

Enable Health Ltd

Enable Health Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Enable Health Ltd on 5 April 2018.

Enable Health provides personal care services to people in their own homes. Enable Health is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to older adults, younger disabled adults, and children. At the time of our inspection 21 people were receiving a personal care service.

We had previously carried out an announced comprehensive inspection of this service on 7 September 2017 where we identified a number of areas where improvements were needed to ensure that people were receiving care that was safe, effective, caring, responsive and well-led.

We found the service to be in continuing breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 following on from an inspection conducted on 20 February 2017 where the service was placed in special measures.

People were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). The provider did not provide care and treatment in a safe way. Risks to people were not assessed and regularly reviewed and medicines were not safely managed. The provider did not have effective systems in place to monitor and improve the service and staff did not always receive effective support. People were not always supported to receive support from healthcare professionals. Following the inspection on 7 September 2017 we imposed a condition on the provider's registration to restrict new care packages. The condition on the provider's registration to require them to provide monthly reports of action they were taking, through their quality assurance systems, to address the concerns following the inspection on 20 February 2017 remained in place.

We undertook this inspection to check the service had made the required improvements from the inspection in September 2017.

We found the service had made significant improvements. Staff demonstrated an understanding of the MCA and how they applied its principles in their work. However, there was still room for further development. We discussed the Mental Capacity Act (MCA) 2005 with the provider who demonstrated a knowledge of the Act but was also unclear on some aspects of the Act. We found people's rights in relation to the act were protected.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The provider monitored the quality of the service and strived for continuous improvement. There was a clear vision to deliver high quality care and support and promote a positive culture that was person-centred, open and inclusive. This achieved positive outcomes for people and contributed to their quality of life. The provider was supported by an external consultant.

Staff received effective support through supervision, spot checks and training. Staff training plans were monitored and up to date.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The head of HR (human resources) was applying to become registered manager.

People's nutritional needs were met and where people required support with nutrition care plans provided staff with guidance on people's support needs. People received their medicine as prescribed.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which enhanced people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 safe and has improved to Requires Improvement.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective and has improved to Requires Improvement.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and applied its principles in their work. However, we found further development opportunities for the provider and staff's understanding of the Act

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

Good ●

The service promoted people's independence.

Is the service responsive?

The service was responsive and has improved to Requires Improvement.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Requires Improvement ●

Is the service well-led?

The service was well-led and has improved to Requires Improvement.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Requires Improvement ●

Enable Health Ltd

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 5 April 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the provider is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by two inspectors.

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 looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with four people, two relatives, three care staff, the administrator, the consultant and the provider. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service. We also contacted the local authority commissioner of services for their views.

Is the service safe?

Our findings

At our inspection on 7 September 2017 we found not all risks to people's safety had been appropriately identified and assessed. There were not always consistent plans in place to identify how the risks would be managed. We also found medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made. Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person had limited mobility and was at risk of falls. A detailed support plan was in place to manage this risk. Staff were guided to hoist the person for all transfers and photographs detailed correct positioning of the person, pillows and hand cushions. Two staff were required to support this person and records confirmed two staff were consistently deployed.

Another person used bedrails as it made them 'feel safe in bed'. The risks associated with bedrails had been explained to the person and a risk assessment was in place to manage this risk. Other risks covered included; trips and falls, skin pressure care and medicines.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "I have been trained and my competency was checked only a week ago".

People told us they felt safe. People's comments included; "Yes I am safe. I have an alarm" and "Yes I do feel safe and sound". One relative said, "Oh I am happy [Person] is safe".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "Any concerns and I would report to the manager and CQC (Care Quality Commission)" and "I would report straight to the manager". The service had systems in place to report concerns to the appropriate authorities.

There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were generally punctual and they experienced no missed visits. People's comments included; "They are pretty good with punctuality. If they are running late I always get a phone call" and "Yes they are reasonable with times. They inform me if they are held up".

The provider recorded and monitored late visits to look for patterns and trends. A new electronic monitoring

system had been introduced which monitored support visits through mobile phones. The system linked to electronic care plans and support systems allowing the provider to link information from a variety of records. This meant patterns could be easily identified including which people and staff were involved. It also allowed the provider to link any patterns into staff supervision and support. Records showed there had been no missed visits since the last inspection and punctuality was recorded at 95%.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the provider to make safer recruitment decisions.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Where appropriate, action was taken to reduce the risk of reoccurrence. For example, one person's medicine records contained an error. Once the provider had established the person had received their medicine action was taken. The results of the investigation were fed into staff supervisions and the staff member concerned was supported through advice, guidance and further training. This evidenced the service learnt from incidents and mistakes.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE), such as disposable gloves and aprons. An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases. One staff member said, "There is always plenty of gloves and aprons and we have discussed infection control at meetings".

The service has improved to requires improvement. We could not rate the service as good because we need to ensure the improvements are sustainable over a period of time.

Is the service effective?

Our findings

At our inspection on 7 September 2017 we found the provider and staff did not have a clear understanding of the Mental Capacity Act (MCA) 2005 This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

At this inspection we found significant improvements had been made. However, there was still room for further development. We discussed the Mental Capacity Act (MCA) 2005 with the provider who demonstrated knowledge of the Act. However, the provider was unclear when referring to consent issues relating to families. The provider told us further training in the Act was planned. We saw that capacity assessments were in place and, where appropriate, people's best interests had been considered. The MCA had been discussed with staff at meetings and staff were reminded of the importance of 'considering the MCA at all care calls'. All staff had been issued with cards containing information about the MCA,

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "I've had the computer training. I try to encourage them [people] to have help but you can't force them" and "I think this is about decisions. I try to give clients options so they can choose". This meant that whilst staff worked to the principles of the MCA there was room for further training and development. Records confirmed further training in the Act was planned.

The service sought people's consent. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative. Staff told us they sought people's consent. One staff member said, "I always get clients permission before I do anything for them". This practice is in line with the principles of the MCA.

At our inspection on 7 September 2017 we found people were not always referred to healthcare professionals appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. For example, staff observed one person was unwell and contacted the person's GP who visited the person. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, SALT, opticians, dentists NHS Trusts, social services and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. One person said, "They call the doctor for me if I need them".

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes,

dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated 'I enjoy reading books'. Another person's care plan highlighted the person was religious and liked to visit churches. Staff we spoke with were aware of people's preferences.

People told us staff knew their needs and supported them appropriately. Comments included; "They [staff] have the skills, oh yes" and "The girls [staff] certainly know what they are doing". One relative commented, "I do think the staff have the right skills to support my husband. I feel very confident in them".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. We saw the service planned to link staff's induction training to the Care Certificate which is a nationally recognised program for the care sector. Staff spoke with us about their training. Staff comments included; "I am up to date with computer training and I have started the (Care Certificate) workbook" and "I've learnt a lot lately. The training is good".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). The electronic monitoring system automatically emailed staffs line manager seven days before the one to one meeting was due. This enabled the line manager time to prepare for the meeting. Staff comments included; "Things have got a lot better and things are being put into place. Communication is better and everyone is pulling together as a team" and "I am supported. I get one to one meetings which are useful. I feel they (management) are listening more and they do something about any issues I raise". Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed and care plans prompted staff to offer people choices. Where people may be at risk of malnutrition, food monitoring records were in place to record people's food intake. One person told us, "They [staff] make sure I am eating properly".

The service has improved to requires improvement. We could not rate the service as good because we need to ensure the improvements are sustainable over a period of time.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "I would say the carers are caring, yes", "They [staff] are good to me, and it's getting better" and "I really like them [staff], very helpful. I see the care workers as friends".

Staff spoke with us about positive relationships at the service. Comments included; "I like the clients, this is an interesting job" and "I have good relationships with the family I support and we have many interesting conversations. I think it is about gaining trust with the family".

People received emotional support. Care plans highlighted peoples emotional support needs and guided staff on how to support the person. For example, one person could present behaviours that challenged others due to frustration with their condition. Staff were provided with detailed guidance on how to support this person. This included adopting a non-challenging manner and allowing the person time to 'reflect on actions and responses'. Staff we spoke with were aware of this guidance.

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful and reminded staff to treat people with dignity and respect 'at all times'. Staff used people's preferred names. We asked staff how they treated people respectfully whilst promoting their dignity. One staff member said, "I always keep clients covered with personal care and I offer choices".

People told us they were treated with dignity and respect. Comments included; "Yes I think so. The carers are very polite and respectful" and "I am certainly respected". One relative said, "They treat my husband with dignity and respect. In fact they are very good to him".

People were involved in their care and kept informed. Daily visits schedules and details of support provided were held in people's care plans. For example, one schedule detailed 'preparing meals, showering and support with dressing'. Where there were any changes to scheduled visits people were informed. One person spoke about being involved in their care. They said, "Communication is good so I feel involved. Things are slowly getting better".

People had been involved in the creation and updates of their care plans. Staff met with people and their families and sought their input into how care plans were to be created and presented. People's opinions were recorded and incorporated into the care plans. For example, people provided information for their personal profile section of the care plan. One relative told us, "We have a folder with all the details we need. We are both involved and well informed"

People's independence was promoted. Care plans guided staff on how to promote independence. For example, One person had stated they 'wished to remain independent'. Staff were guided to give the person 'time and encouragement to complete tasks' and to 'never rush' the person. One person said, "I am independent and they help me to be so". One relative told how the person's condition was improving. They

said, "He is become more independent since he became more mobile".

Staff spoke with us about promoting independence. One staff member said, "One lady had difficulty with eating. With encouragement she can feed herself now, so that's what we do".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Is the service responsive?

Our findings

People were assessed to ensure their support plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "People have their own ways and preferences so I do treat all my clients as individuals".

Staff treated people as individuals. For example, one person had a particular washing regime that was detailed in their care plan. The person had stated 'I would like you to use a light (coloured) flannel on my top half and the dark flannel on my lower half. I can shave myself'. Staff told us they followed this person's individual regime.

We asked people if they were treated as individuals. People's comments included; "I am treated as an individual" and "Oh yes, definitely". One relative commented, "The carers treat my husband as an individual. In fact they treat him very nicely".

People's diverse needs were respected. Discussion with the provider and staff showed that they respected people's differences and diverse needs. There was an equality policy in place. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. Records showed staff had received training in equal opportunities and diversity.

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. During our inspection we heard telephone conversations of people requesting changes to visit dates or times. We heard staff responding positively to people's requests.

People had access to information in a way that was accessible to them. Information was available to people in foreign languages and large print. Staff told us they explained care plans and support procedures to people to ensure they were aware and understood. One staff member said, "I always explain things to clients, it keeps them informed".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "Oh yes, I know how to complain. I'm sure they'd do something about it". One relative said, "I think they would deal with any concerns raised". Another relative said, "I've no complaints. I do contact them and they do sort things. Mainly over timings and they try to get it right".

The service had systems in place to record, investigate and resolve complaints. The service had not received any formal complaints since our last inspection. Details of how to complain were held 'information packs' provided to people and their families.

At the time of our inspection, no one was receiving end of life care. People's advanced wishes were recorded. For example, where people wished to die and their preferred funeral arrangements. Staff told us people's wishes were always respected. This included where people had expressed a wish not to be resuscitated. We were shown a 'thank you' card from one person's family who had received end of life care. The card stated the person had received 'the best care possible'. We were also told that when the person died staff attended the funeral and supported the person's family.

The service has improved to requires improvement. We could not rate the service as good because we need to ensure the improvements are sustainable over a period of time.

Is the service well-led?

Our findings

At our inspections on 20 February 2017 and 7 September 2017 we found the provider did not have effective systems in place to monitor and improve the service. We imposed a condition on the provider's registration that they must submit monthly reports of actions they were taking to improve.

At this inspection we found the provider had made significant improvements. A new electronic monitoring system had been installed. The provider conducted audits that covered all aspects of care including; care plans, medicine records, care visits and staff supervision and training. The results of these audits were fed into the new computer system which allowed the provider to monitor performance across the service. For example, where an audit identified a late care visit the system allowed the provider to investigate the incident and link their findings to the member of staff's next supervision meeting. Where any training issues were identified the system linked into staff training. This provided a comprehensive overview of the service that prompted actions to improve the service. For example, following the introduction of this system, late visits had significantly reduced. The provider was also supported by an external consultant who conducted regular audits, analysis of progress and oversight of improvement action plans.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The head of HR (human resources) was applying to become registered manager.

People told us they knew the provider and felt the service had improved. One person said, "I know [provider] and I do think things have slowly got better". Another person said, "It has improved of late, yes. Communications are good". Relatives also spoke about improvements. Their comments included; "They have got slightly better. I think they have improved their training. Things are working OK" and "They now answer the phone quickly and they respond well".

Staff told us they had confidence in the service and felt it was well managed. One staff member told us, "I have no problems with [provider]. He is approachable and he listens. I can safely admit any mistakes". Another staff member said, "I'm really well supported now. We have team meetings and I can say what I think and I know they (management) will listen".

The service had developed a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The provider spoke openly and honestly about the service and the challenges they faced.

Staff told us learning was shared through staff meetings, briefings and electronic phone updates. This meant staff were immediately informed of any changes to people's conditions or support needs. One staff member told us, "Our phones are updated and we have meetings. We also use the communication sheets in people's homes.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service has improved to requires improvement. We could not rate the service as good because we need to ensure the improvements are sustainable over a period of time.