

Enablement Care Services Ltd

Enablement Care Supported Living Services

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

Enablement Care Supported Living Services provides supports to people with mental health needs and learning disabilities. The service provides support to people living in shared houses in Harrow and Hertfordshire.

When we inspected the service was providing support to up to 12 people living in three shared houses. People had their own bedrooms and shared other facilities including kitchens and living and dining areas. Each house has an office/sleep in room for staff.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they were treated with respect and their support was personalised. They told us staff understood and supported their individual needs and preferences. Staff demonstrated understanding of people's needs. We observed positive interactions between people and staff.

Systems were in place to protect people from harm or abuse. The service's safeguarding policies and procedures were supported by training for staff. People had personalised risk assessments to ensure they remained safe whilst maintaining their independence.

Appropriate infection control procedures were in place. Staff had received training in infection prevention and control and wore masks and other personal protection equipment in a suitable way. Regular COVID-19 testing was provided to people and staff.

Where people required support with their medicines this was provided by staff who had received appropriate training and whose competency in administering medicines had been assessed. People's medicines were safely stored, recorded correctly and monitored.

The provider ensured that there were enough suitably skilled staff to provide people with the support they needed. Appropriate recruitment processes helped ensure suitable staff were employed to provide support to people using the service. People spoke positively about the support they received from staff.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

People with learning disabilities lived in a small, domestic setting and received support from staff who understood their needs and preferences. People's privacy and dignity was maintained. People were offered choices about what they wished to do. They were provided with support to participate in their preferred activities and maintain relationships with family and friends. The ethos and values of the service supported this approach.

The provider's quality assurance systems monitored the service provided to people. These included obtaining feedback from people about their satisfaction with the service they received. Improvements to the service were promptly made when needed.

Staff spoke positively about the management of the service and told us they received the training and support they required.

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

Rating at last inspection

This service was registered with us on 28/03/2019 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Enablement Care Supported Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since they were registered with the CQC. We sought feedback from a commissioning local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care and support provided. We spoke with eight members of staff including the registered manager, the director, the human resources and operations manager, two care co-ordinators and three support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two family members, two health professionals and two further support workers.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policies and procedures that outlined their responsibilities in ensuring people were supported safely.
- Staff had received training in safeguarding adults. They understood the different types of abuse and their responsibilities in ensuring people were safe from the risk of harm.
- The service kept a log of safeguarding concerns. These had been appropriately reported and managed in partnership with the relevant local authority safeguarding team.

Assessing risk, safety monitoring and management

- People had detailed and up-to-date risk assessments. These included information about risks associated with, for example, behaviours, self and personal care, medicines and community activities. These were reviewed on a monthly basis and updated where there were any changes.
- People's risk assessments included guidance for staff on how to manage identified risks. External specialist professionals, such as mental health and drug and alcohol teams had been involved, where appropriate, in supporting risk management programmes for people.
- The registered manager and staff understood risks to people using the service and how they should act to manage these. A staff member said, "[Person] knows their behaviour could be harmful to them. We have worked to help them reduce these." This was confirmed by the person's support records and risk assessments.
- Staff knew what to do in case of any emergency. Fire and other safety systems were regularly checked and maintained.

Staffing and recruitment

- Staff were recruited safely. All staff had pre-employment checks carried out to ensure they were suitable for the roles they would be undertaking. These included criminal records and reference checks.
- There were enough staff to ensure people's needs were met. A person told us, "There is always someone at the house if I need staff." The registered manager told us additional staff were provided to support people to attend appointments or community activities where required.
- The registered manager told us that agency staff were rarely used. Where there were staffing emergencies, these were usually covered by the registered manager or care co-ordinators who knew people well. A care co-ordinator we spoke with confirmed this approach.

Using medicines safely

- People's medicines were safely stored and recorded. The medicine records we looked at showed there

were no unexplained gaps in administration of medicines.

- Staff had received training in safe administration of medicines. Competency checks of their knowledge and practice had been carried out.
- People received their medicines in privacy and on time. One person said, "Staff remind me when my medicine is due."

Preventing and controlling infection

- People were protected from the risk of infection. There had been no incidents of COVID-19 during the pandemic.
- Visitors to the supported living services and the provider's office were asked to have their temperatures checked and take a test for COVID-19. Masks were available at the entrance to each site. Anti-bacterial hand gel was available on entry, along with anti-bacterial hand wash in toilets and bathrooms.
- Staff had received training in infection prevention and control and supplies of personal protective equipment (PPE) such as masks, gloves and aprons were provided at all sites. Staff were observed wearing appropriate PPE at all times.
- Regular testing for COVID-19 was provided for staff and people who used the service. All staff had received regular tests. The registered manager told us that some people refused to be tested, but they were encouraged to have the test. This encouragement was reflected in the records we reviewed. A person said, "Staff talk to us about the risks. I do have a test and I have had my first vaccination."
- Information about risk to people in relation to infection prevention and control was included in their care records and risk assessments.
- The provider had procedures for dealing with a COVID-19 outbreak in any of the supported living houses. For example, the service would provide support with shopping during any period of self-isolation. Enhanced PPE was available to staff to use when supporting anyone who tested positive for COVID-19

Learning lessons when things go wrong

- The service had worked with other health and social care professionals to reduce risk to people following incidents.
- Strategies for ensuring that learning from incidents was addressed were developed in weekly management meetings.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into supported living. This helped the service to ensure suitable support plans were in place to meet their needs. The information contained within people's assessments was developed in partnership with the person, relevant professionals and family members where appropriate.
- People's needs assessments included information about their care and support needs, their personal histories and cultural, dietary and religious preferences.
- A person said, "They asked me about my needs before I moved here. I was honest about them."

Staff support: induction, training, skills and experience

- New staff received an induction before working. This included training and shadowing of other staff. A staff member said, "I'm quite new and I can't fault the training and support I was given when I started."
- Staff received regular training and supervision with a manager. This ensured they were up to date with good practice and had opportunities to discuss the support they required to work effectively with people. Staff told us they did not have to wait for a supervision session to speak with a manager about any concerns. We were told, "There is always someone I can call at any time of day or night if I have any concerns," and, "[Registered manager] comes here regularly and I know she will listen to even small things."
- A person said, "I think the staff are well trained here."

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

- The majority of people using the service bought and cooked their own meals. Information about any risks associated with good nutrition was contained within their risk assessments and care plans. A staff member said, "[People] sometimes use their money on other things. We have to make sure they also eat and drink properly." We saw from people's care records they were encouraged and supported to eat well.
- One of the supported living houses supported people with learning disabilities. We observed staff supporting a person with to make a meal. The person said, "I enjoy cooking and I think I am very good." We saw staff encouraging people to make afternoon tea with cake that had been made by a person who lived at the house.
- Information about people's meals was included in their care records where they were supported by staff to shop, eat and drink. These showed that people had a varied and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- People's support records showed staff liaised with health and social care professionals, such as mental health, learning disability and substance misuse teams in a timely manner where there were concerns about

a person's wellbeing.

- A health professional we spoke with told us the service was "excellent" at ensuring people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health needs and conditions was contained in their support plans.
- People had access to GPs and other health practitioners and staff supported them to access these.
- Staff encouraged and supported people to eat healthily and take regular exercise. This was confirmed by our observations and the information included in people's support records.

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

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.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Information about people's capacity to make decisions was included in their support plans.
- The majority of people using the service had mental health support needs. Changes in ability to make decisions were recorded where this was a result of a breakdown in mental health. Where necessary, this would be addressed under the provisions of the Mental Health Act (1983)
- The registered manager told us that people's individual capacity assessments were regularly reviewed and, should there be a need for a deprivation of liberty application this would be made. We saw, for example, that such an application to the Court of Protection had been made by a person's social worker.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were considerate and treated them with respect. One person said, "They know my ways and try to keep me safe, but they respect my wishes. If they didn't, I would tell them." Another person told us, "Staff do ask me what I want."
- Information about people's cultural, religious and other diversity needs was included in their support plans. Where people had expressed a preference regarding the gender of staff who supported them this was respected.
- Staff spoke positively about people and demonstrated an understanding of their individual needs and preferences. We observed friendly, chatty and respectful engagement between staff and people who use the service.

Supporting people to express their views and be involved in making decisions about their care

- People (and their family members where appropriate) were involved in developing and agreeing their support plans. They were involved in regular reviews of their support. People told us they made everyday decisions and choices, and these were respected by staff.
- People had opportunities to discuss issues related to their support and living environments at regular house meetings.
- The service had a 'key worker' system. This meant, in addition to day to day support from the staff team, there was a named staff member involved in ensuring that people's needs were addressed. A person spoke positively about their key worker. They said, "We meet regularly, and I trust them to speak up for me. They are supporting me to improve things."

Respecting and promoting people's privacy, dignity and independence

- The people we spoke with told us their privacy, dignity and independence were supported by staff. A person said, "They listen to me and respect my wishes." Another person told us, "They don't come into my room if I don't want them there,"
- The majority of people went out independently. A person said, "I let them know when I'm going out and when I'm due back. If I am very late, they will come looking for me to check I'm OK. They'll leave me alone if I am."
- Where people required support to go out their support records showed this support was provided with their consent.
- We observed people being asked for their consent to support during our inspection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's support plans were person centred. They were regularly reviewed and updated to reflect people's individual needs and preferences. The plans included guidance for staff on how people preferred to be supported.
- People's support plans included information about their personal histories, their hobbies and interests, likes and dislikes and personal and cultural preferences.
- Staff maintained daily records describing the care and support they had provided to people, The daily records we viewed were up to date and reflected this information and guidance contained in people's support plans.
- People, and their family members where appropriate, had been involved in developing their support plans. A person said, "I am involved with my reviews if I want to be. Staff talk with me about what is in my plan and record what I tell them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs and preferences was included in their support plans. Staff members were knowledgeable about people's communication needs
- Information was provided in accessible formats. For example, some people had easy-read picture assisted support plans. Information in braille was also provided where required.
- The registered manager told us the service would make every effort to ensure people received the information they required in a communication format they understood.

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

- People with mental health support needs came and went from their supported living houses independently. For example, people went to shop, attend appointments and participate in community-based activities.
- Where people required support to, for example, to research or attend activities of interest to them this was provided by staff. For example, a person told us that staff had found a guitar class they could attend and would support them when they were ready to do so.
- People with learning disabilities often required and received greater support from staff to engage in

activities. People's support records showed that they participated in a range of activities, such as shopping, cooking, walks and other outings. A person told us about the college courses they attended. Staff liaised with family members to arrange visits and family outings.

- Staff understood people's interests, activities and relationships. We observed staff speaking with people about their activities and making suggestions about other things they could do during the day.

Improving care quality in response to complaints or concerns

- The provider kept a log of complaints and concerns. These showed that complaints were dealt with promptly in partnership with the person.
- A person said, "I will complain if I have a problem. The staff listen to me and try to sort things out."

End of life care and support

- The service was not supporting anyone with life limiting conditions.
- Information about people's end of life preferences was maintained in their support records where they had chosen to provide this.
- The registered manager told us they would work with health professionals and people's families, where appropriate, should anyone become unwell with a health condition that might be terminal.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the care and support they received. They described how staff had supported them to take part in activities of their choice. A person said, "They let us know if there are any changes and ask for our opinions."
- People and staff said the registered manager regularly spent time at the supported living houses. We observed the registered manager engaging with people and staff in a relaxed and knowledgeable way.
- Staff spoke positively about the registered manager and other senior staff members. A staff member described the support they received as "outstanding".

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

- The registered manager understood the need to report incidents to the local authority and CQC where appropriate. They described the importance of being open and honest when things go wrong.
- The registered manager understood the importance of notifying CQC about significant incidents and events at the service.

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

- The registered manager, other senior staff and support workers we spoke with understood their responsibilities in maintaining and improving the quality of the service and in providing the best possible outcomes for people.
- There were systems in place to monitor the quality of support provided to people. People's support records were regularly reviewed. A range of regular monitoring activities took place. These included audits of records, safety, infection prevention and control, medicines administration, staff records and people's support plans.
- The provider had developed a staff strategy designed to attract, develop and reward staff across the service to provide good quality support to people. The human resources and operations manager told us this was continuously being developed. Staff described their experience of working at the service as positive. One staff member said, "They update us straight away if there is anything we need to know or do."

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

- The provider regularly sought feedback from people, staff, family members and external professionals. The feedback we saw was positive. Actions had been put in place to address people's suggestions. For example, staff were working to support people to participate in a wider range of activities both at home and in the community.
- Information about people's specific needs was included in their support plans. Information and support were provided to people using methods that worked for them. A person said, "The staff understand my disability."
- Regular house meetings took place where people were given information and asked for their views about the service. A person said, "They are very good at trying to get us involved and asking us what we think."
- The registered manager told us that spending time at the supported living services and working alongside staff enabled her to obtain feedback that might not come from formal consultation processes. Staff said they were able to ask questions or seek advice at any time. A staff member said, "There's a manager to speak to, day or night. No question is too small."

Working in partnership with others: Continuous learning and improving care

- The registered manager had participated in local authority meetings for care and support providers. Staff had been able to access training and support provided by the local authority. The registered manager said, "We can learn a lot from having contact with staff from other organisations."
- Staff had worked in partnership with other health and social care professionals to improve people's quality of life. An external professional we spoke with told us, "They are very proactive in trying to get the best for their service users."
- The service was in the process of developing systems to enhance the support they provided to people. This work included, for example, the development of a staffing strategy, reviews of policies and procedures to ensure they addressed people's needs, and work to ensure that an on-line reporting and recording process was developed and improved to enable easy use by both staff and managers.