

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 inspection took place on the 27 November 2017 and was announced.

Kent Enablement at Home (KEaH) is part of the Social Care, Health and Wellbeing Directorate of Kent County Council. It is the in-house provider for support at home for older people and adults with a physical disability. The service has been designed for people who need support to regain their independence after a medical or social crisis. The service provides time limited support to people in their own home, for a period of three weeks initially. The service supports people who have been discharged from hospital, or those referred from the community. Support provided includes help with day to day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. At the time of our inspection there were 65 people receiving the regulated activity of personal care from the service, living in the areas of Dartford, Gravesend and Swanley. People were funded through Kent County Council Social Services.

At the last inspection in November 2015, the service was rated Good in all domains and at this inspection we found the service remained Good.

There continued to be a registered manager employed at the service. 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 registered manager was also the operations manager of the service and covered the five registered locations, providing a similar service in other areas of Kent.

People continued to receive care from staff that were caring, kind and compassionate. People we spoke with told us they were positive about the support they received from the service.

People told us they felt safe. Staff continued to receive training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any concerns raised would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they were able to request their visits at agreed times. People we spoke with told us they had never experienced a missed care visit.

People continued to receive care from staff who had the right knowledge and skills to meet their needs. People and their relatives spoke very highly of staff and comments included, "Nothing is too much trouble", "There is nothing to complain about", "They are kind and caring", "Staff are nice and helpful" and "Always willing to do what they can."

People's needs were assessed and their care was planned to maintain their safety, health and wellbeing.

Risks were assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff treated people with dignity and respect.

We spoke with people who used the service and they told us the support workers always asked for their consent prior to completing care tasks. Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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

Staff told us there was good communication with the management of the service. Staff said management were "Fantastic" and "Very supportive."

Procedures for reporting safeguarding concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The provider had processes in place to monitor the delivery of the service. People's views were obtained through surveys, one-to-one meetings, meetings with people's families and social workers.

Staff continued to have good levels of support and supervision to enable them to carry out their roles.

Staff continued to be recruited safely through a robust recruitment and selection process in place. This enabled the provider to select staff that were suitable to work with people. Staff received an induction which included mandatory training and shadowing experienced staff.

The registered provider had a system in place to ensure people received their medicines as prescribed. Staff continued to receive training to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The provider had a robust process in place to enable them to respond to people and their concerns, investigate them and had taken action to address their concerns.

Staff were knowledgeable about people's needs and told us they left drinks and snacks for people where required.

Staff respected people's cultural needs and took these into consideration when planning people's care. Staff took practical steps to meet people's cultural needs.

Staff told us that they seek the guidance from healthcare professionals as required. They told us they would speak with people's families and inform the management team if they had any concerns about people's health.

Staff continued to have access to an 'out of hours' support that they could contact during evenings and weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue.

The management team and staff were committed to the values and vision of the organisation and they took these into account when delivering care and support.

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 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 27 November 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The registered manager was on leave on the day of the inspection.

The inspection team consisted of two inspectors and one expert by experience. The expert by experience spoke with people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. The provider completed a Provider Information Return (PIR). The PIR 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 used all this information to plan our inspection.

We visited three people in their homes. We spoke with seven people over the telephone about their experience of the service and four relatives. We spoke with the registered manager over the phone and spoke with seven staff including two locality organisers, one enablement supervisor and four enablement support workers to gain their views about the service. We spoke with one senior occupational therapist practitioner and received feedback from six other health and social care professionals.

We reviewed four staff files, medication records, staff rotas, missed call logs, policies and procedures, compliments and complaints, incident and accident monitoring systems, meeting minutes, training records and surveys undertaken by the service. We looked at seven people's care records, these included care plans, risk assessments and daily notes. We asked the provider to send us more information about audits. The provider sent the information to CQC in a timely manner.

Is the service safe?

Our findings

People and their relatives told us they and their family members felt safe. People said, "I feel absolutely safe", "I got asked if I wanted a male or female carer and I said I would prefer a woman. They had a man for one visit and I agreed to this. He was really good. This was just the once. They are just so good. I feel absolutely safe." Another person said, "Overall the service is tremendous. It has given me the confidence to do that little bit more." Relatives said, "I know my relative is safe with the staff" and "I have full confidence in the staff."

The registered manager continued to understand how to protect people by reporting concerns they had to the local authority and protecting people from avoidable harm, abuse and discrimination. Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they have confidence that management would take necessary actions. There was a whistle-blowing policy in place and staff told us they knew how to raise any concerns confidentially with management and felt it would be actioned.

Where there were safeguarding alerts or concerns raised, management followed these up with the relevant teams and people concerned were kept updated as required. The Provider shared learning outcomes with the team in meetings and supervisions. The registered manager also reviewed their way of working and systems in place in light of safeguarding outcomes. For example, where there was a safeguarding concern for a person at risk of developing pressure ulcers, the manager introduced a spreadsheet to monitor the progress of referrals and contacts with community health professionals. Staff also recorded their observations following the daily visits and this ensured important information was recorded and available for the next staff attending.

We reviewed records of the missed call logs for the last 12 months. There were three missed calls. Managers ensured these were reviewed and appropriate actions were subsequently taken. For example, managers contacted people affected or their families to apologise and also arranged staff to attend to people as soon as possible. The missed calls were discussed with the team in the weekly meetings to prevent any further re-occurrence.

Staff continued to be recruited safely following robust recruitment processes. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people. We looked at recruitment files for two recently recruited staff and saw the provider's procedures had been followed.

Staff continued to support people in the right numbers to be able to deliver care safely. People had been assessed for the numbers of staff they would need. Assessments were carried out to identify any risks to the

person using the service and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks before they went into people's home for the first time.

Risks to people were identified, continuously reviewed and proactively managed to maximise people's independence. For example, when a person experienced difficulties moving around in their home following their discharge from hospital, staff worked with the occupational therapist's team to get the person the right equipment to help them mobilise safely and maintain their independence.

People continued to receive their medicines when they needed them and staff continued to follow the provider's medicines policies. People were encouraged to develop their independence around medicines. One person told us, "The staff encourage me to take my own medicines. They stand there while I take them and I am happy with this." Within the relevant care records we saw that Medicine Administration Records (MARs) had been completed and information about people's individual medicines were recorded. Staff confirmed they had received training and competency checks in relation to the management of medicines. These were carried out by staff called locality organisers. They were part of the management team and supported the registered manager.

Accidents and incidents reported continued to be reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. Staff were aware of the reporting process for any accidents or incidents that occurred. Accidents and incidents recorded in the last 12 months had all been fully recorded and investigated with actions taken to reduce the risk recorded. For example, accident and incidents were discussed and shared with the team in the weekly team meetings with the aim to keep all staff informed and reduce the likelihood of any re-occurrence.

The registered manager shared practical advice in the weekly team meetings on people's progress and how best to support people. This ensured staff followed a consistent approach throughout the term of the care package. This in turn helped the service sustain its main objective by helping people regain their independence and confidence.

Staff told us they had good support out of hours and during office hours if they were concerned or an emergency occurred. Comments we received from staff included; "There is always someone you can contact" and "I have always been able to get hold of someone for advice; there are good systems in place." People told us they had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Staff had good understanding of the care they should be providing to people and followed care plans. Staff had access to people's care plans on their smart phones and were able to check for updates and changes. The care plans and goals were reviewed and updated in the weekly team meetings. The care people received continued to be fully recorded by staff. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's current needs. Records for people who were no longer with the service were kept securely in the office and were accessible to senior staff only.

There was an up to date emergency procedure in place. This included details of how staff should manage different kinds of foreseeable events. For example, during periods of extreme weather conditions, someone is taken ill or in case there are flooding, fire or gas leaks in people's home. This meant that the service could focus its resources into getting staff to the people most in need and people's care was not disrupted.

People said staff were always well dressed, clean and presentable. Staff received food hygiene and infection

control training. Staff told us they always had access to personal protective equipment [PPE] when appropriate, such as disposable gloves and aprons. Infection control was an agenda item on the staff meeting minutes.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "Nothing is too much trouble", "Very competent and caring", "I can't complain about any of them", "All the staff are very nice" and "The service has made me more independent. I had personal care when I first came out of hospital and 3 calls a day, now I have only one call for a meal". Relatives told us, "We have no concerns or complaints. We were reluctant to have any carers in, but now we have it is such a relief and we cannot fault it" and "I would recommend it as they are so reliable. They will do more for you". An external professional told us, "KEaH is very effective. I have no concerns with the service and have worked closely with them."

At the previous inspection we had found the service supported staff to access training and update their skills. At this inspection staff told us they continued to have access to training to give them the necessary skills and knowledge to provide people's care. They also said they were given opportunities to gain qualifications relevant to their roles. People told us, "The carers are skilled; they have the right sort of personalities. They put you at ease and make you feel comfortable."

Training records showed that staff had completed training courses relevant to their role to effectively support the person they looked after. These included moving and handling, fire safety, safeguarding people, medicine administration, dementia awareness, infection control and food hygiene.

New staff said they received good support during their induction. They said they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, including any cultural and religious preferences. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services.

Staff supported some people at mealtimes to have food and drinks of their choice. People said when staff prepared food this was beautifully presented, meals were served hot, and any support they needed with eating and drinking was according to their personal needs and preferences. Staff told us of the importance of good nutrition and hydration for people they supported. People with specific health needs in respect of their eating and drinking were protected from risks. For example, morning visits for people with diabetes were prioritised. Staff described how they encouraged people to eat and drink when they carried out their visits and said they made sure people had access to drinks and snacks in-between their visits.

Most people who used the service made their own healthcare appointments and their health needs were coordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed. People told us about occasions when care visits had to be rearranged so they could attend health appointments. When people needed referring to other health care professionals such as GP's or district nurses, staff ensured they passed the information onto relatives or managers so that this was organised to protect people's health and wellbeing. For

example, staff told us when they were concerned about a person's sudden inability to weight bear; they contacted the person's GP who advised to call for an ambulance. The person was hospitalised for further tests and treatment.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service was working within the principles of the MCA 2005. The management team had a good understanding of the MCA 2005 and staff had an understanding of how these principles applied to their role and the care they provided. Staff showed a good understanding of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected.

Staff we spoke with were aware of how to respect people's choices and the need to ask for consent prior to carrying out any care tasks. One person told us, "The carers read the care plan and seem to be very careful with what they are doing. They check with me that the book is right and it is what I want. If they have not been here before they take time to get to know me and check what they are doing for me" and another person said, "I do not like my back being touched as it gives me pain. The staff always take this into consideration and follow my directions. The staff ask me if I would like my hands and face washed or a full body wash. And if I would like it to be in my bedroom or the bathroom."

People's cultural preferences were respected. For example, staff told us that some people did not like staff to come in their home with their shoes due to their cultural preferences. As staff were not able to take their shoes off for health and safety reasons, they would bring a clean pair of shoes with them and change these when in people's home.

People who used the service had the necessary equipment they needed to help them maintain their independence by doing as much as they could for themselves. For example, people we spoke with had access to appropriate toilet frames, raised toilet seats, stair lift, bed lever and a three wheeled walking frame.

Staff told us they continued to be well supported by the management team. Staff confirmed they received supervision where they could discuss any issues on a one to one basis and annual appraisals were carried out to review progress and training needs. Staff said they found these useful and helped in their development.

Is the service caring?

Our findings

People, their relatives and other professionals told us that staff were kind, compassionate, friendly and had a caring approach. People said, "They are like family", "I have a mixture of different carers who treat me like a real person, they have the caring gift", "It is so lovely when I hear the carer calling out my name. It brightens my day. I would recommend the service as it has been so brilliant. The staff are really caring" and "We have had a number of staff and they have all been caring and of the same standard." An external professional commented, "They will always try to put the client and their needs first if they can and respond in emergencies if they are able too."

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff we spoke with knew about people's care needs and were able to explain people's preferences and daily routines. One staff member we spoke with said, "Although it is a short term service that we provide, we try our best to be person centred. Staff will go above and beyond because we want the best for the person." Another member of staff told us, "The care is person centred. We follow people's directions and do what they want."

Staff spoke positively about working at the service. Staff told us, "I feel proud to work for the organisation" and "I enjoy working here. Other staff's and my length of service speak for itself."

We spoke with staff who were passionate about providing a caring service and meeting people's needs. The staff understood how important it was to ensure they respected people's privacy and dignity. One staff said, "The best part of my job is to meet people. I enjoy building up a relationship with people. It is very satisfying to see them move on and knowing you have made a difference in people's lives." Another staff said, "I always respect the person, their family and their home. I try to be friendly so they feel comfortable when I am supporting them with personal care. I explain what I am doing and always check if it's ok."

Staff told us they had sufficient time to listen to people and spend time with them. One person told us, "They are here for me. They have time for me and are willing to do whatever I like."

We visited some people who used the service and they were all very satisfied with the care and support they received. They told us the care they received was brilliant and very respectful. People said, "They respect my privacy, they are very nice", "They are sensitive and they take their time with me" and "They respect my privacy and dignity and they don't make me feel uncomfortable." One relative said, "The staff always ask if my relative wants the bathroom door closed."

People were consulted and involved in decisions about their care. People's care plan were reviewed and updated regularly by staff. Any changes were communicated with the team and other professionals on a regular basis, for example, in the weekly team meetings. People and their relatives told us that the provider encouraged their involvement in decision making and provided information to do this, for example, service user guides, surveys, contact details to report concerns or make a complaint and how to recognise signs of abuse.

People said they felt staff did their best to encourage them to be as independent as possible. People told us, "Staff have given me the confidence to do that little bit more" and "They are very conscious of what I can and can't do. For example, they don't put anything on the top of the fridge as I can't reach it and they left the butter out so it is not too hard for me to spread." Another person said, "I try to do as much as I can myself and the staff do too. They help me and are there for me when I need it" and "The service has made me more independent."

Staff respected confidentiality. All confidential information and records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care and support. They said they had been involved in planning their care so the support provided could meet their needs. They told us they were not worried about anything and could talk to staff if they had any concerns. Comments from people and their relatives included, "I talked to them about what I needed", "They talk to my relative and make sure he is involved in my care" and "The supervisor came, saw what we really needed and we went through it together. She came back and we discussed how it was going. We both felt involved in the care."

We spoke with the locality organisers who informed us that one of the management team visited people in their homes and completed an initial assessment of people's needs prior to care and support commencing. This was to ensure the registered provider would be able to meet people's needs. This information was then used to develop the care plan and set goals. Each goal had been divided into steps to be undertaken to achieve the goal.

The care plans were person centred and responded to people's current needs. The care plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. We also saw a schedule of the call times along with tasks that were to be undertaken on each visit.

Staff said they had access to people's care plans on their smart phones and found these useful. They gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service.

There continued to be a system in place for people to raise concerns if they were unhappy about the service they received. People we spoke with felt at ease to raise concerns with care workers or any member of the management team. People felt that any issue raised would be resolved quickly and efficiently. People we spoke with said, "I haven't made a complaint but I am sure it would be alright if I need to, the supervisor is very approachable" and "I would ring if I needed to, I have had no need to make a complaint." An external professional commented, "The service hasn't had any complaints from our clients. They want to go back to the service."

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. We looked at complaints records for the past 12 months and we saw that there was a robust process in place to respond to concerns or complaints made by people who used the service, their representatives or by staff. For example, one relative was not happy that their mum was discharged from hospital with only one call from KEaH. This was discussed with the team and as a result the person's assessment was reviewed and the calls were increased to two calls per day and the service was extended by one more week with a morning and evening call to allow the person sufficient time to recover. The person and their relative were happy with the resolution.

Compliments were also recorded and we saw a number of these had been received from people who used the service or their relatives. Comments included: "Staff are amazing" and "Thank you for all your support at this difficult time." The service also recognised staff achievements in complementing staff by reading and sharing compliments received in the weekly team meetings.

Is the service well-led?

Our findings

People and their relatives spoke positively of the staff and management team. People told us, "The service is well managed, I just can't fault them" and "It is well organised." A relative said, "I have rung the office and talked to them. They are helpful."

The registered manager was also the operations manager. They managed the five location offices of the service, and the two locality organisers were in day to day control of the Gravesend location office. The management team included the provider, the registered manager, two locality organisers and seven enablement supervisors. The registered manager was familiar with their responsibilities and conditions of registration. The provider and registered manager kept CQC informed of formal notifications and other changes. The management team at the service provided a good balance of skills, experience and knowledge.

Staff said they felt well supported by the management team. Staff told us they felt listened to and described the management team as approachable. One staff told us, "All the managers are approachable and provide good leadership."

The management team met weekly and the meeting included the senior occupational therapist practitioner. They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people. The registered manager and locality organisers provided leadership in overseeing the service and provided support and guidance where needed.

Staff we spoke with told us that the management team in the service expected staff to do a good job. They told us they felt well supported by the managers in the organisation. All the staff we spoke with told us how much they enjoyed their job. One staff member told us, "I love my job and the people I work with. I am proud to work for the organisation."

The provider had clear values which were promoted by the management team to all staff. The culture of the service was open and inclusive. Staff we spoke with consistently demonstrated the provider's values to help people regain their confidence and continue to live independently or with little support. Staff told us they felt part of the team and were able to contribute to meetings and share ideas for the benefit of the people using the service. One staff said, "I can speak to my manager and we can discuss what is working well and what is not."

Feedback from staff, people and relatives had been sought via surveys, meetings and telephone calls. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. The registered manager told us they also send out surveys monthly to 20% of people who left the service in the previous month. The results were positive. A copy of this was also included in the Service User Guide that is given to all new people using the service. The survey included a section on 'Greener' tips with advice for people on how to save water, save energy and reduce waste.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked.

The registered provider continued to monitor the quality of service provision. We saw that spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They checked that staff were dressed appropriately, wearing personal protective equipment such as gloves and aprons. The checks also included looking at people's care records to ensure these were fully completed and meeting people's current needs. It was also an opportunity for a member of the management team to talk with people who used the service and gather their feedback.

The provider worked closely with social workers, referral officers, occupational therapists and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. The registered manager were aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. Staff told us policies and procedures were available for them to read and they were expected to read these as part of their training programme.