Kent County Council

Kent Enablement at Home

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

This comprehensive inspection was carried out on 9 and 10 August 2018 and was announced.

Kent Enablement at Home is a domiciliary care agency which provides an enablement service to people in their own homes for a period of up to six weeks. The service offers support to encourage and enable people to live independently at home, often following a stay in hospital. The support is provided for a range of people including people with physical disabilities and dementia. Not everyone using Kent Enablement at Home receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene. Where they do we also take into account any wider social care provided. The service operates in the Tunbridge Wells, Tonbridge, Sevenoaks, Maidstone and Malling area. At the time of the inspection there were approximately 150 people using the service.

The service had 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.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

Suitable processes were in place to keep people safe from different types of abuse. When risks to people or the environment were identified, staff took action to minimise them. There were enough staff to meet people's needs and those staff were recruited safely. People were supported with their medicines in a safe way. People were protected by the prevention and control of infection. Lessons were learned when things went wrong.

Each person's needs were assessed before their service began. Staff had the skills, knowledge and experience to meet these needs. People were supported to lead healthier lives and had timely access to healthcare services. People were supported to drink and eat enough to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and compassion. People were supported to express their views and be actively involved in making decisions about their care and support. People were encouraged to be as

independent as they could be. People's dignity and privacy was respected. People's personal information was kept private.

People received person-centred care that was responsive to their needs. People knew how to complain and complaints were responded to in line with the service's policies and procedures. Staff knew how to identify people who might be coming to the end of their life.

Staff said the service was open, transparent and that they felt supported by their managers. There were audits in place which checked the quality of the service being provided. Staff were involved in developing the service. The registered manager had developed links with the local community.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Kent Enablement at Home

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 registered persons continued to meet 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.

The inspection took place on 9 and 10 August 2018. The inspection was announced and was carried out by two inspectors. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

Prior to the inspection, we reviewed information sent to us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we visited three people in their homes and spoke to them about their experiences of the service. We also spoke with nine people using the service, five care staff, a supervisor, an operational support officer and the registered manager. We looked at the care records of sixteen people using the service. We looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. One person told us, "I'm afraid of falling, so it makes me feel safer to walk about whilst carers are there watching out for me." Another said, "They come first thing to make sure I'm safe. I like to know someone is there for whatever I need."

Suitable processes were in place to keep people safe from different types of abuse. Staff received safeguarding training, and were required to demonstrate their capability and understanding to senior staff so their competency could be verified. The registered manager and other senior staff knew to inform the local authority safeguarding team and the Care Quality Commission if there were concerns. This meant professionals such as care managers could investigate if needed and when necessary put plans in place to keep people safe.

Risks to people and the environment were assessed and steps taken to reduce those risks that had been identified. The assessments took into account risks to the persons health as well as risks to staff when supporting someone. When risks were identified, guidance was provided to staff on how to keep people safe. When one person was identified as being at risk of falling as they had fallen in the past, a moving and handling assessment was carried out which advised staff to ensure the person had easy access to their walking frame. Care staff received training on how to identify risks, and made senior staff aware when people's needs changed.

There were enough staff to support all those using the service. New referrals into the service were discussed with referrers so senior staff had the chance to plan support effectively. Annual leave and sickness was covered by existing staff members. Staff told us they were given enough time to support people, and to travel between each visit. When new staff were needed, they were recruited safely, with the registered manager carrying out suitable employment checks. Staff told us they received a thorough induction when starting at the service, which included shadowing more experienced staff before being able to work alone.

People were supported with their medicines in a safe way. If people needed to be supported, senior staff carried out an assessment which was used to advise staff on what support was needed. This included how the person was to be supported to manage their own medicine, where the medicine was to be kept and who was responsible for ordering and disposing of the medicine. Staff had received medicine competency training which had been delivered by a pharmacist. Staff kept accurate records of the medicine they had supported the person with.

People were protected by the prevention and control of infection. We saw staff using personal protective equipment such as gloves and aprons when providing support. Staff received yearly infection control training, which covered areas such as hand hygiene and food hygiene best practice. This risk of cross infection was assessed when the service started.

Steps were taken to learn from accidents, incidents or near misses. Staff said they were confident to report concerns, and thought anything reported was investigated thoroughly. Senior staff made sure that learning

from incidents was shared with the wider team. For example, when a spot check identified issues with infection control practice from a staff member, the details were discussed in supervisions and team meetings, and training was organised for the whole service.

Good

Is the service effective?

Our findings

The service continued to be effective. One person told us, "I had an assessment in the hospital, and then someone came round the first day I was home to speak about my needs." Another said, "They've helped me to stay in my own home."

Each person had an assessment of their needs before they started to receive a service, taking into account the person's physical and emotional needs. The assessment also considered any additional needs that might be required to ensure that people's rights under the Equality Act 2010 were fully respected, including needs relating to people's religion and sexuality.

People were supported by staff who had the skills, knowledge and experience to deliver effective care. Newly recruited staff were supported to complete the Care Certificate as part of their induction. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. Each staff member had a personal development plan, which included supervisions and an ongoing appraisal process which was used to identify training needs and further development opportunities. Staff were trained so they could order small pieces of equipment in a timely way which would support a person's enablement.

People were supported to eat and drink enough to maintain a balanced diet. When needed, care plans included goals which were designed to encourage people to prepare their own food and drinks as part of their enablement. Staff received food hygiene training which helped ensure when they prepared food with people it was done so safely.

Staff worked together to ensure that people received consistent support when they were referred to or moved from the service. Staff attended daily teleconferences with teams who referred into the service, to discuss people who may benefit from support. This helped determine the appropriate level of support needed. When someone needed ongoing support after reaching their enablement potential steps were taken to make sure people received a continuous service with another care provider without disruption.

People were supported to have access to healthcare services in order to keep healthy. When staff noticed changes in people's health they were quick to support people to make referrals to health professionals like a GP or district nurse. Records showed staff also made referrals to other services, such as a local bathing service.

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 law 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 make 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 in order to receive care and treatment when this is in their best

interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA.

Good

Is the service caring?

Our findings

People continued to provide a service that was caring. One person told us, "We were all upset when I came out of hospital. My daughter and I had a cry when the carer was here, and she gave us both a hug." Another said, "They're a lovely lot."

We saw people being treated with kindness and compassion. Staff had time to speak to people about how they were feeling and ask them about the support they needed. They spoke to people with a positive attitude when talking about their goals, and we heard staff motivating people in an inspiring way. Staff knew about people's personal circumstances which helped calm and reassure people.

People were supported to express their views and be actively involved in making decisions about their care and support. Reviews took place one week after support started and shortly before it finished. Most people had family members and friends to support them at the reviews of their care. However, if they did not, the registered manager would refer to external lay advocates if they needed to. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People were encouraged to be as independent as they could be. We heard staff gently encouraging people to be confident about doing things for themselves. People's goals were tracked by staff to make sure they were meeting them, and staff took steps to reduce support when the goals were met so people did not become overly dependent on them.

People's dignity and privacy was respected. We saw staff closing curtains before starting to provide support. When one person did not want to be supported to have a shower as normal, the staff member said, "Are you sure? What about a bit of a freshen up?" Staff made sure they let people choose what clothes they wore if they were assisting them with dressing.

People's personal information was kept private. Computers and mobile phones were password protected, and important information like numbers needed to access a person's key safe required an additional PIN number. Staff were mindful not to divulge information about a person without their consent.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. One person told us, "I can't fault them. I had a fall on the first night home from hospital and the next day [staff member] rearranged my furniture to help make sure I don't fall again." Another said, "They all seem to know I like my cereal swimming in milk, and my tea strong!"

People received support which was based around their needs, preferences and choices. Each person had their own care plan which included the goals for the person to work towards and guidance for staff to help the person achieve the goals. Goals included building confidence with dressing, or preparing a meal and were agreed with the person when the service started. People we spoke with said they were motivated to meet the goals, and staff supported them in a manner which was led by them. When one person was concerned that they would not be able to meet their goal of emptying their commode independently, we saw staff suggesting other techniques and equipment to assist them.

Staff sought accessible ways to communicate with the people they supported. The service was meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Staff said people with a sensory loss were offered a choice of how they wanted to communicate with staff, such as with picture boards or writing pads. Information such as care plans could be presented in large print. Staff had access to a translation service which would arrange for documents to be translated into the person's preferred language.

There was a complaints procedure in place. People we spoke with said they knew how to make a complaint, and would feel confident to do so if they needed to. Records showed the registered manager had responded to all complaints in line with the policy.

Staff supported people if they were identified as coming to the end of their life. The registered manager told us that although the enablement service was not necessarily appropriate for a person coming to the end of their life, staff received training and support from the local hospice. This meant they were able to offer support before the person was referred to a more appropriate service such as the palliative care team.

Good

Is the service well-led?

Our findings

The service continued to be well-led. People and staff told us they thought the service was well managed. One person said, "They know what they're doing. It seems well organised." A staff member said, "We work really well together as a team, everyone is supportive of each other."

There was 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.

Staff told us they thought the culture at the service was open, transparent and inspiring. One staff member who had recently been promoted to a supervisor said, "I feel confident in my job. The managers and other supervisors have really supported me. If I don't know something I'm encouraged to ask questions." Records showed senior staff had informed us about events which occurred in the service. Quality ratings we gave at our last inspection were displayed on their website, which meant members of the public knew how well the service was meeting people's needs.

The registered manager used a number of audits to monitor the quality of the service. This included observing staff practice in people's homes, reviewing the accuracy of record keeping and seeking the views of people's experiences of support staff provided once it had finished. Where action was needed it was taken, and learning from the quality monitoring was fed back to staff in team meetings. Staff told us they had the opportunity to raise concerns or suggestions in these meetings, and records showed suggestions were explored by senior staff.

The service also had a local reporting system in place which identified shortfalls in care provision, such as with punctuality of care staff or where a person was seeing too many different care staff. When issues were identified they were being followed up by the registered manager and other office staff so people received support when they wanted it, and from staff who knew them.

Staff told us they were aware of the whistleblowing policy. They said they were confident that they could speak to the registered manager if they had concerns that people were not being treated well. They said their concerns would be taken seriously and thought the registered manager would investigate any concerns in a transparent and timely manner.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with the fire brigade service to make sure people's properties were safe, occupational therapists and voluntary services in the wider community.