

Enable Support Services Ltd

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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 was unannounced and took place on 30 March 2016 and 10 April 2016.

The agency provides a service to people in their own home that includes personal care and social support and prompting with daily activities.

There is 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 registered manager was supported by the head of care services who shared the responsibility for the running of the service. The registered manager and head of care services had specialised knowledge and qualifications to support people with mental health needs and learning disabilities. The care and support the service offered enabled people to manage their lives and remain independent in the community. The service carried out work commissioned by the local authority and this included supporting older people.

People said they were supported by kind and caring staff. One person said "They are always so kind. I call them my family. I think a lot of them. There are some I would like to see more of. I get on really well with (regular care staff.) Another person said they were very satisfied with the service which they had received for several years. They said the service helped them to do what they wanted to and staff were kind and always showed her respect.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered.

People received support up to four times a day seven days a week. Others requested a single regular daily visit care or assistance once or twice a week. The agency aimed to accommodate people's wishes. Personal care was supplemented by support with cleaning and shopping which is not inspected by us but formed an essential part of the person's support "package."

People told us they felt safe with the staff who supported them. One person said "They have never let me down." All staff understood their role in maintaining a safe environment for people and the importance of being alert to any possible abuse or if people were at risk of neglecting themselves.

People said they received care from regular staff who had time to care for them. This was because there were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate changes to appointments as requested by the person who used the service or their relatives.

People received support with medicines according to their needs. People were prompted to take medicines and staff understood how important this was.

Some people received help from the agency to maintain their nutritional needs. When their care commenced the arrangements to provide them with a diet that met their needs and wishes was assessed. This meant some people received meals from a family carer whilst others were independent following assistance with shopping. Some people had a regular lunch visit to provide them with a hot meal, some company and a daily check on their well-being.

People received support from staff who had received regular training. Staff were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There was always a senior member of staff on duty or on call to give support to people and staff. Both staff and people who received a service commented on the availability of the head of care services and supervisors who visited them regularly to ensure support was being delivered in a skilled way.

The registered manager and head of care services had a clear vision for the service they wanted to supply to people. They kept their skills and knowledge up to date by on-going training and reading. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service. They were pro-active in developing the service and had sought professional support to assist their plans.

There were systems in place to develop and monitor the quality of the service. Staff regularly spoke with people to ensure they were happy with the service they received. There was evidence people were positive about the service. They commented on staff reliability and kindness.

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. People told us they felt safe with the staff who supported them in their homes.

People were supported by enough staff to meet their needs safely.

The recruitment procedures ensured all staff were checked before they began work to minimise the risks of abuse to people.

People received medicines according to their needs. People were prompted take their medicines and staff understood how important this was.

Is the service effective?

Good ●

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

Staff ensured people consented to the care they received on each occasion.

People's health needs were monitored. Action was taken when required to ensure their health needs were met.

Staff liaised with health care professionals and followed their guidance when appropriate to promote people's well-being.

Is the service caring?

Good ●

The service was caring. People told us staff were polite and kind.

Staff respected people's privacy and promoted their independence and dignity.

People were fully involved in decisions about their care and support. There were regular reviews which enabled people and their relatives to express their views.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care which reflected their wishes and needs. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their choices.

People knew how to make a complaint and were confident that action would be taken.

Is the service well-led?

The service was well led.

The manager who was registered with the Care Quality Commission and the head of care services worked together to manage and develop a good service.

People received care in accordance with up to date guidance and legislation because the registered manager and head of care services kept their skills and knowledge up to date.

There were systems in place to monitor the quality of the service and any shortfalls identified were promptly addressed.

Good ●

Enable Support Services

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. We looked at information we had received about the service.

This is the first inspection of this established service at this location. This inspection took place on 30 March and 4 April 2015 and was carried out by one adult social care inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the manager was available in the office. We also arranged to meet staff and to visit people who received a service in their own homes.

During the inspection we met two people receiving care at home. We spoke with a further two people and two relatives on the telephone. We spent time at the office and met with the manager, head of care services and two members of care staff. We viewed records relating to individual care and the running of the service. Records seen included five care plans, three staff personal files, records of staff training and quality monitoring records. We contacted two health and social care professionals.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said "They have never let me down."

The service supported people in many ways to keep them safe. All staff understood their role in maintaining a safe environment for people and the importance of being alert to any possible abuse or if people were at risk of neglecting themselves.

The manager and head of care services talked to us about the sometimes complex task of keeping people safe. People sometimes did not understand the support they needed because they had mental health needs or learning disabilities. Staff needed to be skilled and understanding to help them. Staff knew people well and understood what action they needed to take and when to contact the office for further support.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People received support visits in line with their needs and wishes because sufficient staff were employed. The agency made additional staff available so they were able to cover staff sickness and respond to emergency situations. There was always a senior member of staff on-call who could provide back up to care staff in an emergency. Some people received two staff to support them up to four times per day. There were arrangements in place to ensure "double ups" worked effectively.

Some people specified they wanted a very small team of care staff and this was usually achieved. Whenever possible staff provided support to a regular group of people. Sometimes changes had to be made and the systems of care planning and office support were intended to ensure staff could provide support to all people safely.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. We spoke with one member of staff who visited new clients. At the first visit they got to know people and checked the service provided and the home environment. Additional equipment or further support was then requested from the office if necessary.

One person needed support with their nutrition and their care plan contained a risk assessment and

detailed guidance to staff. Risk assessments related to accompanying people into the community when this support was required. The assessments were personalised to each person and gave staff clear guidance about keeping people safe whilst enjoying a range of activities. Risk assessments in people's homes reflected their needs such as support with loss of vision and living with dementia.

The service had implemented a system to provide additional support to people who were most vulnerable known as critical texting. Staff communicated with the on-call supervisor to confirm the person had received support and was safe and well.

People received medicines according to their needs. People often needed prompting to take their medication. For some people it was particularly important staff took action if medicines were not taken and this was noted in their care plans. There was a detailed medication policy in place and staff received annual training. Staff were assessed as part of their induction to ensure they were competent to prompt people with their medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. The manager said the induction varied according to the experience of the new member of staff. New staff always worked through the staff handbook, familiarised themselves with people's files and shadowed a supervisor until they felt able to work alone. One new member of staff told us their induction had been in depth and had been very helpful. They said they had learnt a lot and had benefitted from being able to shadow experienced staff.

Staff received training through a variety of methods. Staff were given time to follow on-line training. Manual handling and basic life support were delivered by a training company in the agency office.

The manager and head of care services told us that coaching staff and discussing with them the best way to support people was very important. Supervisors also aimed to be role models of good practice and to support staff with any concerns about individual people. For example staff needed to understand why some people became anxious and the way in which they should be supported. Inappropriate support however well-meaning could escalate the person's distress. A new member of staff had been appointed to further develop bespoke in-house training to further develop staff skills in specialist areas.

There was always a senior member of staff on duty or on call to give support to staff and people receiving a service. Staff and people receiving a service commented on the availability of the head of care services and supervisors who visited them regularly to ensure support was being delivered in a skilled way.

Some people received help from the agency to maintain their nutritional needs. When their care commenced the arrangements to provide them with a diet that met their needs and wishes was assessed. This meant some people received meals from a family carer whilst others were independent following assistance with shopping. Some people had a regular lunch visit to provide them with a hot meal, some company and a daily check on their well-being.

Occasionally people needed their food intake closely monitored. For example in one care plan for a person who had found it difficult to maintain their weight we saw very clear guidance about how a person's meals were to be presented to encourage them to eat. Care plans instructed staff before they left their visit to ensure people were comfortable and had access to food and drink. Another plan gave details of a person's need for a specialised diet and the care to be taken to minimise the risk of choking. Staff helped a person with diabetes to shop appropriately and prepare their food.

Most people who received a service were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people

who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. There was evidence in one person's care plan that this process had been followed correctly.

When appropriate the service arranged for people to see health care professionals according to their individual needs. Care plans showed people were supported by their doctors, community nurses and specialist nurses. Daily records showed staff took action if they were concerned about people. Healthcare professionals who provided feedback said the staff contacted them to discuss issues with individual's healthcare and acted on any advice given. One professional said the service could be relied on to deliver specialist support to people.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said "They are always so kind. I call them my family. I think a lot of them. There are some I would like to see more of. I get on really well with (regular care staff.) Another person said they were very satisfied with the service which they had received for several years. They said the service helped them to do what they wanted to and staff were kind and always showed her respect.

Staff talked to us about the importance they placed on maintaining and promoting people's independence. Staff talked to us about the ways in which they maintained people's privacy in their own homes. Staff established how much assistance people required in order to respect their privacy and promote their independence. People specified if they wanted to be supported by male or female staff and rotas confirmed their request was respected.

The service worked well with people's relatives to support people. One relative we spoke to said "The staff are a nice group. They understand what X needs. They will ask me and check what they are doing is suitable."

The service supported people to make choices about how they spent their time. As a result of the support of the service some people had been able to increase the activities and pursuits they were able to follow. One person told us about their enjoyment of art and book club. Another person liked to go out to lunch or visit places of interest. People told us they valued the contact with care staff and enjoyed conversations with them.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Senior staff visited people regularly. One person says "Someone is always popping out to see how things are going. They make sure I am happy and things are running well. We discuss how things are done but I can easily get in touch at any time."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. They or their relatives were able to commission the services required or were supported by the local authority.

People were able to choose how much support they required and when it was delivered. People received support up to four times a day seven days a week. Others requested a single regular daily visit care or assistance once or twice a week. The agency aimed to accommodate people's wishes. Some people required prompting with personal care and social and practical support. Personal care was supplemented by support with cleaning and shopping which is not inspected by us but was an important part of the service if people were to be able to live independently in the community.

Each person had their needs assessed before they received the service. People were always visited by the manager or senior staff. This was to make sure the service could meet the person's needs and expectations. The manager said they explained the range of support they were able to offer. Following the initial visit care plans were developed outlining how these needs were to be met. One person we visited said they had been having care for some time. Their needs had varied and as their health had improved care staff supported them to access activities and clubs in the community. Another person said they received a "very good service and had never been let down."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. This was particularly important when people had taken time to accept support with personal care. Some people needed unobtrusive support whilst following their interests in the community. Care plans reflected the wide range of support people were receiving.

Some plans were very detailed and comprehensive; others were briefer if the care to be delivered was straightforward. The records confirmed the person received support from a regular team of care staff who were working with the person to ensure they had variation in their day and were able to access their appointments.

The staff responded to changes in people's needs and most documents were promptly up-dated. The registered manager was aware that people's needs could change quite quickly and staff confirmed they knew they had to take action and keep the office and people's relatives informed when necessary. Records showed when people had been reviewed and the number of staff supporting them at each visit had been increased.

The service communicated with friends and family to support people. Some people lived with their family or they were close and involved with their care. The service worked closely with families whenever possible. One relative said "They are absolutely 100%. They have never let us down." They told us about the flexible approach staff took to assisting them. They said X came to visit them regularly to ensure they were satisfied with the service. Some people received support so their family carer could go out alone.

People confirmed they were visited regularly by senior staff who sought their feedback and took action to address any issues raised. They said it was easy to contact the office and staff responded promptly and politely to them. One person said "We have the main phone number, the emergency number and we can send an email."

Each person received a copy of the complaints policy when they began receiving support. Relatives told us they were able to raise any concerns with the registered manager or head of care services and knew they would be listened to and action would be taken.

Is the service well-led?

Our findings

The registered manager and head of care services had clear vision for the service they wanted to supply to people. They kept their skills and knowledge up to date by on-going training and reading. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service. They were pro-active in developing the service and had sort professional support to assist their plans.

There were plans to change the management structure of the service. The registered manager was planning to relinquish the role which would be taken on by the head of care services. The manager would continue as a director of the service and carry out specific duties. There were two supervisors in post and a new trainer/safeguarding lead had recently joined the service.

Staff received regular support and advice from the registered manager and head of care services via phone calls and face to face meetings. Staff said management were always available if they needed to discuss anything or had any concerns. They told us, "I know if I have any problems I can phone the office. There is always support." Staff and people using the service told us they had the office phone number but also had a mobile phone number for managers. They said they were "always available." Staff said the management were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had been developed to include observed practice. Staff had previously received annual appraisals and paperwork for this was being further developed. The manager said it was important to provide staff with regular contracts and to ensure they were paid for their travel time. Thought and effort when constructing the rotas enabled staff to work effectively. The manager and head of care services would also cover shifts to support staff and "keep the service running smoothly." Staff were also given time to undertake training.

There were systems in place to develop and monitor the quality of the service. Staff regularly spoke with people to ensure they were happy with the service they received. Senior staff undertook a combination of announced reviews and unannounced spot checks to review the quality of the service provided. People were positive about the service. They commented on staff reliability and kindness.

The registered manager was also the provider and had a clear vision for the service they wanted to supply to people. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service.

staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff received regular support and advice from their manager via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. They told us, "I know if I have any

problems I have that support, that back up." They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had recently been reviewed to simplify the records and therefore was not available in all the staff records we viewed. We saw copies of the new documentation in two of the staff records we looked at who had received supervision more recently. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The registered manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. All accidents and incidents which occurred in the home were recorded and analysed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.