

Endsleigh Care Limited

# Endsleigh Care Limited

## Inspection report

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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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Endsleigh Care on 17 February 2016. This was an unannounced inspection.

Endsleigh Care is a care home that is registered to provide accommodation and support with personal care for eleven people with mental health and psychiatric needs. The service aims to provide rehabilitation and recovery to people with psychiatric and forensic histories who want to move into their own home after they have made sufficient progress in their recovery.

The service had a registered manager in place at the time of our inspection. 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 was divided into two residential units with six bedrooms in one unit and five bedrooms in another unit. They were supervised by the registered manager and a deputy manager. At the time of the inspection nine people were using the service. During our last inspection on 11 January 2014, we found that the service was compliant with all regulations we checked.

The service provided care and support to people to enable them to become more independent. We found that people were cared for by sufficient numbers of qualified and skilled staff. Staff also received one to one supervision and received regular training. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choices over what they wanted to eat and drink and they were supported to access healthcare professionals. People's finances were managed and audited regularly by staff so that their money was kept safely and securely. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. The care plans included risk assessments as some people had restrictions placed upon them by the Ministry of Justice. However, the service did not have up to date outcome and recovery systems which measured people's progress.

Staff had very good relationships with people living in the service and we observed positive and caring interactions. Staff respected people's wishes and their privacy and supported people to express their views. People pursued their own individual activities and interests, with the support of staff. The environment was safe and clear of any health and safety hazards.

There was a structure in place for the management of the service. People, relatives and visitors could identify who the registered manager was. People felt comfortable sharing their views and speaking with the

registered manager if they had any concerns. The registered manager demonstrated a very good understanding of their role and responsibilities. Staff and people told us the registered manager was supportive. There were systems to routinely monitor the safety and quality of the service provided.

We found one area where we have made a recommendation to the service, which is detailed in the 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.

The service had whistleblowing and safeguarding procedures in place. Staff understood how to identify and report abuse. People felt safe and staff were recruited appropriately.

There was sufficient numbers of staff to meet people's needs.

The service had a system to check medicine and finance recording.

### Is the service effective?

Good ●

The service was effective. Staff were supported in their roles and received regular supervision and training.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which helps to protect people's rights.

People were supported to eat and drink healthy and nutritious meals that met their dietary needs.

### Is the service caring?

Good ●

The service was caring. People were very happy at the service and staff treated them with respect and dignity. Relatives were very satisfied with the level of care and with the quality of the staff.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People were supported to maintain their independence.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive. Recovery and outcome tools were in use but some had not been

completed for over a year. We made a recommendation about reviewing the use of these tools.

People's individual choices and preferences were discussed with them. People's health, care and support needs were assessed and were reflected in their care records.

People had a programme of activity in accordance with their needs and preferences.

People using the service were encouraged to express their views.

**Is the service well-led?**

**Good** ●

The service was well led. The service had a registered manager in place.

Staff and people found the registered manager to be approachable and provided good leadership.

Quality assurance and monitoring systems were in place and included seeking the views of people.

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## **Detailed findings**

### Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 17 February 2016 and was planned to check whether the provider was 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 under the Care Act 2014.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. A notification is information about important events which the provider is required to tell us about by law, such as safeguarding alerts. We also contacted a local authority that had placed people in the service and the local borough safeguarding team.

The inspection was carried out by two inspectors. During our inspection we observed how the staff interacted with people and how they were supported. We viewed people's bedrooms with their permission. We spoke with four people, the registered manager, the deputy manager and two support workers. After the inspection, we spoke by telephone with three relatives and with a health care professional involved with the people who use the service, for their feedback. We looked at five care files, staff duty rosters, five staff files, a range of audits, minutes for staff and service meetings, medicine records, accidents and incidents records, training information, safeguarding information, health and safety folder and policies and procedures for the service.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe living in the service. We did not receive any concerns about people's safety and one person told us, "I feel safe, it's a good place." Another person told us that, "It is really safe, they look after us." One relative said, "It's very safe, I have not heard of any problems."

Care and support was planned and delivered in a way that ensured people were safe. Risks were minimised and continuously monitored. The care plans had risk assessments which identified any risk associated with people's care as some people could present behaviour that put themselves and other people at risk. There was guidance for staff so that they were able to manage risks. Care plans were supported with a Care Programme Approach (CPA) document which was an assessment of people's mental health and forensic background. We saw that one person's care plan required information relating to a risk assessment from the person's doctor; however, we did not see evidence that the information was obtained. We addressed this with the registered manager who informed us that they were in the process of asking the doctor for the risk assessment information. We looked at incident and accident reports which demonstrated how staff dealt with any incidents where a person put themselves and other people at risk. We noted that staff were very positive when responding to people and that they were able to balance people's rights whilst also explaining any risks. This was important for the service because some people, at times, exhibited behaviours that posed a risk of harm to themselves, property or other people.

The service had appropriate guides and practices in place to ensure people were safeguarded from the risk of abuse. The service had safeguarding policies and procedures in place which included contact details for the relevant local authority and the Care Quality Commission. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One new member of staff told us, "I would instantly inform my manager and inform the police if needed. I would also notify the council safeguarding team." Another staff member said, "I would report it to my manager, the council and record it in incident forms, notes and follow policies and guidelines." We saw records that safeguarding training had been delivered to staff. The registered manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues.

The service had a whistleblowing procedure and staff were aware of their rights and responsibilities with regard to whistleblowing. Staff were able to describe the process they would follow and that they understood how to report concerns about the practice of the service. One staff member said, "We would discuss issues with the registered manager but I understand what it means and how I should report it if I needed to."

The staff supported people with their finances. The service held money on behalf of all the people securely in a locked container and kept an audit trail of how much was being spent. We saw that monies were counted during the day in order to match them with records of each person's balance to confirm that the amounts were correct. Records and receipts were kept when the staff spent monies on behalf of people.

The service was clean, tidy and clear of any obstructions which would breach health and safety regulations. There was a storage room in the basement for COSHH (Control of Substances Hazardous to Health) materials and fire regulations were displayed in the hallway. The fridge in the kitchen contained jars of food that were labelled with the date they were opened so that staff would know when food needed to be disposed of, before it became unsafe to eat. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh.

The provider ensured people lived in a safe environment. Smoking was not permitted in people's rooms or communal areas and this was written as a term of condition for living in the service. There were also notices on display. People who wished to smoke could use the garden or a sheltered facility at the back of the service premises. Staff would check if cigarette smells from outside entered the premises and would then fumigate areas affected. We saw that a regular programme of safety checks was carried out. For example, there were current records of gas and electric safety tests and certificates. There was a fire risk assessment completed by the registered manager and there was a scheduled fire alarm test on the day of our inspection, which was carried out.

There were effective recruitment processes and systems in place to ensure that staff were only employed if they were qualified and safe to work with people who used in the service. We looked at staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable to work with people who used the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable applicants from working with people who used the service. We saw that staff were present in the morning and afternoon. The service had two staff at night, including waking night staff. Records we reviewed showed there were enough staff on duty to meet people's needs safely and in a timely manner.

The service had arrangements to store medicines and Controlled Drugs (CD) safely. CDs are prescription medicines that are controlled under Misuse of Drugs legislation and we saw that the service had a CD policy in place. We saw that medicines were stored in a secure cabinet in an office in clearly labelled packs. There were pigeon holes within the cabinet to identify each person's medicine. The deputy manager told us, "The residents come to the office for their medicine and we check medicine twice a day, including those who require depot injections or need insulin." Records of when medicines were received, opened and taken were recorded on Medicine Administration Record (MAR) sheets for each person. They were checked for accuracy as part of the registered manager's quality and safety checks. We also saw monitoring records that showed injections were administered by the person's Community Psychiatric Nurse (CPN). Unused or out of date medicines were returned to the pharmacy that supplied the service with people's medicines.

The service had a system in place to ensure people received their medicines safely. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis. Checks were made twice a day and staff discussed and highlighted any discrepancies or issues, such as missing entries on the MAR sheet.



## Is the service effective?

### Our findings

People said they were well supported by staff in their daily lives. One person told us, "The staff are excellent, they really help me." A relative told us, "I am very impressed with them. They are really nice people and they took time to get to know my relative. They are very good." We found that staff were knowledgeable about people's individual support and care needs.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager informed us that one person was subject to DoLS and we saw that there was the appropriate documentation from the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful. We also saw appropriate documentation from the Ministry of Justice confirming that three people were subject to certain lawful restrictions.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw that people made choices about their daily lives such as where they spent their time and the activities they did. Staff sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. One person said, "I can go out on my own and do things that I like doing, like go to the betting shop."

Staff received opportunities to develop their skills and to provide effective care and support. We noted that all staff completed training in a number of key areas to ensure they were competent to do their job. Staff told us the training they received was relevant to their role and equipped them to care for people and meet their needs. For example, staff had received training in fire safety, medicines, safeguarding adults, challenging behaviour, the MCA and DoLS, food hygiene, infection control, health and safety and first aid. A training matrix was used to show the training staff had received and areas that they were expected to complete during the year. We also saw that staff received certificates in mental health awareness, stress management, equality and diversity, person centred care and moving and handling. They received online refresher training of important topics and some staff were also encouraged to enrol on to managerial diplomas in health and social care.

Staff also had access to other training which helped them to meet people's needs, for example, how to deal with behaviours which may put the person and others at risk. Staff told us about 'breakaway' techniques that helped calm situations when a person gets angry or upset. A staff member told us, "I would do something nice first, like offer a treat and then encourage them to respond positively. There is respect between staff and residents." This showed us that staff were effectively trained and skilled when working

with people whose behaviour may challenge. A health professional who worked with a person staying at the service told us, "The home is the best of its type in the area. It is very suitable for meeting the person's needs and the staff have had good training."

All new staff received an induction when they started working at the service. We saw new staff were supported with a thorough induction process which included training and 'shadowing' a more experienced member of staff, which helped them settle into their role. We spoke with a new member of staff who worked in the service as a support worker. They told us, "The manager and deputy manager are unbelievably supportive to me. They integrated me so well into the organisation and everything was explained to me." They also told us that the service was effective "because there were three members of staff always on duty, which means there is enough time with people".

Staff told us they received regular supervision and an annual appraisal. They told us the supervision they received enabled them to talk about anything which was concerning them and any area of their practise they needed to develop. One staff member told us, "Supervision is every six weeks and I have an annual appraisal where I discuss targets." Topics covered in supervisions included legal and professional requirements, staff issues, health and safety, safeguarding, work performance, personal development and training needs. Staff were comfortable asking the registered manager or the deputy manager for advice or guidance. One staff member told us, "The registered manager is very approachable. I have been given a lot of support and encouragement."

A person told us they were happy with the meals provided. They said, "The food is nice, we get nice meals cooked by the deputy manager." We noted people were provided with a balanced diet which was of their choosing. People's preferences had been recorded in their care plans as to what they enjoyed eating. Staff were aware of people's likes and dislikes and made every effort to accommodate these within the menu. The deputy manager informed us that people prepared or bought their own breakfasts and lunches during the day. Staff also carried out cooking sessions to support people to improve their cooking skills. The deputy manager said, "We prepare evening meals though, I usually make them a hot meal." One staff member told us, "We are very careful with food and the deputy manager takes great pride in the food here." We saw that food was preserved and did not go to waste because meals were prepared and sometimes leftover in the fridge for the following day.

Staff supported people with their nutritional and dietary needs. People's dietary intake was monitored and recorded. People were weighed on a regular basis which was evidenced in their files. The registered manager told us they tried to discourage people from eating food that had high calorie contents. They said, "There is one person we need to monitor as their weight changes a lot. We try to discourage them from buying junk food because people have to take certain types of medicine that can cause them to put on weight."

Staff monitored people's health and care needs, and consulted with professionals involved in their care to support them to maintain good health. Care plans showed that people had access to health care professionals when they needed, for example, their CPN, social worker or GP. The registered manager and staff confirmed that people attended appointments with support from staff and there was evidence of correspondence from health professionals filed in people's records. This ensured that people's health and support were being monitored and staff kept updated. Review meetings between social workers, the local authority, family members, staff and health professionals took place regularly to discuss a person's care needs. We saw records of these meetings.

# Is the service caring?

## Our findings

People told us they thought that the staff were caring and they were treated with dignity and respect. One person told us, "This is the best care home I have stayed. I have been to visit a good few of them and they are not as good as this." Another person said that, "This is a nice home. They are good people." A relative told us, "They were so caring, it was the best care home that we looked at."

We found that people and their relatives were comfortable around all the staff employed in the service and knew the registered manager. During our inspection we saw positive and caring interactions between staff and people. The staff were friendly towards people and gave them their time and attention. Staff also treated people as individuals, respected their human rights and allowed them to make decisions. We observed a calm atmosphere during the day. We saw that staff were able to anticipate when a person's behaviour or mood changed and were able to calm any situation. This helped to create a relaxed and homely environment for people to live in.

Staff were observed treating people with kindness and were respectful and patient when providing support to them. Staff knew the people well and had a good understanding of their personal preferences, cultural beliefs and backgrounds. People who liked their privacy and did not wish to interact or communicate with staff or visitors had their wishes respected. People who did wish to communicate engaged in friendly conversations with staff.

Staff had a good understanding of how to promote people's privacy and dignity. They told us they encouraged people to do as much for themselves to promote their independence. People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "I get my privacy when I need it. We respect each other, there is compassion. They have supported me physically, psychologically, mentally, spiritually and they make allowances for your views, your beliefs and your ethical ideas. There is lots of one to one time." We spoke with a relative who also praised the staff as being, "So caring and compassionate. I was very happy for my relative to come and stay here."

Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "We ensure that we balance our roles as staff with supporting and encouraging. We have to use a reasoned approach so that there is mutual trust." We observed that the service had an ethos of supporting people to rehabilitate so that they would be able to become more independent in their day to day lives, go out into the community and develop their interests.

We saw people had the ability to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were able to carry out personal daily tasks and errands and they were supported to be independent. For example, people helped to prepare food, tidied their rooms, cleaned communal areas according to a rota and tended to their own personal care needs, such as their laundry and shopping.

## Is the service responsive?

### Our findings

People and their relatives told us the service responded to their needs. One person told us, "Definitely, the staff are very helpful and they listen. I can do what I want to do, go out when I need." A relative said, "I have been invited to meetings and I am involved. They always update me." Another relative told us, "The service always contacts me if anything changes or anything happens."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included "at a glance" health care needs, any nutritional requirements, likes, dislikes, what activities they liked to do and what was important to them. The information covered aspects of people's needs and clear guidance for staff on how to meet their needs. In addition to the care plans, there were recovery and outcome tools to measure how well people were doing over a period of time and which parts of their lives they wanted to focus on. For example, people would set goals regarding their relationships with family and friends and for work and living skills, such as completing application forms. However, two had not been completed for nearly a year and another two for nearly eighteen months.

We recommend that the provider reviews the use of the outcome and recovery tools to ensure they are appropriate for the needs of the people using the service.

The service received referrals from the local authority, from community mental health teams or from psychiatric hospitals when a person was about to be discharged. Care records showed that people's needs were assessed before they moved in. Care plans were reviewed every three months and people had been involved. The care plans identified actions for staff to support people. Staff knew people's likes and dislikes and personal history. Staff were able to handover any significant information to each other when taking over the next shift. They completed daily logs for each person, which noted how they were getting on with their day to day lives.

Staff assisted people with their benefits and freedom pass applications. People also had opportunities to be involved in hobbies and interests of their choice and staff told us people were offered a range of social activities. A person said that they were given "choices for things to do". We saw that people were supported to engage in activities outside of the service, such as local charity and voluntary work, going to the gym, swimming, taking up college courses, going for walks, the cinema, visiting places of worship, using public transport and going on day trips or holidays. We saw that this enabled people to feel a part of the local community. One person told us, "I want to get a flat when I leave here." We looked at the person's outcome plan and saw that their goal of having a flat was included. We saw that the service had previously supported people to move on to more independent living and the deputy manager told us, "Our duty is to support people for rehabilitation and even educate. I have good relationships with people who live here and people who used to live here. I see them now and again."

Within the service, we saw that there was a games room and two lounges with a television for leisure time. We saw that three people were taken on a holiday abroad in the summer and were accompanied by the

deputy manager. We looked at daily notes from the time of the holiday and saw that there were entries which recorded that each person was safe, well and enjoying their holiday. A relative told us, "Yes they went on holiday and they (my relative) had a good time. It was nice of the staff to take them for a break."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. One person said, "They are very kind and thoughtful. They listen to what I have to say. The deputy manager is a good person, he knows me." Meetings were held regularly with each person individually in key work sessions. Key working with each person in the service was done by staff in planned sessions and was used as part of care plan reviews to monitor how well a person was doing. We saw that key work sessions were recorded in the care plans and that people were able to express their views in these sessions on how they would like to be supported. Key work sessions were an effective way for people to communicate how they would like their needs, preferences and choices for care treatment and support to be met. We saw records of these meetings and they included discussions about their choices, wellbeing and independence.

The service responded to people's daily needs and preferences. We looked in care plans and saw that individual needs were responded to. For example, one person was taken to hospital when they had chest pains and another person wanted to go to the dentist and an appointment was arranged. During our inspection, we observed how one person requested to use the washing machine despite there being a fixed rota for each day. However, they were supported with their request.

A service user guide was given to all people when they moved in to the service. The guide contained information about how to make a complaint. One person said, "I would tell the deputy if I wanted to complain." A relative told us, "Yes I know how to complain and would speak to the registered manager but I have never felt the need. They are very good." Staff knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised, including who they should contact. We saw that the service had not received any complaints.

## Is the service well-led?

### Our findings

The service had a registered manager in place. There was also a deputy manager. Relatives, staff, stakeholders and people who used the service told us that the registered manager was responsible for a good care home.

People benefitted from an open culture within the service. Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. One staff member told us, "There isn't any friction, we work as a team. It is very supportive and we get lots of training to help us in our work." Staff worked well together which created a calm atmosphere and in turn was reflected in people's care. Staff enjoyed working at the service and felt confident in meeting the challenges of their day to day work. The deputy manager told us, "I work well with the registered manager; we have a good partnership and always look to see what we can learn and how we can do better." The registered manager said that, "There is an open environment; staff can feel confident in raising any concerns." Staff confirmed that they found the registered manager to be helpful and supportive. One staff member said, "We find solutions together. There are all different people living here. We do write ups and good handovers. There is good teamwork. Families need to see residents are looked after."

The registered manager confirmed that they discussed important topics with staff such as complaints, training, supporting people and keeping relatives informed. One relative told us, "The registered manager is helpful, they update me on things and discuss things openly. I am 100% happy that my relative is staying there." Another relative was also very happy with the service and told us, "It is a lovely place. When we visited, the staff were so warm and friendly. My relative was happy to live there."

Staff told us and records confirmed that the service had regular staff meetings. One staff member said, "We have staff meetings quite regularly. We talk about the service users and any issues." Agenda items at staff meetings included medicines, one to one sessions with people and training. We saw that there were meetings for people who lived there and the agenda included activities, domestic matters, food, gardening, complaints, health and welfare. Meetings were an effective way for the registered manager to respond to feedback. For example, people were interested in activities and we noted that staff were encouraged to engage people in 'meaningful activity' in a staff meeting. We noted that the meetings were well attended and saw that people signed an attendance register.

We saw that various quality assurance and monitoring systems were in place, which included seeking the views of people, their relatives and the staff. We saw people were asked their views and this was recorded. For example, the service issued a survey to people annually. Topics included on the survey covered staff, choices, and complaints. We saw the results of the survey were very positive.

The registered manager understood their role and responsibilities. We found that people's records were kept securely which showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality. We saw records to show that the registered manager carried out regular audits to assess whether the service was running as it should be. The registered manager notified the

CQC of incidents or changes to the service that they were legally obliged to inform us about.

We saw checks had been completed recently on medicines, people's finances and the general environment. The management of the service took steps to ensure that it was meeting CQC standards and was keeping up to date with any new guidance and procedures. A nominated individual visited the premises every quarter and looked at various topics. Records showed these checks looked at the quality of the service, the health and safety of the environment and also checked to see if the home was meeting CQC regulations.