.
- Meetings were arranged and attended by staff and health and social care professionals. This helped staff to gain advice and support on people's behalf from the health and social care professionals.