

Mr Michael Baldry

# Ennis House

## Inspection report

59-65 Enys Road  
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East Sussex  
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Tel: 01323720719

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26 November 2020

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22 December 2020

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Ennis House is a residential care home that can provide personal care for up to 40 people. There were 25 people living at the home at the time of the inspection, some of whom were living with poor mental health.

### People's experience of using this service and what we found

The quality assurance system implemented before the previous inspection remained in place. Some environmental improvements had been made. However, due to the impact of COVID-19 further time was needed for these to be fully implemented and embedded into everyday practice. The care manager was aware of this.

Infection prevention and control measures were in place to help keep people safe. These were well thought out, changes were made as identified and in line with current guidance.

There was a relaxed and friendly atmosphere at the home, staff knew people really well. Feedback from those involved with the service was positive. Relatives thought well of the provider and staff.

### Rating at last inspection

The last rating for this service was requires improvement (published 12 December 2019).

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had regarding complaints about the service. We also wanted to ensure that environmental improvements previously identified had been maintained.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Ennis House

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about we had regarding complaints about the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Ennis House is a 'care home'. 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 was not required to have a registered manager therefore the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

There was a care manager who shared the responsibility for the day to day managing of the home.

#### Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

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 of this information to plan our inspection.

During the inspection

We spoke with three staff and this included the care manager and deputy care manager. We observed people interacting with staff throughout the home. We reviewed a range of records. This included two people's care records and 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 provider to validate evidence found. We received feedback from three people's relatives, three staff and one healthcare professional who visits the service.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Clinical waste bags in the donning and doffing rooms were not contained in a closed bin and were hung from the wall. The care manager told us they would ensure foot operated bins with lids would be put in place for these rooms. Systems were in place to manage laundry however, red bags for contaminated laundry were not currently used. The care manager contacted us after the inspection to tell us these bags were now in place and would be used in case of any outbreak or suspected outbreak.
- There was a one-way system around the home. This was indicated by arrows on the floor and mostly used by staff to ensure that they were not crossing each other in corridors. We saw staff using this and it worked well.
- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors followed social distancing guidelines and wore personal protective equipment (PPE).
- We were assured that the provider was meeting shielding and social distancing rules. Furniture had been removed from communal areas to allow more space between people. Some people were encouraged to eat their meals in the lounge to allow more space in the dining room. Staff were aware of people who were shielding and supported them to remain safe.
- We were assured that the provider was admitting people safely to the service. People had not been admitted to the service during the pandemic. However, they would be required to have a negative COVID-19 test before moving into the home and self-isolate for 14 days. This also applied to people who had been admitted following a hospital stay. One person who returned from hospital had been unable to isolate but had agreed to wear a mask when in communal areas or around other people.
- We were assured that the provider was using PPE effectively and safely. Staff wore masks at all times and full PPE when supporting with people or when in close contact with a person. There was guidance and reminders around the home. The care manager regularly went through PPE procedures with staff and encouraged staff to remind each other if they weren't wearing PPE correctly.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff only work at Ennis House. The care manager had identified areas of the home that could be separated from the main part of the house to isolate people in case of an outbreak.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

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

- At the last inspection a new quality assurance system had been put into place and areas for improvement had been identified. Environmental areas that needed to be improved had been prioritised using a traffic light system with dates when the work should be completed. For example, the smoking room to be redecorated by June 2020. However, due to the impact of COVID-19 and other work which needed to take priority this had not been completed.
- There had been audits of accidents and incidents, to identify any themes or trends. The audits did not include information about what steps had been taken to and reduce the risk of re-occurrence. The care manager and staff were able to tell us what had been done and any changes that had been implemented.
- Although complaints had been raised with CQC, these complaints had not been raised at the home. The concerns related to the safety of people being taken out. The care manager told us although a particular trip had been discussed in the past this had not taken place due to COVID-19 and lockdown restrictions. The care manager and deputy manager told us that any trips would be discussed and risk assessed to ensure people were safe and they would be accompanied by staff. The care manager told us if the concerns had been raised with them or the provider they would have been responded to immediately.
- People were asked at their monthly care review if they had any complaints. We were told if people had they would be addressed immediately. Staff also told us if people had any complaints, they would usually tell staff immediately.
- The care manager told us a new environmental audit was needed, to include a revised time frame. They also acknowledged that more information was needed in some audits. They told us the recent focus had been on keeping up to date with changing guidance and ensuring people and staff were as safe as possible from the impact of COVID-19.
- The care manager and deputy care manager had good oversight of the home. They knew people and staff well and had a good understanding of their needs. Staff continued to receive training and supervision and were regularly updated about changes to guidance and changes at the home.
- Relatives, staff and healthcare professionals spoke highly of the service. One relative said, "They are wonderful." Another relative spoke of their loved one and told us, "Staff have provided stability but allowed [name] to still be themselves." A staff member told us, "[Provider] always reminds us we are working in people's home and they can have what they want." A visiting healthcare professional told us staff knew people well and treated them as individuals.

