

Endurance Care Ltd

ECL Office

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

ECL Office provides personal care and support to adults living in 'supported living' settings, so that they can live as independently as possible. The service is run from an office in Maidstone. This supported living service meets the needs of people with learning disabilities, autism and people with more complex health needs such as epilepsy. At the time of this inspection there were 15 people receiving personal care.

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 had been supported to live the life they had chosen, and had been supported to be an active member of the community. People appeared comfortable and relaxed in the presence of staff; observation showed people smiling and giving eye contact.

Staff had been trained and were clear on the action to take if they suspected abuse. Potential safeguarding concerns had been reported to the local authority, audits detailing any actions that required completing were monitored by the senior management team.

Risks had been mitigated and staff understood each person's specific risks. Staff understood how to support people at times of heightened anxiety where they may display behaviour that challenged themselves or others. Checks took place to promote health and safety within each service.

People received their commissioned hours of support. Support hours were planned around people's activities at times they had specified. Staff were recruited safely and, were given the opportunity to make any suggestions or to raise any concerns they had about their role.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained and followed detailed protocols for each person and their specific needs. Staff had been trained in infection control and understood the importance of reducing the risk of infection.

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.

Feedback and views were sought and acted on from people, staff and relatives. There was an open, inclusive, person-centred culture within the organisation where staff felt valued in their role. Staff worked in partnership with people, relatives and external health care professionals to ensure a consistent approach to meeting people's needs.

Systems were in place to monitor the quality of the service people received. A range of checks and audits were completed to ensure people received a high-quality service. Manager's held debriefing sessions with staff following an incident to identify any potential actions to reduce the risk of reoccurrence.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service supported people to reach their potential whilst maximising independence. People's houses were treated as their home with staff supporting people to live the life they have chosen. People were at the centre of all decisions and involved in their care and support.

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

Rating at last inspection – The last rating for this service was Good (published 20 November 2019).

Why we inspected

We received concerns in relation to one particular supported living service in relation to safeguarding incidents, staffing levels and person-centred care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ECL Office on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

ECL Office

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.

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

The inspection was carried out by two inspectors. One inspector reviewed evidence remotely whilst the other visited the office, and the service where concerns had been raised.

Service and service type

This service provides care and support to people living in 20 '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.

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. We also needed to gain consent from people to visit them at their house.

What we did before the 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 one person who used the service and one relative about their experience of the care provided. We observed interactions between staff and people following a trip in the local community. We spoke with six members of staff including the area operations manager, the registered manager, a service manager, team leader and two support workers.

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

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at stakeholder survey feedback.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the potential risk of harm and abuse. Staff had been trained and understood the action to take if they had any suspicions.
- Observation showed people appeared relaxed in the presence of staff by smiling and giving eye contact. Staff knew people well and understood how to support people through times they found challenging. One person told us, "They loved living here" when talking about Church House.
- The registered manager and management team had oversight of all safeguarding concerns that had been reported to the local authority. Regular checks and audits were completed to monitor any current open concerns and whether any actions had been completed for the concerns that had been closed.

Assessing risk, safety monitoring and management

- Staff followed comprehensive risk assessments when supporting people to manage everyday risks. For example, risks associated with specific health conditions or risks during times of high anxiety.
- Risk assessments had been written in conjunction with people and were specific to their needs. For example, some people had chosen to use pictures within their care records. Staff followed the interventions recorded to reduce the risk whilst supporting the person with their choices.
- Some people displayed behaviour that could challenge themselves or others. Detailed guidance was available to staff detailing how to support the person proactively. The positive behaviour support plans included triggers, early warning signs and the strategies staff should take. There was a crisis management phase and recovery strategies if an incident did occur.
- People were supported to maintain a safe living environment with the completion of regular checks such as, the fire alarm to ensure it was in full working order and finance checks. People were encouraged and supported to increase their independent living skills doing their own cooking, washing and cleaning.

Staffing and recruitment

- People received their commissioned hours of support when required. Staffing rotas were planned around people's chosen activities such as, food shopping or trips out within the community. The management team had been working with the local authority to reassess people's needs ensuring they had enough support to engage with their local community.
- People were supported by a core staff team which was complimented by regular relief or agency staff to cover any shortfalls.
- Staff were recruited safely. Pre employment checks were completed such as, references from previous employers and Disclosure and Barring Service (DBS) background checks. Pre employment checks help employers to make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed, safely from staff that were trained and had their competency assessed.
- Medicines, including 'as required' medicines were managed safely and stored securely. Support plans and protocols had been completed for all medicines, providing guidance for staff on when people needed these medicines and how to use them.
- Medicines audits were carried out within each service to identify any issues or shortfalls; these were acted on immediately to ensure good practice. For example, if an error had been identified the member of staff would not be able to administer further medicines until they had completed further training and a new competency assessment with their manager.
- Daily stock checks of medicines for each person had been carried out by a member of staff, and, a monthly audit was completed and authorised by the management team. The registered manager and senior management team had direct oversight of medicine audits through the electronic system used.

Preventing and controlling infection

- Observation showed staff wore the appropriate personal protective equipment (PPE) to reduce the risk of infection. Staff were observed wearing masks during our visit and had access to gloves and aprons.
- Staff had been trained and understood the importance of using PPE to protect people and themselves. The provider ensured people and staff were updated with any changes to the government's guidance.
- Systems were in place for any visitors to the registered office or people's homes. Lateral flow tests were required, temperatures were taken, and a coronavirus questionnaire was completed by the visitor.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored by the local management team within each service. Investigations took place to identify any patterns or trends with action being taken to reduce the risk of reoccurrence. The registered manager reviewed and had oversight of all incidents.
- Debriefing sessions were held after every incident with the member of staff and a member of the management team. This provided staff with an opportunity to talk through the incident and gain any additional support that maybe required such as, additional training.

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 has remained the same. 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 created an open and positive culture where people had choice and control over their lives. People were at the centre of their care and support and were supported to live the life they had chosen. People's activity planners showed a variety of activities within the local community. One person told us their diary was always full and they liked being busy.
- The registered manager had created opportunities for people, staff or relatives to speak with them on the telephone or through video calls about any concerns or suggestions they had. Staff told us they felt supported in their role. One staff member said, "I feel very supported, when I have a question, I always get an answer" another said, "I feel we are in a better position now than what we were. I can go to them [management] for anything."

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 and management team understood their responsibilities in respect of the duty of candour. The provider had a policy and procedure in place which would be followed in the event of an accident or incident where honesty and transparency is required.
- The registered manager gave examples of times when they had contacted relatives following an incident to discuss what action had been taken and what changes would be made.

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

- Systems were in place to monitor and improve the quality of the service people received. A range of audits were completed within the service and by the senior management team. Action plans were used to track and record any progress against shortfalls that were found. For example, during the area operation managers audit, it was identified staffs' record keeping was not always at the standard that was required. As a result, record keeping training was delivered to staff to ensure they were aware of the expectation.
- People were encouraged to do things for themselves and be as independent as they were able. People were supported to complete checks within their own home such as, cleaning checks and health and safety checks. Observation showed staff working alongside people and encouraging them to do things for themselves.
- The management team and staff were clear about their role and responsibilities. This was detailed within their contract of employment and job description. Staff were encouraged and supported in their role to

complete additional training to further develop their skills and knowledge.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as, allegations of abuse and serious injuries. The registered manager and management team understood their role and responsibility and had met their regulatory requirements.

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

- People's views were sought and acted on. People were given the opportunity to be involved in tenant meetings within their own house to discuss any concerns or to make suggestions. We observed people being supported to choose their lunch and to sort out their recycling.
- People were involved in developing and creating the newsletters that were sent to people and relatives. The newsletters included updates about what people had been doing such as, days out and holidays.
- Surveys were given to people and sent to relatives to gather feedback and gain views. The results were collated, and action would be taken when needed.
- Staff were given the opportunity to raise any concerns or make suggestions at team meetings or supervision meetings with their line manager. Supervision meetings enabled staff to meet with their line manager and discuss their role, giving an opportunity to give and receive feedback.

Working in partnership with others

- People received joined-up care with a multidisciplinary team approach. Staff worked closely with external health care professionals such as, occupational therapists and speech and language therapists. Referrals were made to the appropriate agencies when these were required such as, oral hygiene support and sexuality workshop support.
- The organisation held different project groups for managers to attend which gave them the opportunity to share best practise across the company.