Enable Health Ltd

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Inspection report

Suites 1 & 2, Fourth Floor West, Unipart House
Garsington Road, Cowley
Oxford
Oxfordshire
OX4 2GQ

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31 January 2019

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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

We undertook an announced inspection of Enable Health Ltd on 31 January 2019.

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. It provides a service to older adults, younger disabled adults, and children. At the time of our inspection 27 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 followed up with an inspection on 5 April 2018 and found significant improvements had been made. We could not rate the service good at that time because we needed to ensure the improvements were sustainable over a period of time. Therefore, the service was rated as Requires Improvement.

At this inspection we found that the improvements made at the April 2018 inspection had been sustained and, in some areas improved on. The service is rated as Good.

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 manager running the service was applying to register with the Care Quality Commission.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. 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.

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. Sufficient staff were deployed to meet people's needs. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

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 had good access to healthcare services.

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 improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the manager and both people and staff spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

Staff had a good understanding of safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good

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.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

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

Is the service well-led?

Good

The service was well- led.

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.

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 31 January 2019 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection 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. We also reviewed the information we held about the service and the service provider. The registered 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. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with seven people, three relatives, four care staff, the manager, and a director. During the inspection we looked at eight people's care plans, six staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "I can only say that I've never had any reason to feel unsafe" and "All my carers let themselves in with the key safe and I've never had any problems with it. They will usually ring the bell a couple of times so I know it's them before they turn the key in the lock and come in. They always lock it properly". One relative commented, "I have been really pleased with how they've looked after our youngsters. It's not an easy job, but I've never been concerned about their safety at all when the carers have been here".

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; "I'd report concerns to the office and I'd call CQC (Care Quality Commission)" and "I'd call my manager and I can call the local authorities with concerns". The service had systems in place to investigate and report concerns to the appropriate authorities.

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 was at risk of developing pressure ulcers. Staff were guided to monitor the person's skin and apply prescribed creams. A body map was used to ensure staff applied creams to the correct areas of the person's body. Records showed this person did not have a pressure ulcer.

Another person took food, fluids and medicine through a tube into their stomach. This presented a risk of infection where the tube entered the person's body (PEG Feed). Staff had received specific training and guidance to support this person safely and the care plan detailed safe infection control measures for staff to manage this risk. We spoke to a staff member who supported this person. They said, "This client needs special care and I've been trained. We get good guidance on keeping the PEG clean. We also have plenty of PPE (Personal Protective Equipment) such as gloves and aprons. I am confident supporting this person". Further guidance on infection control for staff was contained in the providers policy.

People commented on staff's hygiene. One person said, "They have plenty of disposable gloves which they do use and they always wash their hands without me having to prompt them". Another said, "They have always been very good when it comes to their hygiene. Every single one of them always makes sure they wash their hands regularly and change their gloves in between jobs".

There were sufficient staff deployed to meet people's individual needs. One person said, "They definitely have enough staff". 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 mostly punctual and they experienced no missed visits. One person said, "Over the last few months it has improved a little so that there are less times now that I am having to sit here waiting for the carer to arrive and the office are better now at letting me know if a carer is running late".
Staff told us there were sufficient staff deployed to support people. One staff member said, "Yeah, I think we

have enough. Nothing ever gets missed". Another said, I think we've enough staff for our client numbers".

People's visits were monitored using a telephone monitoring system linked to the office computers. The system alerted the manager if staff were running late. Data from the monitoring system was analysed to look for patterns and trends and allowed the manager to adjust travel times for staff enabling them to remain punctual. The latest records confirmed there had been no missed visits and punctuality was recorded in excess of 90%.

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 registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific individual instructions for administration we saw these instructions were followed. One person said, "They do help me with my tablets. I get them all delivered to me from the pharmacy in a (Dosset) box so the carer just has to hand the days medication to me with a drink and once I've taken it she will write it all up on the chart".

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.

Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. Staff told us, and records showed, shortfalls were discussed with the aim of learning from them.

Good

Is the service effective?

Our findings

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people utilising best practice, such as alignment with the Accessible Information Standard. This standard requires services to ensure people have access to relevant information. For example, care records were held electronically on staff phones and staff told us they showed people their support plans. However, printed copies of people's support plans were available to people in a format of their choosing. For example, one person had physiotherapy documents printed in their native language.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "I think all the carers must be trained quite well because I've never had any bother with any of them not understanding what it was I needed help with or not being able to provide that help". 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. Induction training was linked to the Care Certificate which is a nationally recognised induction programme for the care sector. Staff also shadowed an experienced member of staff before being signed off as being competent to work alone.

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). One staff member said, "I think I get good support here". Staff were also supported through 'spot checks'. 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.

We discussed the Mental Capacity Act (MCA) 2005 with the manager and director. 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. The manager and director were knowledgeable about how to ensure the rights of people who lacked capacity were protected. Records confirmed that where people struggled with certain decisions, appropriate capacity assessments had been carried out.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. One staff member told us, "Clients should make their own decisions. If they struggle we must work in their best interests to support them". Another said, "I make sure clients are happy with their decisions. I give choices and work at their own pace".

People and their relatives told us staff sought their consent. One person said, "I've never been forced to do anything against my will and if I say no, then they don't try to persuade me to change my mind". One relative

told us, "No one will ever make my wife do anything she doesn't want to do. So, some mornings when the carers come in she doesn't always feel like having a shower and instead will just ask them to give her a bit of a wash and brush up instead. The carers have never, as far as I've been aware, made her do anything that she didn't wish to and they always ask her if she feels like doing something before they start".

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. One person said, "I usually get a nice hot cup of tea as soon as my carer comes through the door and she'll always make me another one before she leaves. She usually put's me a glass of water next to my chair and I usually find a few biscuits as well so I can nibble during the morning until the carer comes back to sort my lunch out". One staff member said, "I mostly prepare meals, most of our clients are pretty independent".

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, opticians, dentists, NHS Trusts, social services, occupational therapists, physiotherapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. Information was provided, including in accessible formats, to help people understand the care available to them. One relative told us, "Yes, they will always let me know if they are worried at all about her [person] or if they've noticed any markings on her skin or anything like that. They also usually ask me if I'd like them to get in touch with the district nurse for me".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "It's so nice just to have a small number of regular carers, because I've got to know them and they've got to know me. I don't have to constantly explain how I like things to be done", "To be fair to them, all the ones that I've met have been lovely. Nothing is too much trouble" and "Yes, they've always been very good and they've always done everything that I needed help with". A relative commented, "I usually hear my wife and her carer having a chat while they're getting her up and ready in the morning. Sometimes they're having a right old laugh and I'm wondering what I'm missing out on".

Staff spoke with us about positive relationships at the service. Comments included; "The clients (people) are really nice, I've got to know them so well", "I love the clients, I just enjoy being a carer" and "I love my job and the clients. They are a great bunch".

Staff were supported by the service to provide emotional support for people. One staff member spoke about providing emotional support. They said, "It can be a very personal thing, I keep the details between us but I give reassurance and comfort. If I think it is serious I would report concerns to the office, just to be safe".

Care plans prompted staff to treat people with dignity and respect. One person spoke how staff treated them with dignity when providing personal care. They said, "My curtains are never opened until we're all done". A relative said, "They always make a point of closing the bedroom door when they go in first thing to start getting him organised for the day. The door doesn't get opened again until he's washed, fully dressed and he is ready come and have his breakfast". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this culture was embedded throughout the service.

People had been involved in the development 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 personal information for their personal profile section of the care plan. One person said, "I think I've been fully involved in organising my care and I'm very happy with how it's delivered."

People were encouraged to be independent and have control of their lives. Care plans reminded staff of people's capabilities and what support they needed. People spoke with us about having control of their lives. One person said, "Yes, I decide when I get up and when I go to bed and as I have the carers coming in four times a day, it means I can decide on the day whether I want to eat a big meal at lunchtime and just have a snack at teatime, or I can change it round and have my main meal at tea time". A relative said, "Nobody tells my husband what to do, and in fact, he will just decide each day what time he's getting up and going to bed."

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.

Good

Is the service responsive?

Our findings

People were assessed to ensure their care 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, "Everyone has the right to be treated as an individual and that's what we do". Care plans were personalised and reflected how people wanted their care delivered. For example, one care plan detail how the person wanted their bath. This included different coloured flannels and towels for each stage of the procedure.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. 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. One person said, "I remember being told that if at any time during the year I feel my needs are changing, then I just need to phone up and arrange for another review".

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, "The only time I've spoken to a manager with a problem was about the timings of my husband's visit. Once I spoke to the manager, they assured me that they would do their best to improve the timings, and I have to say, over the last two or three months they have improved". Records confirmed complaints were dealt with compassionately, in line with the provider's policy.

The service also recorded compliments and we saw numerous accolades, praising and thanking the service and staff for their care.

People's opinions were sought and acted upon. The provider conducted regular quality assurance reviews and surveys. The results of surveys were analysed to look for patterns and trends to enable the manager to improve the service. We saw the results of the latest survey which showed people were happy with the service. The manager was in the process of creating and action plan, based on survey results, with the view to making improvements. The manager said, "Even if only one person raises an issue I must still take action to address that issue for them. A couple of people mentioned some questions in the survey were confusing so I am looking at improving that".

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

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 service was well-led by the manager who was applying to register with the Care Quality Commission.

People we spoke with knew the manager and felt the service was well run. Comments included; "We met a new lady called [manager] who came round last week who introduced herself as the new manager. She seems very nice and said that she would be seeing us from time to time and to contact her if we had any concerns at all" and "I met with a nice new lady called [manager] a short while ago, who I think is the new manager of the agency. Anyway, she gave me her telephone number and said that I should call her if I had anything I was worried about".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "She [manager] is fantastic, she really does her best to improve things", "[Manager] is approachable and she listens", "She [manager] knows her stuff and she gets things done. This is a well run service and there's been lots of improvements" and "[Manager] knows her job and she had made some big improvements here".

The service had 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. Both the director and the manager spoke openly and honestly about the service and the challenges they faced.

The manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following one audit identified where improvements could be made within the planning and delivery of staff training. We saw an action plan to implement these improvements. Another audit identified issues relating to the recording of administered medicines. These issues had been addressed. The manager was robustly supported by the director. This practice supported the drive for continuous improvement.

The service was operating a new, electronic care plan, monitoring and management system. This system allowed care plans to instantly be updated with relevant information about people's support needs and allowed the manager to allocate, monitor and manage support visits on an hourly basis. This allowed the service to be flexible with journey and visit times enabling people to alter their support visits to suit their own schedules and needs. Any updates to people's needs would be highlighted with prompts for staff who would record they had seen, and taken appropriate action. Unactioned prompts resulted in an alert being sent to the office. This ensured people received up to date support form well informed staff.

Staff told us learning was shared at staff meetings, supervisions and through an electronic messaging service. People's care was discussed and staff could make suggestions or raise issues. One staff member said, "We have staff meetings and we get updates through our phones. This keeps us informed and up to

date".

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 manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. The manager was also a member of the Oxfordshire Association of Care Providers.