

Endurance Care Ltd

Rectory House

Inspection report

The Old Rectory
Rectory Lane
Harrietsham
Kent
ME17 1HS

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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

The inspection took place on 12 June 2018 and was unannounced.

Rectory House is a 'care home' for up to 15 people with a learning disability. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 14 people living at the service at the time of our inspection.

At the last inspection, on 9 June 2017, the service had an overall rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed.

At this inspection we found the service remained 'Good'.

A registered manager continued to be employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

There continued to be sufficient numbers of staff to meet people's needs. Staff continued to be appropriately supervised and had the skills and knowledge they needed to support people with learning disabilities. New staff had been recruited safely and pre-employment checks had been carried out.

People continued to be protected from abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Medicines were managed safely and people received their medicines when they needed them. Risks were assessed and there were mitigations in place to minimise risk and keep people safe.

Peoples' support met their needs. Support plans continued to accurately reflect people's needs. People were supported to have choice and control of their lives and staff support them in the least restrictive way possible. Staff were aware of people's decisions and respected their choices.

The service continued to support people to maintain their health and wellbeing. People had access to healthcare services when they needed it and were supported with nutrition and hydration. When people accessed other services such as going in to hospital they were supported by the service and there was continuity of care.

People were treated with respect, kindness and compassion. People were provided with emotional support and reassurance when they needed this. People were supported to maintain relationships with those who were important to them. People's privacy was respected and they were supported to lead dignified lives.

People were supported to increase their independence and undertake activities of daily living. Where people had identified that they wanted to move to a more independent setting they were being supported to do so.

People were encouraged to express their views and were listened to. There were systems in place to seek feedback from people and their relatives to improve the service. Relatives told us that they were informed about the services' plans and that communication was proactive.

The service was clean. The environment had been adapted to meet people's individual needs. Staff were aware of infection control and the appropriate actions had been taken to protect people.

Staff, relatives and community health and social care professionals told us the service was well-led. The registered manager had a clear vision and values for the service which staff understood and acted in accordance with. The service was regularly audited to identify where improvements were needed and actions were taken.

Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies to develop and share best practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Rectory House

Detailed findings

Background to this 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 was planned to check 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.

This comprehensive inspection took place on 12 June 2018 and was unannounced. The team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from relevant health and social care professionals and staff from the local authority involved in the service on their experience of the service. We also contacted Healthwatch. Healthwatch are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we spoke with seven people who lived at the service and observed the interaction between people and staff in the communal areas. People used a range of communication styles, some people did not engage verbally about their experiences of the service. We spoke with three relatives of people, to gain their views and experiences. We looked at five people's support plans and the recruitment records of three staff employed at the service.

We spoke with the registered manager and four members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living there and that there was enough staff to support them. One person told us, "It's nice. I like it here". One relative said, "I have no doubts about the safety, I have no reason to believe that there are any concerns". Another relative told us, "My relative always seems to have been safe and well looked after".

People continued to be protected from abuse. Staff had undertaken training in safeguarding and whistleblowing and knew who to inform if they had concerns. Staff told us, "We report any concerns to the registered manager and they deal with everything straight away". There had been two safeguarding concerns in the previous 12 months which had been dealt with appropriately.

Risks to people's individual health and wellbeing continued to be assessed to enable them to remain safe. Support plans were stored securely and included detailed assessments for in and around the home and out in the community. Plans included information on how to manage risks to ensure that people received the care they needed in a safe way whilst promoting independence and freedom. We observed staff following the guidance in people's support plans, for example, by supporting one person to make hot food in the kitchen.

The registered manager continued to carry out regular health and safety checks of the environment to make sure it was safe. Where assessments had identified actions were needed these had been undertaken. For example, ensuring that the fire extinguishers were in date. The provider had recently employed a compliance officer to ensure that checks and necessary remedial work were done on time. People had personal plans in place to ensure that they could be safely evacuated from the service in the event of an emergency.

There continued to be enough staff to meet people's needs and keep them safe. Staffing was arranged flexibly and based on an assessment of people's needs. For example, the provider made additional staff available to provide one person with one to one support to keep them safe. There was an on-call system in place if staff needed more support during the night. Robust recruitment processes continued to be in place to ensure staff were suitable to work in a health and social care environment and the necessary pre-employment checks had been carried out.

Systems were in place that showed people's medicines continued to be stored, administered, ordered and disposed of safely. Medicine was regularly audited to ensure that people had received it on time, staff training was up to date and stocks were well managed. Some people were prescribed medicines on an as and when basis (PRN), and there was guidance in place about how these should be used and when these might be needed. Some people had medicine that is classified as a controlled drug (medicines with potential for misuse, requiring special storage and closer monitoring). There were policies in place for controlled drugs and staff followed this guidance.

The service was clean and risks of infection were minimised by health and safety control measures. A

cleaner was employed by the service and people were supported by staff to keep their own rooms clean and manage their laundry. Personal protective equipment was available when required. The service had recently had a food hygiene inspection and was rated very good.

Incidents and accidents were recorded by staff. The registered manager reviewed these to look for trends. Incidents and accidents were reviewed and where appropriate people's support plans had been updated. This meant that new or changing risks were identified and mitigating actions were put in place to keep people safe. For example, one person had a fall. There was information on how to prevent further falls and actions had been taken to reduce the risk.

Is the service effective?

Our findings

People told us that they were listened to and their choices were respected. One person told us, "We choose a menu and put it up on the dining room wall". Another person told us that they liked their room and had chosen the decoration. One relative said, "My relative is taken to the dentists and doctors as necessary and looked after quite well".

One person had moved to the service since our last inspection. The service undertook a holistic pre-assessment and the person had been invited to visit prior to moving in. The assessment included information on person's life history, preferences and information on the support they needed. This enabled the service to plan how they could support the person once they moved in. People's support plans were changed when needed. For example, if there were changes to risks to people or any new activities people wanted to participate in.

Staff had continued to receive training relevant to their role including moving and handling, safeguarding people, equality and diversity, and pain management. Staff told us that they felt that the training was effective. New staff completed the care certificate and undertook an induction which included reading people's support plans and shadowing an experienced staff member to gain more understanding and knowledge about their role. The care certificate is an identified set of standards that social care workers work through based on their competency. The registered manager checked how staff were performing which meant that staff received the right level of support to continue to deliver effective care.

People living at the service did not always require assistance with nutrition or hydration. People were being supported to participate in food shopping, preparation and where appropriate to learn to cook for themselves. People had access to a choice of food and drink when they wanted it including during the night. We observed that people had free access to the kitchen, people came in to choose and make their own drinks and lunch and staff praised them for this. Where people had been identified as being at risk of malnutrition their weight was monitored regularly and they had been referred to a dietician for support. Where needed staff monitored people's eating and drinking and provided support and encouragement as appropriate.

People told that they continued to have access to healthcare to maintain their health and well-being. One person said, "I've been to the doctors and I'm going out soon to optician. Then we're going to town for a hot chocolate". People also had health action plans in place detailing the support they needed to maintain their health. For example, where people needed regular access to a chiropodist. There was information for people to take with them to hospital such as how the person communicated and what medicines they were taking. The meant that there was continuity of care if people needed to go in to hospital.

People continued to be supported to be active and improve and maintain fitness. People said they played football in the garden together and went to sport activities. Another person liked to keep healthy by working in the garden. They showed us the areas they had been weeding.

The service had a welcoming and relaxed feel. The building was old and some areas were in need of refurbishment. The provider was aware of this and was planning to refurbish the building in the late summer. The building was very large and the ceilings were high and people had made large colourful displays to fill the space. For example, people had made a large funny poster using pictures of staff in the dining room. People had chosen the decorations for their own rooms and some people had used their creative skills to decorate their rooms themselves. People had also chosen the decoration in the communal areas that were recently decorated. For example, the quiet TV room. The front exit and garden were accessible and the corridors were large and uncluttered so that people could move about easily.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities regarding deprivation of liberty and had submitted the appropriate applications. Staff we spoke with understood the principles of the MCA and were aware of how to respect people's choices.

Is the service caring?

Our findings

People told us that they were treated with dignity, respect and that staff were caring. People told us that they liked the staff and were supported to be more independent. One person told us, "All the staff are nice. They help me do more things on my own".

A health and social care professional told us, "My client seems happy to live there and has been there for many years with no concerns about the service". Staff told us, "It's lovely to see people becoming more independent, some people needed help to do things but now they just need prompting. They've been supported to learn to do more for themselves and that's a reward in itself".

We observed people being treated with kindness and respect. Staff knew people well and had a good understanding of people's support needs, likes and preferences. For example, one person enjoyed sewing but their machine had broken down. Staff were aware that this was important to the person and were arranging to get the machine fixed.

When people were anxious or upset they were provided with emotional support and people's privacy and dignity was respected. For example, one person was due to go to the GP, they expressed to the registered manager that they were anxious about this whilst they were in the dining room. The registered manager gave the person the reassurance they needed and arranged for staff to talk to the person in private to discuss the appointment in more detail. This meant that their privacy and dignity were protected and demonstrated that staff treated people's personal information as confidential. Staff told us, "We always knock on people's doors, we always ask before providing support with personal care and we always ensure that the door is closed. If people want to talk about something we always make sure we keep their conversation confidential". We observed staff promoting people's dignity on a number of occasions throughout the day.

Staff told us that they enjoyed their job roles and were passionate about making a difference to people's lives. One staff told us, "I enjoy working here as it's focused on the individual and they go a bit extra to support people". Another staff said, "It's a job that you get something out of, it's rewarding when you make a difference to people's lives".

People and their relatives told us that they were consulted about their support needs. There was information on people's communication needs and what support they needed to express their views. For example, there was information on people's own signs and gestures to enable staff to understand these. We observed that people were very comfortable speaking to the registered manager and did so frequently.

Relatives told us that they could visit people when they wanted. One relative said, "We can visit when we want to and my relative comes to visit us. There are no restrictions on visiting".

Staff encouraged people to do things for themselves and supported them where it was needed to maintain and increase their independence. For example, we observed people being encouraged to make their own

lunch and wash their own dishes afterwards. People at the service had been asked if they wanted to go to college to attend a life skills course and some people had chosen to do so. The staff encouraged people to manage their own personal care as much as possible and people's support plans reflected this. Staff told us, "We are focused on supporting people to do what they want to do. There is now a strong focus on helping people to develop life skills and people are doing a lot more for themselves. People are developing their own ideas and we can see that people are happier as a result".

Is the service responsive?

Our findings

People told us that they were happy at the service and enjoyed the activities they participated in.

One relative told us, "I think they do their job, we have no complaints, if there were concerns my relative would complain". Another said, "They are always doing something, they are always out and busy".

People's support was based around their needs, choices and aspirations. Plans were personalised and included details about how the person liked to be supported. This included information about people's religion, disability and sexuality. The support plan provided staff with the guidance they needed to support people effectively. Staff identified that some people wanted to live more independently in a supported living setting and closer to town. Supported living is where people have their own tenancy and have support from a provider to help them live as independently as possible. In response the provider was refurbishing some property near the town centre as supported living accommodation for people to move in to. Some people and their relatives told us about the planned move. One relative told us, "My relative knows all about it and we will be all be going to see the new houses soon when they are ready". The people we spoke to who were planning to move told us they felt happy about it. One person said, "I'm moving on. I'll be able to walk to town centre which is really good". Another person said, "I'm moving soon. It will be good. It's near my mum." Staff told us, "Most people have lived here a really long time. We have reassured people that this is still their home and there is no rush to move if they are not ready".

The registered manager told us that plan was for the service to reduce in size and that less people would live there in the future. Some people told us that they were looking forward to the change because they wanted to live with less people. The provider was planning to refurbish the service after people who were planning to move had done so, as this would be less disruptive.

People were supported to participate in activities of their choice. People met with their keyworker regularly and discussed activities at the monthly service meeting. The registered manager told us that the service had recently changed from having a minibus to having cars and supporting people to use the bus and that this meant that the service was more equipped to support people to access different activities. Whilst we were at the service some people had chosen to go and watch cricket. Staff told us that this was an activity people regularly enjoyed and that they had made lots of friends there. Another person told us they were going to town with staff that day to go shopping. Some people at the service were undertaking volunteer jobs and work experience. One person told us that they worked on a conservation project and really enjoyed it.

The service had a positive policy on complaints and actively encouraged people to complain. As a result, there had been eight complaints made by people in the previous 12 months. The registered manager told us, "If people are upset about something we record it as a complaint, that way people know that we are listening and their feelings matter". We looked at the complaints log and saw that all the complaints had been resolved quickly. For example, one person complained that the cold juice kept in the fridge was always running out. Staff ensured that people could chill larger quantities of juice in the fridge.

The service was not currently supporting any one at the end of their life. However, they had done so in the recent past. The service worked with the district nurses and a local hospice to enable the person to die with dignity in their own home. One health and social care professional wrote to the service after the person had passed away and said, "I want you to know what an incredible job you did caring for [name]", "You were able to keep them in their own home where they felt safe and loved. What a fantastic team". Staff supported the people living at the service to attend the funeral and grieve for the person. Staff told us, "People wanted to talk and ask questions and we kept on answering questions and listening and talking for as long as people needed it". Staff also told us that they were also provided with the support they needed to grieve when the person died.

Is the service well-led?

Our findings

People knew the registered manager well. There was an open-door policy and we observed that people came in to the office to talk to the registered manager frequently.

Relatives told us, "My relative feels comfortable there. They are comfortable and settled. The staff are helpful and answer questions". Another relative said, "The staff are very communicative and co-operative".

The service continued to be well-led by a passionate registered manager who was skilled and experienced in working with people with a learning disability and had made improvements to the service. Staff told us that the changes had a positive impact on people's lives. One staff said, "I really enjoy my job, it's a good place to work and it's changed for the better". Another staff said, "They have made some really good changes, people are more independent here now". Staff confirmed that the registered manager was supportive. One staff said, "The registered manager is fair and listens to staff. They have an open-door policy and I can talk to them when I need to do so". Staff told us that they had the opportunity to make suggestions about how the service was run and that their ideas were listened to through regular staff meetings at the service and hand over meetings between shifts.

Checks and audits continued to be completed. Audits included medicines, support plans, health and safety, infection control, fire safety and equipment and policies and procedures. The operations manager visited and audited the service provision monthly. Where actions were needed these had been undertaken. For example, it was identified that the business continuity plan needed updating and this had been completed.

The registered manager had a clear vision for the service which was based on ensuring people were getting the right support, lived meaningful happy lives and were supported to become more independent. The service was working according to this vision. Relatives told us that they were kept well informed about developments at the service and were involved in decisions about people's support. For example, the service had recently an afternoon tea event for family and friends to discuss the future for the service and the potential move for some people to supported living services.

People had a monthly meeting to discuss their views about the service. We observed the people were well informed about the plans for the service and knew how this could affect them. People's views had been listened to. For example, some people wanted a quiet TV room at the service and this was now in place.

The registered manager told us that they felt well supported by the service and had regular support from the operations manager. They told us, "The company is really supportive and they listen really well". They also met bi-monthly with registered managers from the provider's other services and the operations manager to share best practice and learning. The registered manager continued to work closely with social workers, referral officers, and other health professionals. A health and social care professional told us, "The registered manager responds to our requests and listens to our advice".

The registered manager was aware of when notifications had to be sent to CQC. These notifications would

tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.