

Kent County Council

# Kent Enablement at Home

## Inspection report

Kroner House  
The Eurogate Business Park  
Ashford  
Kent  
TN24 8XU

Date of inspection visit:  
28 May 2019

Date of publication:  
08 July 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kent Enablement at Home is a domiciliary care agency that provides intensive and short-term support to people in their own homes. The Enablement Team provides support that aims to encourage and support people to lead as independent life as possible. This may be following an accident or a stay in hospital. There were 86 people using the service at the time of our inspection.

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 spoke positively about the service they received saying the staff had supported them to increase their skills and independence. People were at the centre of their care and support and developed outcomes and goals that were worked towards and eventually achieved. People told us they would recommend the agency to others. Comments from people included, "They are wonderful, and I am very, very grateful that I can have them" and "They are caring and kind, I don't know what I would have done without them."

People's safety had been closely monitored with guidance in place for staff to follow to reduce potential risks. People were promptly referred to other healthcare agencies for support if a risk was identified. Staff understood the potential signs of abuse and knew what action to take if they had suspicions.

There were enough staff available to meet people's needs. Staff were recruited safely to minimise the risk of unsuitable staff working with people. People received their medicines as prescribed by their GP.

Staff received the training, skills and support to meet people's needs. New staff completed a robust induction process. Staff felt there was an open culture where they were kept informed about any changes in people's needs.

Weekly meetings discussed people's progress and whether any additional support was required from health care professionals. Staff worked alongside people to build their skills, knowledge and confidence to live as independently as possible.

Staff were kind, caring and friendly towards people; promoting their privacy and dignity at all times. People were asked for their views about the service they received and were encouraged to make suggestions for improvements.

Systems were in place to respond quickly to any changes in people's health needs. There was a joint working partnership with other health agencies to ensure people received the appropriate support quickly.

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

Regular quality monitoring was in place to measure the effectiveness of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Good (published 23 November 2016). At this inspection we found the service continued to be Good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 ●

# Kent Enablement at Home

## 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 an inspector and an Expert by Experience that made telephone calls to people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and an enablement service to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2019 with telephone calls to people and ended on 29 May 2019 with staff interviews. We visited the office location on 28 May 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 13 people who used the service and seven relatives about their experience of the care and support provided. We spoke with six members of staff including the registered manager, operations manager, an occupational therapist and three enablement support workers.

We reviewed a range of records. This included five people's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring audits, complaints, staff training, and policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff and felt that staff were very mindful of their safety within their own home. Comments included, "Very safety conscious", "Always safe and they have made a lot of suggestions about things to keep me safe, like hand rails and an extra step" and "They are very concerned with safety."
- Staff had been trained in safeguarding people, knew the potential signs of abuse and knew the action to take if they had any suspicions. Staff told us they felt confident that any concerns they raised would be acted on promptly and taken seriously.
- Staff followed the organisations policy and procedure and had access to the local authorities' protocol and procedure.

Assessing risk, safety monitoring and management

- Potential risks posed to people and staff had been assessed and mitigated. For example, any identified risks relating to a person's mobility. Staff followed guidance from health care professionals to reduce identified risks with the use of equipment such as, a walking aid or grab rails.
- Each person had a premises assessment; this included any identified risks or hazards both internally and externally. Staff followed any specific action detailed to reduce the risk.

Staffing and recruitment

- People told us that although they did not have a set time they always knew a member of staff would be visiting during the morning. One person said, "They come anytime between 8 and 11 am and they always stay the right time. If I ask for an early call for a doctor's appointment they make sure they are with me early."
- There were enough staff to meet people's needs. An electronic system was used to rota staff onto calls. When referrals came in a check would be made to ensure staff were available otherwise relief staff were used to ensure people's needs were met.
- The electronic system was able to identify and alert the office staff if a call was running longer than planned. A decision would then be made whether the staff members next call needed to be reallocated to another member of staff.
- Staff continued to be recruited safely in conjunction with the organisations HR department. Checks were made regarding the person's suitability for the role such as, a full employment history, references from previous employers and a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a potential staff member may have. These checks helped make safer recruitment decisions.

Using medicines safely

- People's needs relating to the management of their medicines had been assessed. Risk assessments identified the support that was required from staff.
- People told us they managed their medicines independently or with the support of their loved one. Records showed some people required verbal prompting from staff to remind them to take their medicines.
- Staff had been trained in the safe administration of medicines and followed the organisations policy and procedure.

#### Preventing and controlling infection

- Staff had been trained and understood the importance of wearing personal protective equipment (PPE) such as, gloves to reduce the risk of cross contamination. Staff had access to PPE for each call.

#### Learning lessons when things go wrong

- There was a commitment to learn lessons and make improvements when things had gone wrong. For example, at the end of people's assessment period they may still require additional support from a care agency. The Enablement Team will continue to support the person to promote consistency and continuity of care until a care provider is found; this resource is chargeable. It was highlighted that this charge was not always clear to people; as a result, it was identified that a letter informing people may need to be followed up with a verbal information meeting.
- Accidents were recorded and monitored to identify any patterns or trends; this was to prevent a reoccurrence. Urgent referrals were made during the weekly meetings when any concerns had been identified. For example, to occupational therapy when there was a concern regarding a person's mobility.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, 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 were referred to the enablement team by a health care professional, relative or self refer prior to receiving any support. People could be referred from various sources such as, the hospital, GP's, relatives, self refer or from the local authority.
- The management team checked the referral form to see whether the team were able to meet the persons' needs; and that staff were available to offer the support the person required.
- An initial visit was completed by a member of the management team within 72 hours of the referral being accepted. During this meeting a care and enablement plan was written with the person. The support programme included, the person's physical, communication, emotional and spiritual needs as well as their likes, dislikes and any protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- People told us staff had the right skills to support them. Comments included, "They are the right blend of helping and encouraging", "They were very skilled and helped me enormously" and "They are perfect, very professional and pleasant."
- Staff spoke highly of the training they received and said the training enabled them to meet people's needs. One member of staff said, "It is really good, I always learn something."
- New staff completed an induction that included completing the organisations mandatory training and working alongside experienced members of staff to observe practice. The role of an enablement support worker was to offer support and guidance to people to enable them to achieve their desired goals.
- Staff told us they felt supported in their role by the management team and office staff. One member of staff said, "I can contact any member of the management team at any time and they will always offer support."

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

- Some people's enablement plans included meal preparation as a goal they wanted to achieve. Staff worked alongside people offering support and guidance to ensure people maintained their nutrition and hydration.
- People told us they either managed their meals independently or a loved one did this. One person told us that they had been unable to manage this prior to receiving support from the enablement team however, they could now manage this independently.
- Staff had been trained in food safety and understood the importance of promoting a healthy balanced diet and ensuring people remained hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team had established working relationships with different health care professionals; to ensure people received consistent person-centred care and support.
- A weekly multi-disciplinary team meeting was held with occupational therapy (OT), commissioning teams and the local authority. These meetings discussed people's progress against their desired outcome.
- Referrals to health care professionals were made during these meetings and acted on promptly. An occupational therapist told us they visited people with the supervisor on the initial visit which enabled them to complete an assessment of the person's mobility needs. They said, "Joint working is really good and ensures a joined-up service delivery."

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. We checked whether the service was working within the principles of the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People told us, staff always asked for their consent prior to any tasks and explained at all times what they were doing. A member of staff said, "We enable people to play a role in their care; doing it together as a team."
- The management team and staff had been trained and understood how the principles of the MCA applied to their role.
- People that were referred to the service had the capacity to make decisions about their lives. The registered manager told us that if a persons' health declined and their ability to make decisions was affected then a MCA would be completed with the relevant health care professionals.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, 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 spoke highly of the staff. Comments included, "Absolutely wonderful, I wouldn't be as recovered as I am without them", "They are all lovely, friendly, will have a chat and good at their job" and "All of them are so nice and they congratulate me when I have done something new, they are fantastic and I don't know what I would have done without them."
- People had been encouraged to share information about themselves such as their preferred name, personal history or religious beliefs. This information was respected by staff and used to engage people in conversations.
- Although staff worked with people for a shortened amount of time they were able to build a strong working relationship. People told us that staff knew them well, understanding their likes and dislikes.

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

- People told us they made the decisions about their care and had been involved in the development of their enablement plan. Comments included, "It was all discussed with me at the beginning and they always record the care" and "The care was set up with me, an OT and The Enablement Team."
- People were given a welcome pack which contained important information about the role of The Enablement Team and what people could expect. The welcome packs were available in different formats to meet people's needs. For example, in large print or braille.
- Staff gave people the time they needed without feeling rushed. Staff did not have allocated amounts of time to spend with people; the registered manager told us people had what time they needed. Staff told us that there may be occasions if people were not feeling their usual self it may take longer to complete the goal; or sometime people wanted to chat after their call which was supported.

Respecting and promoting people's privacy, dignity and independence

- The purpose of The Enablement Team was to work with people increasing their skills and independence. People told us they were encouraged to do as much for themselves as possible. Comments included, "They encouraged me to do whatever I could and I was very motivated too", "They encourage me to try things for myself, but sometimes my hands won't cooperate" and "They got me to do everything I possibly could for myself."
- People had goals that were broken down into steps to ensure staff provided people with consistency when supporting them with the same task.
- People told us staff respected their privacy and dignity and made them feel at ease whilst being supported with personal care. Comments included, "They minimised the potential embarrassment of personal care

with their professional attitude", "They keep me covered up" and "I was worried about personal care, but they made it all easy and not embarrassing at all."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, 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 told us they received a person-centred service, they would recommend to others. Comments included, "They are excellent and encourage without forcing", "They were very responsive to my needs and very encouraging", "They recognised that I wanted to recover as fast as possible and they were focused on that too" and "I would recommend them, the organisation seems to be needs driven and the carers are highly professional."
- Supervisors had consulted with each person, their relatives and healthcare professionals about the support that was required. An enablement support plan was created which gave staff clear guidance and information about the support each person required.
- The registered manager completed an analysis of the effectiveness of the enablement service. Results showed 65% of people finished with no further need for public support; having reached the desired outcome and increased independence.

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.

- Important information such as the service guide were available in different formats to meet people's needs. People were asked at the initial assessment whether they had any specific communication needs.

Improving care quality in response to complaints or concerns

- People told us they would be happy to make a complaint and felt this would be taken seriously and acted on.
- Information about how to make a complaint or suggestion was given to people at the start of the service. A policy and procedure were in place and available to people.
- Records showed that the procedure had been followed when a complaint had been made. An investigation had been completed and the complainant had been written to with an outcome.
- The team had received a large number of compliments from people, in the form of cards, letters and emails. These were thanking staff for their hard work and commitment.

End of life care and support

- The service supported people to regain their independence and confidence. However, the registered manager told us that if a person's health did suddenly deteriorate they had a close working relationship with

other agencies. This would be to ensure that people received a wraparound service that met their needs at the end of their life whilst offering consistency and continuity of care to people.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, 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

- The management team had established a culture that recognised the importance of providing person-centred support and enabling people to fulfil their goals.
- Staff enjoyed their roles and had worked for The Enablement Team since it began. Staff told us they were committed to providing people with high quality support that increased their independence.
- The service was continuously reviewed for the effectiveness at meeting people's desired objectives. Actions were put into place when any issues were identified such as, an extension to the period of time to work with the person.
- The registered manager understood their duty of candour responsibility, taking responsibility and being honest when things went wrong.

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

- Staff had a clear understanding of their role and told us they enjoyed seeing people's independence increase. Each member of staff was given a job description and contract of employment which outlined their role and responsibility.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The management team was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- The providers latest inspection report was visible within the registered office. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements.

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

- An 'Eligibility End Assessment' was completed with people and a member of the management team. This enabled a review of people's desired goals and outcomes; to check whether these had been met. A decision would then be made whether the person needed longer to achieve the desired outcome or if further support was required.
- Staff's observations and feedback fed into the weekly meeting held with the management team and

external healthcare agencies.

- Staff told us they felt part of the team and received regular feedback from the management team and office staff.
- Staff received continuous monitoring and observation by a member of the management team. These enabled staff to reflect on their practice and receive any further development advice.

Working in partnership with others; Continuous learning and improving care

- The entire staff team worked in partnership with other healthcare agencies to ensure people received the support and equipment they required.
- The management team had started working with the local hospital referrals team regarding the quality of information that is recorded within a referral. It had been identified that referrals to the Enablement Team were not always accurate or appropriate. Since the partnership working the quality of the referrals had improved.