

Re-enabled Support Services Ltd

Re-enabled Support

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Re-Enabled Support provides personal care to people in their own homes, some of whom may have a learning disability and mental health needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 2 people receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the statutory guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At our last inspection, the provider was not able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. This inspection found that improvements had been made.

Right Support: Staff were now safely recruited with appropriate checks in place. Risk assessments now held sufficient information for staff to meet people's assessed care and health needs. Safeguarding processes now protected people from harm. Incidents and accidents were now better analysed to prevent future re-occurrence. People were now supported to have maximum choice and control of their lives.

Right Care: People's assessed needs and care plans were in place and better outlined the risks they faced in their daily lives, their accommodation and wider community. Care plans were now more person-centred and contained all the details needed for them to be successfully supported. Information was provided to people through methods in line with their specific communication needs. Enough competent, well trained, and supervised staff supported people to meet their needs and to keep them safe.

Right Culture: Governance systems were effective and the provider had implemented systems to assess, monitor and improve the service. Staff now received support through training, supervision and meetings to ensure they had the knowledge and skills to meet people's needs. Lessons were now learned from accidents and incidents to drive improvements.

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

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

Rating at last inspection and update

The last rating for this service was inadequate (published 15 December 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made.

This service has been in Special Measures since 15 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At our last inspection we recommended the provider consider current guidance on supporting people to access healthcare services, maintain accurate records and take action to update their practice accordingly. We also recommended the provider follows current guidance on meeting people's communication needs and take action to update their practice accordingly. At this inspection we found the service had maintained effective communication with people and assisted people to access healthcare agencies.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Re enabled Support on our website at www.cqc.org.uk.

Recommendations

We have made one recommendation in relation to improving the services notification processes.

Follow up

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

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are outlined in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Re-enabled Support

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 August 2023 and ended on 17 October 2023. We visited the location's office on 21 August and 14 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 1 person who used the service and 1 relative of a person who used the service. We also spoke to the registered manager, the administrator, care co-ordinator and 16 staff individually. We reviewed a range of records which included 2 people's care records. We looked at 20 staff files in relation to recruitment and staff competencies. A variety of records relating to the management of the service including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the registered provider had failed to ensure that sufficient action had been taken to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems to safeguard people had improved; one event had not been reported to CQC under regulatory requirements.
- Internal systems were in place to identify and take action where people were at risk of harm.
- People and their families told us they felt safe with the staff team and trusted staff to safely support them. One family member told us, "[Name] is absolutely safe with the staff team."
- Staff understood the key signs of abuse and had received training to ensure that such events could be identified and reported.
- Events affecting people had been analysed appropriately and lessons learned.

Staffing and recruitment

At our last inspection the registered provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment was now robust.
- Previous gaps in the recruitment of staff had been addressed. This ensured people being supported were safe.
- People who used the service and their relatives told us staff always arrived on time to support them.
- Rotas were available to confirm appropriate staff levels were maintained to meet people's needs.

Assessing risk, safety monitoring and management

At our last inspection the registered provider had failed to ensure risks associated with people's care were assessed and plans implemented and delivered to mitigate such risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were now in place for people who used the service.
- These were reviewed regularly and were up to date.
- Assessments were changed in response to new risks that people experienced.
- Risk assessments relating to people's home environment were now in place and up to date.

Using medicines safely

At our last inspection the safe and appropriate management of medicines were not in place or not adhered to. This placed people at risk of harm. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management of medicines now promoted the health and wellbeing of people.
- Staff received appropriate training in medicine administration.
- All medicine was safely stored in people's homes.
- Medicine administration records confirmed people received their medicines in a timely manner. Where 'when required' medicine had been prescribed; protocols were in place to ensure consistent administration.
- Staff had received medicine training and had undergone a competency process to ensure they administered medicines safely.
- All medicine records were regularly checked and audited.

Preventing and controlling infection

- People were protected by infection control practices used by the service.
- Staff had now all completed infection, prevention and control training.
- People and their relatives told us staff used the appropriate personal protective equipment while they supported people.
- The provider had an up-to-date infection prevention and control policy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people or their representatives were not always supported to make choices about their care, decision-making or reviews. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their representatives were more involved in decision-making about their support.
- Assessments were in place outlining the main physical and mental health needs of people.
- Information was available about people's individual preferences and this provided evidence of ongoing consent and agreement from people or their representatives.

Staff support: induction, training, skills and experience

At our last inspection, we found people were supported by staff who did not have the right skills or training to meet their needs. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training linked to the main health and social care needs of people as well as mandatory health and safety topics.
- Staff told us about the training they had received and how this enabled them to effectively support people.
- Audits were undertaken to ensure staff had received training and planned training was discussed with the staff team with a rationale on why this training needed to be completed.
- Systems to prepare new staff for their role were more robust with induction carried on before they started to support people independently as well as shadow shifts so care practice could be learned effectively.

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

At the last inspection, we recommended the provider consider current guidance on supporting people to access healthcare services, maintain accurate records and take action to update their practice accordingly. Improvements had now been made.

- People had their health needs met.
- One person relied on their representative to attend health appointments. Any appointments attended and their outcomes were recorded by staff in their records.
- Another person needed support in attending any health appointments. Outcomes of these were recorded and the person was fully involved in health choices.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, we found the provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions in their daily lives had been assessed and re-assessed as new situations occurred.
- One deprivation of liberty order had expired. The provider produced extensive evidence of correspondence they had made in order to have this order reviewed.
- Staff had received training in the mental capacity act.

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

- People had their nutritional needs met.
- One person relied on staff to prepare meals yet they told us they were involved in shopping and planning menus as well as being involved in some food preparation with supervision.
- One person was quite happy with the standard of food prepared for them.
- Where people had a health need linked to their nutritional information had been provided to staff

outlining what considerations were needed in providing nutritional advice to the person. The same person needed their weight to be monitored weekly. We saw evidence this was being undertaken with the person completely independent in doing this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At our last inspection the registered provider had failed to ensure that sufficient action had been taken to ensure that care plans were person-centred and included individual needs or promote choice and control. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were person-centred and included specific information about the preferences of individuals and how they could be best supported.
- Specific information on the preferred routines of people were documented and included considerations of their health and social care needs. Any changes in the needs of people were recorded appropriately into each care plan.
- Staff confirmed they had access to care plans and were able to keep up to date with the changing needs of people if and when they occurred.
- The details of the support provided showed evidence that people and their families had agreed and consented to the ways they were to be supported.

Meeting people's communication needs

At the last inspection, we recommended the provider followed current guidance on meeting people's communication needs and take action to update their practice accordingly. Improvements had now been made.

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

- People's communication needs were assessed and communication plans were in place. A relative told us the approach used by staff in communicating with their relative had been 'very effective' with the person

being able to expand their communication and understanding of key words and phrases.

- Literature was available in easy read formats to provide information to people if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and maintain their interests.
- One person had regular visits to the wider community as part of their support as this was a key part of maintaining the mental health of the person.
- A relative told us, "[Name] goes out every day and staff are really good at taking [name] to a variety of place within the community."
- Care plans included evidence of activities and how these linked into the wellbeing of people.

Improving care quality in response to complaints or concerns

- Complaints were acknowledged by the registered provider and responded to.
- Where complaints were raised, they were investigated and recorded with an outcome reached in response.
- People and their relatives knew who to complain to, but would raise concerns informally in the first instance.

End of life care and support

- No one was receiving end of life support from the service during this inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were in place to monitor the quality of the care provided and oversight of the service had improved.
- However, we identified one event relating to one person which had not been notified to the CQC as required.
- Action had been taken to safeguard the person in this instance and the provider had demonstrated an understanding of the requirements and responsibilities of being a registered person.

We recommend the provider review the systems for reporting notifications.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our last inspection the providers quality and assurance systems were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement action warning notice had been issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance processes had improved and as a result people were kept safer and had their rights protected. The provider, however, had not identified all those events that needed to be reported.
- The provider had established robust systems and processes to enable staff to record and report accidents and incidents, and to ensure these were thoroughly investigated to minimise the risk of future re-occurrence and drive improvement in the service.
- Records including support plans, training and staff records were accurate, complete and up to date. This demonstrated the work the provider had done to improve governance within the service since our last inspection.
- Improvements had been made to ensure staff training and competencies were up to date.
- Staff had regular supervision and appraisals. The provider was now in a better position to provide

feedback to the staff team and have a better understanding of their strengths and needs.

- Staff performance was monitored through regular spot-checks to observe care practice. Staff told us they had a better relationship with the management team and were in a better position to support people effectively with improvements in their training and supervisions.

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

- This inspection found that improvements had been made in many aspects of the service which meant guidance had been considered and included in the ethos of the service.
- Care plans were person-centred and included assessments of people's needs as well as those needs that arose as part of the monitoring of people's day to day support. Better recruitment, training and supervision also meant right care, right support and right culture guidance had been considered and acted upon.
- The provider had now been more proactive in empowering people to make decisions about their lives and had consulted with relatives in a meaningful way about the support provided.

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

- Improvements had been made in engaging and involving all people who were connected with the service.
- Meetings and communication with people who used the service and relatives had improved with people confirming they had regular contact with the management team.
- People and their families were invited to forward comments about the experience of their support and felt listened to as a result of this improvement. People had taken the opportunity to use surveys to comment on the support they received.
- Work had been undertaken to respect and acknowledge the sexuality of individuals.
- Staff stated the management of the service and their involvement in making suggestions in driving improvements had improved and they felt part of decisions made.
- Staff told us the registered manager was approachable and supportive and felt able to raise any concerns about people's care with them.

Continuous learning and improving care

- Improvements in monitoring the quality of the service had been made. Effective systems were in place to learn lessons from accidents and incidents, safeguarding adult concerns, complaints and audits.
- The provider had worked with an adult social care consultant to address issues of improvement and development identified at our last inspection.

Working in partnership with others

- Improvements had been made in developing partnerships with other agencies.
- We saw evidence of work undertaken in partnership with other professionals linked to better understanding the individual needs of people, their capacity to make decisions and assessments to refine initial assessments made in respect of people's needs.