

Endurance Care Ltd

ECL Office

Inspection report

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25 July 2019

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Ratings

Overall rating for this service	Good ●
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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: This service 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. At the time of this inspection there were 79 people receiving personal care.

This supported living service meets the needs of people with learning disabilities, autism and people with more complex health needs such as epilepsy.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence. People lived in small groups in different community supported living services' in Kent. People received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

We observed safe care throughout our inspection. People consistently told us they felt safe living in their community and they were safe with the staff who supported them. One person said, "I am happy living here, this is home." They also told us that staff supported them to do the things they needed but their independence was respected. People told us about the work and volunteering opportunities they participated in. People told us how staff helped them plan and achieve their life goals and aspirations. A relative said, "My relative's support team have really made my relatives home into a lovely, comfortable home, it is very homely and welcoming. There is a relaxed and happy atmosphere."

People told us their needs were met and staff spoke with them about their care and offered them choices. People's needs were assessed and written in a care plan. The care plans were consistently updated.

Risks were assessed within the service, both to individual people and for the wider risk from the environment people lived in. Actions to minimise risks were recorded. Staff understood the steps they should take to minimise risks when they were identified.

The care offered was inclusive and based on policies about Equality, Diversity and Human Rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider policies and systems in the service supported this practice.

Staff were aware of their responsibility to assist people to maintain their health and wellbeing. This included health monitoring with GP's and community learning disability teams.

The provider's health and safety policies and management plans were implemented by staff to protect people from harm. Staff received training so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns they may have.

Medicines were administered safely by trained staff. Staff reduced the risk of infection by following infection control practice like safe hand washing and using gloves when providing personal care.

Staff were deployed in the right numbers to meet people's needs and choices. Background checks were made on new staff. The provider recruited staff with relevant experience and the right attitude to work with people who had learning disabilities. When possible, people were involved in the recruitment and choice of the staff who would work with them.

Staff were supervised to maintain the standards of care. Staff received supervision and attended meetings that assisted them in maintaining their skills and knowledge of social care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people.

Audits undertaken were based on cause and effect learning analysis, to improve quality. Staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice.

People, care manager's, relative's and staff had the opportunity to share their views about the service.

The service was not providing end of life care at the time of this inspection.

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

Rating at last inspection

This service was registered with us on 07 August 2018 and this was the first inspection.

Why we inspected

This was a comprehensive inspection. The inspection was prompted in part due to concerns received about whether people were being protected from potential abuse. A decision was made for us to inspect and examine those risks. We found the registered manager had taken steps to minimise the risks posed by potential abuse.

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 effective?

Good ●

The service was not always Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was not always Well-led.

Details are in our Well Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

This service provides care and support to people living in 26 '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.

Notice of inspection

This inspection was announced. We gave the service 12 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection. Inspection activity started at the registered provider's office on 17 July 2019 and ended on 24 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited and spoke to seven people in their homes and with one relative about their experience of the care

provided. We spoke with 15 members of staff including the regional manager, area operations manager, registered manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff recruitment files, and staff training and supervision files. 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 registered manager to validate evidence found. The registered manager sent us information we requested about safeguarding meetings and actions, care plans and how they were supporting people to resolve landlord property maintenance issues.

Is the service safe?

Our findings

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

This was the first inspection of this service. At this inspection this key question has been rated as Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everybody we spoke with said they felt safe. One person said, "I feel safe with my care staff, they help me learn about staying safe when I go out independently on the bus." Another person said, "Staff are on hand to keep me safe when I cook for myself."
- Staff received training about their responsibilities to safeguard people and what constituted abuse. Staff knew what signs they should look out for and were confident the management team would listen and act on any concerns they raised. A member of staff said, "We know how to raise concerns and how to blow the whistle to others outside the service if needed. I would definitely challenge any of my colleagues if I felt they were not delivering care safely."
- People were protected from the risks of financial abuse. One person said, "The staff help me plan my spending and budget. They help me save money and they explain what I can afford to spend." Processes to record and check financial transactions were completed. We observed people double checking their finances with staff.
- The registered manager had responded appropriately to a recent allegation that a person may have been subjected to abusive behaviour by a member of staff. They had reported the incident and discussed with the local authority safeguarding team and the police. Action had been taken to protect people from harm.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed, recorded and minimised. People's individual health and wellbeing needs were assessed and recorded in people's care plans and understood by staff. Where risks were identified, people's care plans described the actions care staff should take to minimise the risks. For example, in behavioural management care plans.
- Staff told us that records were in use and assisted them to record and monitor risk. Where people were living with health issues such as epilepsy or diabetes these had been risk assessed and management plans were in place to reduce the risk of harm.
- General risks were assessed and potential hazards in people's homes were assessed. For example, keeping their home secure. There was guidance and procedures for staff about what actions to take in relation to maintenance and health and safety matters.

Staffing and recruitment

- Staffing was planned based on people's assessed needs. People told us they got a mix of one to one and shared support from staff. People confirmed that they got time with staff to participate in their chosen routines and community activities. If people needed more than one member of staff to support them with any given activity, this support was provided.

- People were protected by safe recruitment practices, minimising the risk of receiving care from unsuitable staff. Applicants were interviewed, had references, and work histories were recorded. Staff had been checked against the Disclosure and Barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Using medicines safely

- When safe to do so, people's right to keep their own medicines and ask for staff support when they needed was respected. Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. We observed people being involved in the safe handling, storage and administration of medicines. People told us that their medicines were managed safely.
- The use of medicines was managed safely in line with published guidance. Staff were trained in and followed the provider's medicines policy. Staff told us in detail how they administered medicines safely. Full and complete medicines administration records were kept. These evidenced that medicines were given as prescribed. As and when medicines such as Paracetamol were managed safely. People confirmed they received their medicines as prescribed by their GP.
- The registered manager audited medicines records to check staff were administering them correctly. Staff underwent regular update training and observed competency checks when administering medicines to confirm their knowledge and practice.

Preventing and controlling infection

- People were protected from potential cross infection. Staff received infection control training. Staff told us they always had access to personal protective equipment [PPE] when appropriate, such as disposable gloves.
- People were assisted to maintain good food hygiene practice, and the cleaning of their homes.

Learning lessons when things go wrong

- Policies about dealing with incidents and accidents were in place to minimise harm and were effective.
- The registered manager promoted a learning culture and developed action plans that were followed up to ensure completion. For example, new behavioural support plans were being developed after a recent incident.

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 was the first inspection of this service. At this inspection this key question has been rated as good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported with their agreed and recorded daily routines by staff. Training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. The staff told us they had received a range of training to carry out their roles. This ranged from people who were mostly independent to others who needed intensive staff support.
- New staff confirmed they had completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Induction processes were recorded for each member of staff. Staff worked through the Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised.

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

- People's needs had been assessed by health care and social work professionals prior to them moving into the supported living service. These assessments provided an analysis of the care people needed and how people's care should develop. It included their lifestyle choices, freedoms and independence. One person said, "I am quite independent, staff have gone through my care plan and I am happy with it." Other people told us their care plans were followed by staff. People had independence goals they wanted to achieve and staff supported them with these. For example, one person was learning to cook their own meals.
- The registered manager also carried out their own initial assessment for each person to make sure they could meet people's needs. The registered manager's assessment checked the care and support needs of each person so they could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their sexuality or lifestyle preferences as well as their rights, consent and capacity.
- The registered manager assessed people individually and told us how they took account of people's protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion. Staff received their training about this.

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

- People showed us how they chose their own foods and shopping. People were supported to cook and had been provided with their own areas for storing their foods.
- Staff had been trained in good nutrition and hydration practice so that they had the skills to advise, guide and support individuals with their eating and drinking care needs. People's nutritional risk and allergy needs

were shared with staff delivering care so that they were consistent when meal planning with people.

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

- People's health and wellbeing was maintained and reviewed in partnership with external health services. For example, the staff worked closely with Community Nursing teams when people had conditions such as diabetes or epilepsy.
- The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP, occupational therapist and learning disability teams. People accessed a range of health and wellbeing services. For example, podiatry and dental care.
- When people moved to the service from other services, transition plans based on the Reach Standards had been followed with people before they moved into the supported living services. Information about people's aspirations, lives and preferences had been shared with social workers and funding authorities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

The manager fully understood their responsibility to work with the local authority care management teams to assist people to make best interest decisions. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.

- Staff had training and updates to promote their understanding of the MCA and issues around capacity and consent. The registered manager understood the process of assessing capacity if it were required. For example, where people's capacity fluctuated from day to day, staff understood when the MCA should apply.
- Where people lacked capacity to make more complex decisions, for example, deciding where they should live, their relatives or representatives and/or relevant healthcare professionals were involved to make sure decisions were made in their best interests. People's consent and ability to make specific decisions had been assessed and recorded in their records. For example, people had signed their consent to the care and support provided. People were making day to day decisions and these were respected by staff.

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

- Each person had a tenancy agreement with a landlord who was responsible for the properties people lived in. During the inspection we noted that in two places there were some outstanding issues in relation to decoration and the provision of hot water.
- The registered manager sent us information that confirmed they had resolved the hot water issues and that they were advocating on people's behalf in the strongest terms with the landlords who had not completed re decoration of their homes, as promised.

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 was the first inspection of this service. At this inspection this key question has been rated as Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Policies set out the staffs' approach to dignity, equality, diversity and human rights.
- Staff delivered care respectfully. One person said, "One person said, "My staff are really nice to me."
- We observed that people were supported by caring staff who were sensitive in manner and approach to their needs. Staff described how they delivered friendly compassionate care. One member of staff said, "People are all like family." They told us how they made sure that people were comfortable and relaxed in their presence. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

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

- People had full control over how they wanted to be supported. Staff had taken the time to understand how people communicated their wishes. For example, we observed staff with one person who needed time to digest and understand information. We saw that staff gave the person information in short, easy to understand sentences and then gave the person time to think and respond.
- The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.
- The manager consulted and communicated with people as fully as possible about their service. This is done through continuous checking with people and others who are involved in their care. People told us the registered manager visited them at home to see how they were and ask how they were doing.

Respecting and promoting people's privacy, dignity and independence

- People consistently told us that staff respected their privacy and maintained their dignity. One person said, "The staff knock on my door and ask how I am. The staff let me do my own washing." We observed staff asking if they could enter people's rooms to offer them support. A member of staff said, "Supported living is different, people do so much more for themselves and are more independent, but they can ask us for help if needed."
- Staff were supporting people to develop their independent living skills. People were encouraged and supported to do domestic and self-care tasks for themselves and to be involved in their community. People were supported to manage their own routines, medicines, money, and social interactions. People had asked for support to visit a gay pride event and staff had supported them to do this. Staff told us how they were

assisting people to explore their sexuality and rights.

- When possible, people kept information about them in their personal spaces at home. For example, their care plans and financial information.
- Records no longer needed in people's homes were returned to the office and stored securely.

The registered manager followed the General Data Protection Regulations 2018. This is a new law on data protection and privacy for all individuals.

Is the service responsive?

Our findings

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

This was the first inspection of this service. At this inspection this key question has been rated as Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support which met their specific needs. One person said, "I have a care plan and staff discuss this with me." Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided.
- Staff used appropriate personalised care planning formats for people with a learning disability. We saw that some people were writing their own care plans for staff to follow. People and staff we spoke with told us how they communicated based on people's needs. People used lots of photographic and pictorial information in their care plans to assist staff and their understanding. For example, keeping safe from abuse or places they liked to visit. This gave people some interest and ownership of the information about them.
- The care plans were being regularly reviewed by care staff. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotions, cultural needs and dignity and independence.

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.

- Staffing was provided based on the assessment of risks the activity to be undertaken may have.
- Activities were introduced to people so that staff could confirm people they were comfortable with the activity.
- One person told us how important it had been for them to keep in touch with a person they lived with in the past and how staff supported them to maintain contact.

Improving care quality in response to complaints or concerns

- People told us they understood how to complain, if needed. The complaints process was pictorial with an accessible speaking out complaints form. People had been supported to complete these to raise concerns, for example about loud music played by others they lived with. Complaints raised had been discussed and addressed.
- A log was kept of all complaints that had been raised either verbally or written. This included a log number, date received, verbal or written complaint, complaint code (what the complaint was regarding), whether the complaint was resolved, whether feedback had been given, was the complainant satisfied, the date the complaint was closed.

End of life care and support

- The registered manager understood their responsibility to ask people about their end of life preferences.
- Staff had recorded the end of life planning discussions they had with people and their relatives in care plans.

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.

- The staff identified people's information and communication needs by assessing and documenting them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information was in pictorial formats and people used technology with voice synthesisers where they pressed a symbol or picture to create words and sentences that people could hear.

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 was the first inspection of this service. At this inspection this key question has been rated as good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service covered a wide geographical area. The registered manager was based at an office in Maidstone. They had the support of an area operation manager and a regional manager. Each service had a team leader in charge of the day to day management. They were supported by a service manager who covered a number of services.
- The regional manager told us that new care plan formats had been started on the day of the inspection. These were designed to encourage people to become more independent and would be embedded into the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager understood when to submit notifications to Care Quality Commission.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff. Staff consistently told us that the registered manager was supportive and open.
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. A relative said, "The team leaders leadership at (service) has been exceptional and my relatives support team have made a tremendous positive difference to my relatives life."
- The registered manager understood their responsibility to act in the principles and requirements of duty of candour should it be required.

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

- People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. A relative said, "My relative was involved in all the decision making with everything to do with their house." People told us they were fully involved in their care and support planning. We observed one person being supported to choose a new car.
- Staff told us that they had team meetings with their team leaders and that the registered manager and

senior managers at the office were very open and helpful. One member of staff said, "I cannot fault the registered manager or the area manager, you can pick the phone up and ask for advice at any time, they are very approachable."

Continuous learning and improving care

- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018.

Working in partnership with others

- Staff worked closely with health and social care professionals with a shared responsibility for people's care; notably GP's, hospitals and other medical services and adult care services.