

Ethos Care Family Services Limited

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## Inspection report

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London  
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25 July 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ethos Care Family Services Limited provides supported living services to people living with mental health support needs. At the time of our inspection the service was providing support to 4 people across three locations. Each supported living house had an office and sleep in facilities for staff members.

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

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 the CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who are autistic.

Right support: Staff demonstrated they understood the support people required. The registered manager and staff described how people's anxieties and related behaviours had reduced over time. We saw confirmation of this in people's care records and incident reports.

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.

Right care: People's care plans and risk assessments were person centred. Care plans contained guidance for staff in meeting people's assessed needs. Staff understood people's wishes and preferences and spoke about them in a caring and respectful manner. Staff encouraged people to do things for themselves and to take positive risks, such as participation in activities. Staff had engaged with people, health care professionals and other relevant individuals to support people's needs.

Right culture: People and those important to them, such as family members had been involved in planning their care and support. Staff worked with people to engage them in activities and support that met their expressed interests and preferences. Staff and managers had received training in supporting people's individual needs. Staff were supported to discuss best practice for the people they supported in individual supervision sessions and team meetings. People were provided with the support they required to develop daily living skills and to access the local community as they wished. Staff members said they felt supported by the provider and received the information and support they required to do their work effectively. A relative told us they felt the service was well-managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 November 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 well-led.

Details are in our well-led findings below.

# Ethos Care Family Services Limited

## **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

This inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in 3 '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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in available to support the inspection.

Inspection activity started on 12 June 2023 and ended on 3 August 2023. Site visits to the supported living locations took place on 16, 21 June and 25 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 staff members including the registered manager, 3 senior staff, a director and 3 support workers. During our inspection people using the service were unavailable or did not wish to speak with us. However, we received feedback from a family member.

We reviewed a range of records including 4 people's care and medicines records, 3 staff records, policies and procedures and a range of records relating to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received training in safeguarding adults. They understood their roles and responsibilities in identifying and reporting concerns.
- The provider had up to date policies and procedures on safeguarding adults and responding and reporting any accidents or incidents were in place.
- People's person centred risk assessments and care plans contained information about any identified risk of harm and abuse.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before they started using the service. Risk assessments were regularly reviewed and updated following incidents or changes in people's care and support needs.
- People's risk assessments included information about, for example, mobility, personal care, behaviours and environmental risks. People's assessments were linked to the information contained in their care plans and included guidance for staff on managing identified risks.
- Where the provider had identified environmental risks to people, they had worked with landlords and external contractors to ensure these were resolved.
- Staff understood people's needs and told us they had all the information they required to support them safely.

Staffing and recruitment

- The provider had systems in place to ensure staff were recruited safely.
- The provider had carried out pre-employment checks, including references, proof of identity and eligibility to work in the United Kingdom. Disclosure and Barring checks (DBS) had been carried as part of the pre-employment process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Staff references were verified to ensure they were genuine.
- The provider ensured there were enough staff in post to meet people's needs. The staffing rotas matched the staffing we observed.
- Newly recruited staff were required to complete induction training and spend time shadowing a more experienced staff member before working alone with people.

Using medicines safely

- People's prescribed medicines were managed safely.
- Where people required support to take their prescribed medicines, person centred risk assessments had

been developed.

- People's medicines were safely stored. Their medicines records were completed appropriately with no unexplained gaps.

#### Preventing and controlling infection

- The provider had systems in place to reduce and control the risk of infection as much as possible. The service's policies and procedures were up-to-date and reflected current government guidance.
- Staff had received infection prevention and control training.
- Staff were provided with the personal protective equipment (PPE), such as disposable gloves, aprons and hand sanitisers.
- The provider had carried out regular audits of infection control measures.

#### Learning lessons when things go wrong

- The provider had taken actions to improve support to people following incidents.
- Staff had recorded incidents, accidents and near misses to people. These were monitored by the provider and reported to the commissioning local authority where required.
- We saw evidence people's risk assessments and care plans had been updated where concerns had been identified.
- Staff members told us they were advised immediately of any new risks to people and provided with guidance on managing these. They were provided with opportunities to discuss with the registered manager and as a team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, choices and preferences were assessed before they started to use the service.
- Person centred care plans and risk assessments developed from the initial assessment included guidance for staff on meeting people's needs and preferences. People's dietary, cultural, religious and health needs were included in the assessment. Staff told us they had access to the information and guidance they required to provide each person with the care and support they required.
- People's assessments and care plans were regularly reviewed. The registered manager told us these would be immediately updated should there be a change in people's needs or circumstances. We saw evidence of this.

Staff support: induction, training, skills and experience

- New staff received an induction. This included core training, understanding the provider's policies and procedures and other information about the service. Staff members told us they found the induction valuable. The induction training was mapped to the outcomes of 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 15 minimum standards that should form part of a robust induction programme.
- Staff had received training in relation to people's individual needs. This included training on supporting people with mental health needs and positive behavioural support.
- Staff spoke positively about their training which provided them with the information and guidance they needed to provide people with personalised, safe care. One staff member told us, "The training is excellent. When we have asked for more training, this has been provided."
- Staff received ongoing support and supervision in their role. The registered manager regularly met with care staff to review their work and to identify training needs. Staff told us the registered manager and other senior staff visited the supported living locations regularly to review their practice. They said they could contact a manager at any time for advice and support.

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

- The provider ensured staff had the information they required to support people with eating and drinking.
- People's care plans contained information about their dietary needs and preferences, including religious and cultural needs, and needs associated with their individual health conditions, such as diabetes
- People chose their own meals. Staff supported them to shop and cook for themselves.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure consistent, effective and timely care was provided.
- People's care plans included information about their health needs and professionals involved in their health care and other support.
- People were supported to attend appointments and receive healthcare treatment. Records of health appointments and liaison with other professionals were maintained in people's care records. Changes and adaptations to people's support had been made where required.
- Staff told us that if they had concerns about a person's care or well-being, they would report it to management staff who, where appropriate, would communicate with people's relatives and healthcare or other relevant professionals.

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.

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- People's care plans included information about their capacity and ability to make decisions. At the time of our inspection people had capacity to make decisions for themselves. The registered manager told us they would seek support from relevant professionals should they be concerned that any person was unable to make a decision.
- Staff had received training on the MCA and understood their roles in ensuring people were enabled to make positive choices about their care.

# 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

- The provider's values, policies and procedures promoted an inclusive culture across that respected people's equality and diversity. The provider's assessment processes considered people's individual wishes and preferences, including culture religion and sexuality.
- People's care plans included information about how they wished to be supported. Guidance was provided for staff on meeting people's individual needs and preferences in accordance with their expressed wishes.
- The registered manager understood the importance of providing a consistent and reliable service. Staff members who people were familiar were rostered to the locations where people lived. Staff said they worked consistently with the same people. A relative told us they knew their [relative] was supported by staff who understood their needs.
- Staff had a good understanding of the importance of respecting people's differences and providing care and support with dignity. They spoke positively about the people they supported. A staff member said, "It is challenging sometimes but we try to understand why people behave the way they do and change the way we work if necessary. I'm learning something new every day."

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

- The provider had systems in place to ensure people were enabled to express their views and make decisions about their care.
- Staff spoke about involving people in making choices and respecting them. A staff member told us, "[Person] does not always want support so I tell them what I need to do and why I am asking. I'll check again later if they don't agree."
- The provider-maintained records of engagement with people, their relatives and local authority and other professionals.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included guidance for staff on supporting people with dignity and respect. This included information on people's preferred name and how to provide support that was respectful of their expressed preferences. The care plans included information about the things people could do for themselves and the tasks they required support with.
- Staff described how they supported people's privacy and dignity, for example, by ensuring their preferences were always addressed and by encouraging people to do as much as possible for themselves.
- The provider carried out checks of care and support and these included a review of whether staff provided care in a professional and respectful manner.

# 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

- The provider's systems ensured care and support was personalised and people had choice and control to meet their needs and preferences.
- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's support. Staff were provided with guidance in relation to ensuring people's expressed needs and preferences were met.
- People's care plans included a summary about the person's life, which included information about their family, hobbies and interests. This helped staff to know and understand the person more fully and helped them to provide personalised care.
- Staff were knowledgeable about people's individual needs and preferences. They described how they supported people and responded to their needs and requests.
- Staff told us they were immediately informed about any changes in people's needs. People's care plans were regularly reviewed to ensure they were always up to date.

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.

- The provider was meeting the requirements of the Accessible information Standard.
- People's care plans were written in a clear format and people had access to these.
- The provider was not supporting anyone who required accessible information at the time of our inspection. The registered manager told us they would ensure information was provided in other formats, such as other languages or picture assisted, should this be required by any person using the service in future.
- People's care plans included information about their information and communication needs.

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

- People's care plans included information about their social and cultural needs and interests. The care plans included guidance for staff on how to support these. For example, providing choices and encouragement to people to participate in activities.

- Staff supported people to participate in community-based activities. When we inspected 2 people had chosen to go on a seaside outing accompanied by staff.

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

- The service had a complaints policy and procedure. People were provided with this when they started using the service.
- There had been no complaints from people using the service at the time of our inspection. However, there had been complaints from neighbours. The registered manager described how these were addressed in accordance with the provider's complaint procedure.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the registered manager.

#### End of life care and support

- At the time of this inspection there was no one receiving end of life care. The registered manager told us that, should any person require end of life care and support in future, they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure people received the care and support they required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood the need to report incidents to the CQC where appropriate. However, they had not provided the CQC with notifications in relation to police incidents as required.
- Following the first day of our inspection the registered manager immediately submitted notifications in relation to incidents where police were called to the service. They assured us they would continue to submit all required notifications to the CQC
- The registered manager and care staff were clear about their roles and responsibilities in meeting regulatory requirements and providing a quality service to people.
- There were systems in place to assess, monitor and check the quality of the service provided to people.
- Regular spot checks of staff carrying out their care and support roles were carried out by the registered manager. This helped to monitor the performance and competency of staff and the quality of the service people received.
- Checks of care plans, care records, staff training, and other areas of the service were also carried out. Monthly quality assurance checks were undertaken by an external professional.

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

- The provider had systems in place to ensure a positive culture was in place. People's care plans were person-centred.
- Staff told us they enjoyed their role in providing people with personalised care and support. They spoke highly of the support they received from the registered manager. They confirmed they received the information and guidance they needed to provide people with effective, safe care that met their individual needs.
- The registered manager visited the supported living settings regularly and demonstrated a good understanding of people's needs.
- A relative told us they maintained regular contact with the service and staff informed them of any changes or concerns.

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

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010 and understood the importance of ensuring people, the public and staff received consistent and

equal treatment from the service.

- The service sought verbal feedback from people and those important to them and used the feedback to inform service quality and development. The feedback they received was positive.
- The service is relatively new, and the provider had not yet carried out a formal satisfaction survey. The registered manager told us they planned to do this in the future.

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 understood the importance of being open and honest when things go wrong.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous learning and improving care.
- Records of incidents showed details of lessons learned and actions taken to reduce the likelihood of reoccurrence. This was confirmed by staff and reflected the policies and procedures we reviewed.

Working in partnership with others

- The provider maintained contact with relevant professionals and sought support from them in meeting people's needs.