

# CCT Community Enablement Team Ltd

# Enablement Care

## 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

### About the service

Enablement Care is a residential care home providing personal and nursing care to 18 people aged under 65 and over at the time of the inspection. The service can support up to 22 people.

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

Systems were in place to protect people from avoidable harm. People felt safe living at the home. Risks were assessed and monitored to reduce risks for people and for staff to manage risks effectively. Safe recruitment processes were followed to ensure staff were safe to work with people who used the service. People received their medicines as prescribed. The provider used an electronic system to record medicines to minimise errors. The staff followed policy and procedures related to infection control legislation. Lessons were learned when things went wrong.

The service was not purpose built, but people were able to navigate around the home independently. Repairs and redecoration had been implemented. Staff were fully supported to attend training and develop their skills and knowledge. Assessment of care was monitored and managed to ensure people received effective care. People received a balanced diet and made choices of what they wanted to eat and drink. The service worked well with other healthcare professionals and provided consistent care and support. The provider demonstrated an understanding of the need to consider people's mental capacity and followed the principles of the mental capacity act.

Staff were kind and considerate. They always treated people with respect and dignity. People were encouraged to share their views and access advocacy services where needed. People were encouraged to be independent and do things for themselves. People's choices and wishes were respected by staff.

People received personalised care. Staff and the management team worked with passion and dedication and the people who used the service always came first. People were supported to maintain relationships and participate in activities that were relevant and important to them. Peoples communication needs were met in line with the Accessible Information Standard. The provider was open and transparent when dealing with complaints. People who wished to make advanced plans for their end of life care were supported to do so.

The service was consistently managed and well-led. The provider was meeting their responsibility to report incidents to us. Themes and trends were clearly identified when monitoring accident and incidents. The registered manager took a proactive approach to address issues and concerns. People were encouraged to be involved with how the service was run. The registered manager and staff worked well with external

healthcare professionals to ensure people received good care and support.

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.

This service was registered with us on 10/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration of the service.

The last rating for this service was requires improvement (published 08 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating requires improvement to inform our planning and decisions about the rating at this inspection.

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 ●

# Enablement Care

## 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 conducted by one inspector and one Expert by Experience. 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

Enablement Care is a 'care home,' providing residential and dementia care to younger and older people. The home consists of two floors. People were encouraged to live life as they choose with an extensive social calendar that was packed with activities, clubs, trips out and regular entertainment.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### 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 reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people and two visiting relatives about their experience of the care provided. We spoke with two care staff, one senior care staff, the cook, the trainer, the registered manager and the provider's representative, the nominated individual. (The nominated individual is responsible for supervising the management of the service on behalf of the provider). We also spoke with one visiting healthcare professional. We looked at the relevant parts of the care records of six people who used the service. We also looked at three staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

#### After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at training data and quality assurance records. We also contacted three professionals who regularly visited the service.

# 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

- Systems were in place to ensure people were kept safe from avoidable harm.
- People and their relatives expressed satisfaction with the safety of the home. One person said, "I feel very safe, I mean why wouldn't you." Another person said, "I like living here. I think it is safe, no one here wants to hurt you."
- Measures were in place with secure access around the home and safety latches on windows.
- Safeguarding concerns were reported and referred accordingly. Safeguarding's were covered by an internal investigation and analysis report to make sure action was taken to keep people safe. Staff confirmed they understood how to raise safeguarding concerns and had completed safeguarding training. We reviewed safeguarding incidents during the inspection.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored to reduce risks for people where needed. Risk assessments had detailed instructions to ensure staff managed risks effectively. For example, people at risk of falls had measures in place to ensure they were effective.
- The registered manager monitored and analysed risks regularly. They said they completed audits on accident and incidents and ensured risks assessments were updated accordingly. This was confirmed by records we looked at.
- Risks associated with the safety of the environment and equipment were identified and managed. Maintenance jobs were logged in the maintenance book, systems were in place to identify when issues had been completed.

Staffing and recruitment

- Systems were in place to make sure that the right staff were employed to support people to stay safe. The provider used a dependency tool to ensure people's needs were met.
- People we spoke with told us that they felt there were enough staff available. One person said, "There are plenty of staff." One relative said, "[Name] is safe as houses. There were always staff around to help.
- Staff confirmed there were enough staff and that they were a good team who all worked well together. Staff told us before they started work checks had been undertaken to ensure they were safe to work with people at the service.
- The provider followed safe recruitment processes to ensure staff were safe to work with vulnerable adults. This included checks on staff identity, employment history and disclosure and barring service (DBS) criminal record checks and references were requested prior to employment.

### Using medicines safely

- People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. The provider used an electronic system to organise and keep errors to a minimum.
- Staff had received medicine training and their competency observations had been completed. The registered manager told us they were in the process of implementing new competency tests to ensure staff kept up to date with medicine management.
- We observed a medicine round during our visit. We saw staff followed relevant protocols for the receipt, storage, administration and disposal of medicines. This ensured people received their medicines in a safe way. For example, when staff administered to one person they waited patiently while they took their medicines. The medicine trolley was locked when left unattended. This meant medicines were kept secure.

### Preventing and controlling infection

- The staff followed policy and procedures related to infection control legislation.
- The environment was clean and tidy. Dedicated housekeeping staff followed cleaning schedules which ensured the home was clean and odour free.
- People and their relatives told us staff wore personal protective equipment such as, gloves and aprons when providing personal care or serving food. We observed when staff wore this equipment they removed the apron and gloves in-between tasks.
- Staff had completed infection control and food hygiene training. This ensured people were protected from risks associated with the spread of infection and unsafe food hygiene practice. The home had a five-star food hygiene rating. This told us they were following hygiene standards.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accident and incidents were managed, and staff were informed of any incidents that had occurred. The registered manager analysed information for themes and trends.
- The registered manager gave an example of lessons learnt. They had identified a concern regarding the administration of insulin to people. They said they had changed the way they assessed people's needs to make the process more robust to ensure they were able to meet people's complex needs.

# 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.

Adapting service, design, decoration to meet people's needs

- The home was not purpose built, however people navigated around independently, and it mostly suited their needs.
- We found concerns with an area where the roof had leaked in one of the lounge areas; we were reassured by the registered manager this was under repair and being dealt with. Contractors had been arranged. There was also an issue with the heating system that was being addressed. The provider brought additional heaters to ensure there was no impact for people.
- Re-decoration was ongoing, and a number of areas had been redecorated including providing new furnishings.
- The garden area had been redeveloped to make it a safe area for people to sit.

Staff support: induction, training, skills and experience

- Staff were fully supported to receive training and develop their skills.
- Staff had completed training relevant for their role. They told us and records we looked at confirmed training staff had attended, and certificates they had gained.
- One person said, "The staff help me with anything I need, and they certainly know what they are doing." Relatives we spoke with confirmed staff were well trained.

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

- Care was delivered in line with recognised standards based on needs and preferences.
- Assessment of care was monitored and managed to ensure people received effective care. For example, when a person had an increase in falls the staff requested a physiotherapist assessment to be carried out to assess if the person's mobility needs had changed.
- Staff encouraged people whose preference was to stay in their bedroom, to socialise and spend time downstairs during the day.

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

- People received a balanced diet. One person told us, "You can have what you want to eat and drink, you only have to ask." Another person said, "There are different menus and something to choose from every day. If you do not like what is on offer they would prepare something else."
- We observed the meal time experience to be positive. Staff were available to give people support as needed, and food was provided in a timely way. If people required support to eat, this was done in a caring and dignified way.

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

- People were supported with individual mobility, standing, joint and muscle range of motion programmes to help maintain as much independence as possible. This meant People, staff and other agencies had a positive experience when working with Enablement care. We observed staff supporting people in a timely manner. There was warmth and happiness throughout the home.
- Records showed us that different health professionals had visited and supported people. Where professionals had given advice, this was clearly documented, and staff followed recommendations when the need arose.
- We spoke with a health care professional during our inspection. They told us they had a very good working relationship with the service. They were complimentary towards staff and felt they supported people's needs well. They commented that the different needs of people were implemented well and the service gave people a purpose in life.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff were aware of the principles of MCA and gave people choices to make decisions for themselves when deemed they had capacity to do so.
- People had consented to all elements of the care they received at the point it was delivered. We saw that the registered manager had ensured people had signed and consented in their care and support plans.
- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and that any made on their behalf should be made in their best interests. They had made applications for people to have a DoLS assessment where needed.

# 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

- Staff treated people with respect and demonstrated a caring 'can do attitude'. People told us staff were kind and compassionate. One person said, "The staff really care." The person told us they had been upset and staff talked to them and listened to what they had to say, which made the person feel much better.
- People were supported by staff who knew them well and had a good knowledge about things that were important to them. Staff described people's likes and dislikes.
- We observed staff being respectful and treating people well. We saw staff and people having a joke and laughing together in a friendly manner.

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

- People were encouraged to share their views and be involved in decisions about their care. People were on a journey of life and were encouraged to make a memory book and make decisions how they wanted to live that life.
- Staff gave us examples of how they used different forms of communication to help people understand information and make decisions. One person had developed a picture format for the service survey, this supported people to ensure everyone using the service could have their say in how the service was run.
- The provider organised resident meetings for people. We saw there had been discussions about the integrated mix of people in the home. People we spoke with gave positive feedback on how everyone got on well.
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- The staff promoted independence by encouraging people to do as much as possible for themselves. People moved at their own pace, with staff giving them clear instructions so they could walk or do tasks independently.
- Staff gave good examples about how they treated people with dignity, such as giving people private time when they needed it. This meant staff respected people's wishes.
- One relative said, "The staff are caring, kind and compassionate. They are respectful of privacy and dignity and care is personalised."
- People's records were stored securely to ensure their confidentiality. The registered manager told us they had processes in place that ensured all records were managed in line with regulations.

## 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 received personalised care. Staff knew people well and could tell us about individual people's care and preferences. People felt they had choice and control around their care needs.
- People's preferences were adhered to. One person said, "I like reading and there are plenty of books here." Another person had a healthcare appointment and a community worker was supporting them. The community worker told us they were also taking the person out for lunch and then to play pool or bowling. This was something the person likes to do, as the community worker said, "[Name] often beats me at bowling."
- Staff and the management team worked with passion and dedication. The 'person's journey' started with a pre-assessment of needs. Care plans were developed through discussions of people's choices and preferences specific to the persons characteristics. Where people's life history had identified an interest, the service went out of their way to make things happen.
- One relative told us when their family member was confined to their room one Christmas, a member of staff made [relative's] bedroom up like a grotto with fairy lights and decorations. The relative said, "Family member was so happy." Another person was enthusiastic about Disney, which was evidenced from the decoration in their bedroom. Their relative told us staff took the person and another person who used the service to Disney on Ice and the people were over joyed. This meant care and support was personalised.

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

- Activities were person centred with a strong focus on improving people's wellbeing and reducing their isolation. We observed people engaged in various activities during the inspection, such as a quiz. There was a real camaraderie between staff and people. Effort was made to ensure those who were not able to take part were not left out.
- The service made strong links with the community. Local groups from the community visited the home, for example Intergenerational dance with a local nursery. Children visited, and people told us they brought joy to them. They contributed to increasing the quality of life for people and in turn this decreases the feeling of isolation.
- The provider had recently introduced holistic therapies on a weekly basis. (Holistic therapy is a completely natural and non-invasive treatment, suitable for all ages, which gently but effectively works to restore and maintain the body's natural balance) This service was offered to people who used the service and staff in working hours. This made people and staff feel calm and relaxed. We received positive feedback from the organisation who provide the activities to the home.

### 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.

- People's communication needs were identified and included those relating to protected equality characteristics, such as dementia or sensory loss.
- Where required, people had access to information in different formats, such as large print. Staff told us they spoke to people slowly and in a way that they would understand.

### Improving care quality in response to complaints or concerns

- There was an open and transparent culture when dealing with complaints.
- The complaints policy and procedure were available and on display around the home. People and relatives told us they were aware how to raise a concern or complaint. If they wished to raise a complaint, they felt this would be dealt with in a positive way. Where a complaint had been identified lessons were learnt, improvements made and the family involved were satisfied with the outcome.

### End of life care and support

- Discussions had taken place where people and family made their wishes to be known regarding the persons end of life care, where this had not yet been discussed this was recorded in the persons care plan.
- There was no one on end of life care at the time of our inspection, however, records included people's preferences, culture and spiritual needs.

# 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

- The service was well-led. We received overwhelming positive comments about the management of the service. Our own observations showed us that care was being delivered by a skilled management team, and their staff.
- One person said, "I think there is a positive atmosphere in the home and that the manager operates an open-door policy." Relatives confirmed the home was well run and the registered manager was always available. We received positive comments, one relative said, "I think the manager is really good and runs the home well." Another relative said, "Everything is alright here, in fact it is more than alright."
- Staff received a recognition award 'employee of the month'; they told us this made staff feel appreciated.

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 provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements. The provider was meeting their responsibility to report incidents to us.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care.

- The management team had an excellent oversight of the service. They demonstrated a thorough knowledge about the people who lived at the home and the service that was provided. They attended meetings with the local authority and other healthcare professionals to ensure they shared best practice.
- There was a strong accountability to monitor performance. Themes and trends were clearly identified when monitoring accident and incidents. There were clear records of incidents that had taken place, action taken and how they minimised future risk for people.
- The registered manager made a consistent effort to learn from mistakes, they took a proactive approach to address issues and concerns. They undertook investigations and kept staff informed of any changes that could affect people's care. They led by example, staff felt the registered manager and the management team was visible and approachable.

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

- The staff fully considered people's equality characteristics, by supporting individuals to learn new skills to

maintain their home and life choices. People were encouraged to access the community for leisure, education and work placements. This encouraged people's confidence and self-esteem, which in turn helped them live a more independent life with a gradual reduction in support.

- People were encouraged to be fully engaged with the service by attending resident meetings. One person said, "I can remember having a residents meeting, all about this place." We saw meeting minutes had been recorded and there had been discussions relating to the local nursery school visit and the intergeneration mix of the home and how people had been involved with picking the colour choice of the lounge redecoration.

#### Working in partnership with others

- The registered manager and staff worked well with external healthcare professionals. One healthcare professional confirmed they had a good working relationship with the home. Other organisations who worked in partnership with the home gave us positive feedback.

- One professional said, "Enablement Care is a lovely home. It's well led, and the staff are fabulous. They show such care and compassion towards the residents they look after. The home is clean and inviting and the atmosphere is always calm and organised." Another professional said, "The staff seem caring and professional, and responsive to people's and my requests. Despite working in a challenging industry, there is a real sense of team work which results in a happy environment."