

Endurance Care Ltd

Endurance Kent- Broadstairs

Inspection report

20 Granville Road
Broadstairs
CT10 1QB

Tel: 01843866509
Website: www.nationalcaregroup.com

Date of inspection visit:
12 October 2022
04 November 2022
07 November 2022
08 November 2022

Date of publication:
20 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Endurance Kent – Broadstairs is a supported living service providing personal care currently to ten people using the service. The property is divided into six purpose built self-contained apartments with three or four people living in them. There is a separate office and waking night support in place for 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

Right Support: The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Relatives told us people had a voice and were supported by staff to be heard and achieve their goals. However, staff did not document decisions in accordance with the Mental Capacity Act 2005.

The service worked with people to plan for when they experienced periods of distress so that they maintained freedom and choice. Staff knew and were confident recognising when people may need additional support and may present a greater risk to themselves.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. We reviewed care plans that showed staff were skilled to assist people and minimise any risks of harm.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff promoted and supported people to maintain relationships with their families and partners. Families told us they supported their relative to visit Canterbury, meet up with friends and travel safely on trains and buses.

Staff knew people well, what they liked and disliked discussing, planning and arranging activities that were meaningful to them such as visiting the Emmerdale set, Arsenal Stadium or planning holidays in the UK and abroad to Disneyland Paris. Other people took part in community projects such as gardening twice a week, maintaining their own allotment or attending the hairdressers and having their nails painted.

Right Culture: Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff cared about people, explaining how they support them to "live their best life." Staff told us "This is the best job I have had; I feel like my time is extremely valuable and my presence is having an impact, in a positive way." Staff told us many of the people they support have anxiety about trying new things, but they take time to research and encourage them to try new experiences.

The service enabled people and those important to them to be involved in developing the service. People could be visited whenever they wished, and people could visit or have friends stay over in the accommodation. People chose their key worker and had the opportunity to attend and comment on how care was provided at house meetings. Staff valued and acted upon people's views changing practices to improve their living environment. Some people decided to buy their own televisions following a house discussion. This enabled the people greater choice and freedom over what and when they watched programmes.

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

Why we inspected

This service was registered with us on 12 May 2021 and this is the first inspection.

We have found evidence that the provider needs to make improvements in two key questions; effective and well led.

You can see what action we have asked the provider to take at the end of this full report.

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.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Endurance Kent- Broadstairs

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to people who use the service, staff and relatives. We tried to contact six people but was unsuccessful. We spoke to four relatives of people and five staff members (support workers and team leaders) including day and night staff.

We reviewed two peoples care plans, additional care planning documents for persons with specific dietary needs or support, documents detailing activities undertaken by people, medicine records, staff appointment and training records.

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 of 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

- ☐ Staff had training, were alert to risks and knew how to recognise and report abuse. All staff were required to complete safeguarding training as part of their induction prior to working with people. Staff told us if they had concerns, they would report them to their direct line manager or the management team. Relatives told us they had confidence in the staff to act appropriately, if alerted to any concerns.
- ☐ Staff worked well with other agencies to identify and manage risks. The registered manager reported, investigated and monitored safeguarding referrals, communicating in a timely and effective manner with partner services.
- ☐ People and those who matter to them had safeguarding information in a form they could use. We saw aide memoirs displayed in the staff office to assist people to follow the correct process when raising a concern.

Assessing risk, safety monitoring and management

- ☐ People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff told us they had noticed changes in a person's behaviour, and they had told them they felt increasingly unsteady on their feet. Staff had spoken with them and supported them to attend appointments with their doctor, optician and audiologists to help assess and manage their changing needs. The person's care plan then set out how staff should support them to safely manage transport.
- ☐ Staff supported people to manage the safety of their living environment and equipment in it through checks and actions to minimise risk. Staff told us people's medication was kept securely and they administration was supported safely.

Staffing and recruitment

- ☐ The registered manager followed a safe recruitment process for staff. People were assured staff did not present a risk, as their identification, references and Disclosure and Barring Service (DBS) checks had been conducted. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- ☐ The numbers and skills of staff matched the needs of people using the service. The registered manager maintained staffing levels that were required to meet people's needs. This included one to one support for people to take part in activities and visits how and when they wanted. Staff told us "They (people) are always out, they like to be busy, they enjoy it."

Using medicines safely

- ☐ The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff told us where they had concerns, they spoke with the persons GP and the local authority to obtain advice.

- ☐ People could take their medicines in private when appropriate and safe. We checked the medicine administration record and found these had been completed appropriately.
- ☐ Staff made sure people received information about medicines in a way they could understand. Staff had access to information on each of the medicines and their potential side effects. Care plans included how to identify changes in a person's presentation.
- ☐ People were supported by staff who followed systems and processes to administer, record and store medicines safely. Where concerns had been identified by staff relating to the storage of a medicine, advice had been sought from the pharmacist and acted upon.

Preventing and controlling infection

- ☐ Staff supported people to minimise the risk of infection by promoting handwashing and basic hygiene. They were supported by staff to clean their rooms and communal areas and regularly wash their clothing and bed lining. Relatives told us their family members received regular support to wash and care for themselves.
- ☐ Staff were training in preventing and controlling infection and had access to personal protective equipment and clothing to support them in their role. We were assured that the provider's infection prevention and control policy was up to date.

The registered manager and staff encouraged and supported people to see friends and family. Relatives told us they often visited unannounced and were always welcomed by staff. They also told us how their family members regularly had friend's visit and stay over. This was very important to them.

Learning lessons when things go wrong

- ☐ When things went wrong, staff apologised and gave people honest information and suitable support. The registered manager and members of the management team were available for people, staff and relatives to speak with when they had concerns. The registered manager told us "we are making changes (in response to a disagreement between persons), sometimes they take time, we must follow the process to ensure everyone's needs are considered...I speak with the families and update them."
- ☐ Relatives told us staff were approachable, available to discuss concerns and always updated them on issues. They felt reassured that their relative was supported to speak up and confident they were heard and safe.
- ☐ The registered manager had effective systems in place to record, investigate and monitor accidents and incidents. These were discussed with the care team and overseen by the regional quality lead for the provider.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- ☐ The registered manager was working within the principles of the MCA but records had not been maintained to support restrictions to a person of their liberty. People who lacked capacity to make certain decisions for themselves, or had fluctuating capacity, had decisions made by staff on their behalf. Staff told us they had received training in the Mental Capacity Act 2005. Staff told us that some people needed to be accompanied when they went out to stay safe. However, there was no MCA assessment completed to evidence this was necessary and was the least restrictive option.

The registered manager did not act in accordance with the Mental Capacity Act 2005 where people lacked capacity to make decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ The registered manager ensured preadmission assessments were conducted for all people, ensuring they covered a broad range of people's needs.
- ☐ People had care and support plans that were personalised, holistic, strengths based and reflected their physical and mental health needs. People met with their keyworker monthly to discuss their care and their future. We found some people's monthly records were incomplete; however, staff knew people well and what their aspirations, concerns were and future appointments or activities they had planned.
- ☐ Staff we spoke with had awareness for the importance of ensuring people received the right support, right

care and the right culture. They spoke affectionately about the people they cared for and how they supported them to make choices in all aspects of their lives. For some people this included the involvement of advocates to ensure appropriate support and safeguards were in place when discussing and making difficult decisions. For example, changes to living arrangements.

Staff support: induction, training, skills and experience

- The service checked staff's competence to ensure they understood and applied training and best practice. Relatives told us when they spoke to staff they understood their relatives individual needs and supported them appropriately to maintain and promote their independence.
- Staff could describe how their training and personal development related to the people they supported. Staff told us what support people needed and why and how they ensured this was consistently provided to keep them safe. For example, people who required support to prepare and eat their meals to avoid risks of choking.
- Staff had opportunities to undertake additional training and development. All newly appointed staff had or were working towards obtaining the care certificate: The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Whilst members of the management team were supported to achieve further qualifications in health and social care relevant to their role.

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

- People were involved in choosing their food, shopping, and planning their meals. Staff knew individual people's preferences and dietary requirements such as people requiring a low sugar and low carbohydrate diet. Some people had chosen non-alcoholic drinks as an alternative, so they did not interact with their medication(s).
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People were supported and able to eat and drink in line with their cultural preferences and beliefs. Staff told us people liked to visit a local public house for a drink and lunch. "The staff (at the public house) are good with them and they feel safe there."

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People had regular opticians and chiropodist appointments.
- Staff promoted alternative ways of supporting healthier lives and taking more exercise. People had said in their care plans that staff had encouraged them to go for "walks, swimming and gardening to help them get moving." Other people decided they would go to Ramsgate with staff for a long walk, before their lunch.
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events. Staff told us people regularly attend day centres and community volunteering projects. Relatives told us "They have fantastic support."

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 members showed warmth and respect when interacting with people. Staff spoke with knowledge and affection about people and took a genuine interest in their well-being and quality of life. The registered manager said, "I have known most of the people for years, I care about them." Relatives told us "I can't commend the staff highly enough."
- ☐ People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Staff told us people were asked who they would like as their key worker and where possible this was agreed. One relative told us, "(They) love being there, they really like it, they like the people and get to go out." Staff had also obtained mobility aides for less physically able people to participate in longer trips.
- ☐ Staff were mindful of individual's sensory perception and processing difficulties. Staff told us how some people needed more time to understand information, how they used simpler words and shorter sentences, "We try not to use the word 'No,' it can be perceived as harsh and upsetting, we try alternative ways, we find they respond better."
- ☐ Staff saw people as their equal and created a warm and inclusive atmosphere. A relative told us staff recognised the need for people, "to have a normal life, they do not tell them what to do, they support them."

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

- ☐ People felt listened to and valued by staff. People's wants were clearly recorded in care plans, such as "being outside is important to me" and that they liked "music and listening to the radio every day." Staff told us when people didn't want to do some things, they supported them, respecting their decision and found alternative ways of engaging with them.
- ☐ People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. Regular house meetings were held with people to enable them to share their experiences and feedback on their care and environment. People raised issues such as cleaning rotas, birthday celebrations, and room decorations. People who declined to attend were updated by staff later and the minutes of the meeting shared in an accessible format.
- ☐ Staff supported people to maintain links with those that were important to them. Some people had bus passes and regularly met and visited their friends and relatives, including staying overnight.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff promoted self-care and helped people to dye their hair and regularly attend the hairdressers and get their nails painted. Staff told us they checked to ensure people had enough and appropriate clothing in good condition, "if their clothing is getting tired, we speak to them about replacing it."

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff told us some people, "Walk with staff and their dog."
- Staff knew when people needed their space and privacy and respected this. A relative told us, "They need the emotional support, they sit and talk with them", reducing fluctuations in their mood.
- Staff showed consideration for the preparation and presentation of food for people with specialist diets. They supported people to dine safely with their peers and supported them and respected their choice when they did not wish to engage.

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 learnt everyday living skills and understood the importance of personal care. Relatives told us that people required support around personal care. Daily records showed staff encouraged and supported people to wash and change their clothing regularly. Staff told us, "People lead the service, rather than the staff."
- ☐ Staff spoke knowledgeably about tailoring the level of support to individual's needs. People were involved in identifying goals and developing their individual plans. Relatives told us plans reflected their relative's individual needs, such as some needing support to help with washing their hair, doing up buttons and/or zips. They said the staff supported their relative to gain confidence and be more independent.
- ☐ People were supported to understand their rights and explore meaningful relationships with friends and family. Staff told us, "Everyone is different and how involved their families are."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- ☐ Staff ensured people had access to information in formats they could understand. Care plans included information in picture format to assist understanding. Where appropriate advocacy services were involved in supporting people with understanding choices. This enabled people to make their own decisions relating to potential changes to their home environment.
- ☐ Staff had good awareness, skills and understanding of individual communication needs. Staff knew how to facilitate communication and when people were trying to tell them something.
- ☐ Staff were trained and skilled in using personalised communication systems. Some staff had been trained in Makaton, using symbols, signs and speech to enable people to communicate.

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

- ☐ Staff helped people to have freedom of choice and control over what they did. A relative told us their family member was happy, "They know where they can go and food that is suitable to eat, they (people) collectively go down the pub for a drink." They told us this was important to their relative who enjoyed the social activities.

- People were supported to participate in their chosen social and leisure interests on a regular basis. People had been supported to attend days out at Dover Castle, Duxford Air Museum and Chessington World of Adventures dependant of their preferences. Relatives told us, "They have a good life."
- People were supported by staff to try new things and to develop their skills. Care plans show people were encouraged to go to different parks, castles and wildlife nature reserves. Staff told us people were visiting London Zoo and planning holidays of their choice. A relative told us, "They get on well with the people who help them, they are arranging to go on holiday with their support worker."
- People who were living away from their local area were able to stay in regular contact with friends and family. Relatives told us they called their family member and visited regularly. A relative told us, "They have a weekly call, facetime with the family every day, as the relative lives abroad. They always start the call."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Staff told us, people felt happy and confident to ask staff questions and raise concerns with them.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. Staff could report concerns directly to their line manager, members of the management team or anonymously via a QR app.

End of life care and support

- Staff worked with health professionals to identify individual care and support. No person was receiving end of life care at the time of the inspection and do not attempt resuscitation forms had not been considered appropriate for any of the 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management was inconsistent. Leaders and the culture were not always supported by effective systems to accurately record high quality, person centred care.

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

- Governance processes were not fully established and operating effectively to consistently hold staff to account. Staff told us, "There have been issues with staff not filling in the care plans, some staff find it hard to prioritise work." The registered manager had identified improvements were required in the recording of daily records and monthly reviews with people. Meetings had been held and good practice guidance provided. We found incomplete paperwork and inconsistencies in the reviewing and updating of care plans. The registered manager acknowledged further work was required to improve the integrity of recording systems.

- Staff did not have a good understanding of the Mental Capacity Act and how decisions needed to be recorded where people's choices or freedoms may be restricted. Staff told us they always supported people to participate in activities in the least restrictive way.

Systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to explain their role in respect of supporting individual people without having to refer to documentation. Staff told us they know people and had seen them improve and progress to become more confident and independent. Staff told us "We (the person and support worker) went to Leeds on the Emmerdale tour, they had always wanted to do it. We went on their birthday weekend."

- Staff delivered good quality support consistently. Staff told us they had, "...responsibility and freedom to have a positive impact on people they support."

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality and enabled them to develop and flourish. Staff told us, "The management are helpful."

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff told us, "If I have any concerns, they (the management) help me with the issue, they give me ideas."

- Managers worked directly with people and led by example. We reviewed minutes of staff meetings, these showed the registered manager had challenged the responsiveness of staff to address an issue and outlined

their expectations.

- ☐ Management and staff put people's needs and wishes at the heart of everything they did.

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

- ☐ Staff gave honest information and suitable support, and applied duty of candour where appropriate. Relatives had thanked the registered manager for their openness when investigating and responding to concerns. They stated, "It is evident you (the management) care deeply for those in your charge, you have alleviated my concerns."

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

- ☐ People, and those important to them, worked with managers and staff to develop and improve the service.
- ☐ Staff encouraged people to be involved in the development of the service through listening to their thoughts and encouraging discussion at flat meetings.
- ☐ The provider sought feedback from people and those important to them, both formally via meetings and one to ones, and informally by talking with them daily and checking everything was ok.

Continuous learning and improving care

- ☐ The registered manager had a clear vision for the direction of the service and a desire for people to achieve the best outcomes possible. Staff told us, "I love working here, management are approachable and committed to giving people the best care."

Working in partnership with others

- ☐ The service worked well in partnership with advocacy organisations where issues arose relating to people's behaviour and their tenancy.
- ☐ Staff worked in partnership with people to understand their experiences and how best they may support them and improve their well-being and quality of life. Regular reviews were held with the local authority to review the individuals care and support plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not act in accordance with the Mental Capacity Act 2005 where people lacked capacity to make decisions.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of the service.</p>