

Endurance Care Ltd

Rectory House

Inspection report

The Old Rectory
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Ratings

Overall rating for this service

Good 

Is the service safe?

Inspected but not rated

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rectory House is a residential care home providing personal care to up to 10 people with physical and learning disabilities in one adapted building. At the time of the inspection the service was supporting eight people.

People's experience of using this service and what we found

Relatives told us they felt their loved ones were safe and "Staff look after people well."

The provider introduced a new management structure within the service to provide oversight and support to staff while the registered manager was away from the business. We found the new management team had made improvements and were reporting relevant concerns to the local authority. However, people's relatives and staff told us they were not always aware of the outcomes when things had gone wrong.

The area manager told us they were awaiting training in the provider's auditing system and they had not completed any recent audits to review. After the inspection, the provider told us they had undertaken audits however we did not receive copies of these. Some records were out of date and it was unclear whether there had been reviews to some documentation. The management team had a plan in place to bring record keeping up to date. We have made a recommendation about the oversight of the service in the Well-Led section of this report.

Risks around people's needs were assessed and mitigated by staff providing person-centred care. Staff were aware of their responsibilities to report concerns and where to report them to keep people safe. Staff had received infection control training and used personal protective equipment (PPE) in line with guidance.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to do activities they enjoyed and to develop their skills to promote their independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew people well and adapted their engagement to suit each individual. People's preferences were respected, and their

dignity maintained.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The new management team and staff were looking for ways to provide people with as much support and engagement as they wanted. Adaptation to people's daily lives had been made to ensure that they were still empowered and engaged during the pandemic. People were involved in producing their support plans.

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

Rating at last inspection

The last rating for this service was Good (published 26 July 2018).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about a lack of staffing, as well as concerns about safeguarding, and incidents not being reported. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the oversight and leadership of the service, so we widened the scope of the inspection to become a focused inspection which included the key question of Well-led.

The overall rating for the service has not changed following this inspection and remains Good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Rectory House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we received about a lack of staffing as well as concerns about safeguarding, and incidents were not being reported. We inspected and found there was a concern with the oversight and leadership of the service, so we widened the scope of the inspection to become a focused inspection which included the key question of Well-led.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector who made calls to relatives and staff.

Service and service type

Rectory House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had been away from the business since November 2020. The area manager had been supporting the service and had oversight of the service since the registered manager had been away from the business.

Notice of inspection

We gave a short notice period for this inspection to check the service's Covid-19 status.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed feedback from the local authority and members of the public. We were involved in a multidisciplinary team meeting where it was reported that safeguarding concerns and incidents involving physical abuse between two people had not been reported to the local authority. We used all of this information to plan our inspection.

During the inspection

During the site visit we observed interactions between staff and people. We spoke with the area manager, two team leaders, two senior support workers and an agency member of staff.

We reviewed a range of records including, three people's support plans and risk assessments. We looked at records relating to the management of the service such as recording of safeguarding, accidents and incidents, meeting minutes and the organisations policies.

After the inspection

After the site visit we spoke with three relatives of people who use the service about their experience of the care their loved one receives. We spoke with six members of staff. We continued to review records away from the home. We looked at four staff files containing recruitment and supervision documents, staff rotas and additional quality assurance records. We did not receive evidence showing trend analysis had been carried out in the service or evidence of actions plans or other documentation to show lessons learnt.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about a lack of staffing as well as concerns about safeguarding, and incidents were not being reported. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- One of the relatives told us, "The staff seem to have [people's] best interests at heart."
- Staff understood the signs and symptoms to look out for to safeguard people from potential abuse and harm. Staff could tell us who they would report concerns to.
- The area manager told us they had made improvements to the systems and processes to safeguard people from risk of abuse. There was a system in place to monitor safeguarding concerns and accidents or incidents. We were assured staff escalated their concerns about safeguarding and accidents or incidents in line with process. The new management team implemented actions to minimise future risk.

Assessing risk, safety monitoring and management

- Risks to people were assessed and support plans detailed how staff can minimise risks in a person-centred way. For example, a person at risk of choking had guidance for staff to follow during mealtimes which helped to keep the person safe whilst maximising their independence. Staff knew where to find people's risk assessments.
- Staff knew individual triggers that could result in changes in people's mood or displays of behaviours. Staff were aware how best to support each person and de-escalate the potential incident.
- All staff received positive behaviour support (PBS) training to help them support people. PBS is a person-centred framework for supporting adults with learning disabilities and/or autism, who have, or may be at the risk of developing behaviours that may challenge.
- The provider used external contractors to carry out health and safety audits, the facilities team were allocated identified actions.

Staffing and recruitment

- The manager told us staffing was not at full establishment and was being supplemented with regular agency staff while they were recruiting. Regular agency staff were used to provide consistency in care and in line with government guidance to reduce the risk of infection within the service by reducing staff movement between services. The area manager told us agency staff accessed the services testing.
- We observed enough staff during our inspection to meet people's individual needs. Staff told us, "The staffing levels are not too bad at the moment because we have agency. It has helped, we normally have enough time to do what we need to."

- Staff were recruited safely using a process which ensured they were suitable for their role. This included references from previous employers and checks with the Disclosure and Barring Service (DBS). These checks help providers ensure staff are suitable to support vulnerable people. Full employment history was not always accounted for in the recruitment records, however, the provider addressed this during the inspection and a tracking system was implemented to prevent this happening again.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the manager and quality business partner. Actions were taken to reduce the risk of individual incidents re-occurring for example staffing levels were increased to support people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Relatives told us there had been lots of changes recently and gave mixed feedback about the communication from management within the service. Their comments included, "Communication isn't great if I am honest...if we leave a message it is hit and miss if we get a call back." Another relative said, "They are accommodating, and they will always ring me back if they don't know the answer immediately."
- Staff told us things were better with the new management structure now in place and that they worked well as a team and could rely on each other for support.
- Staff meetings were held monthly and staff had been encouraged to contribute and offer ideas.

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

- There was a new management structure in place with clear lines of accountability.
- The registered manager had been away from the business since November 2020. The area manager had oversight of the service and had been managing the service on a day to day basis.
- Legal requirements had not always been understood or met. Before the inspection we had received concerns that incidents between people and safeguarding concerns were not being reported to the local authority and CQC. Recent progress has been made by the area manager to meet this requirement.
- The rating from the last inspection was displayed in the office.

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

- Not all relatives felt their feedback had been sought within the service and could not recall receiving surveys. We requested evidence that surveys were completed from the provider after the inspection however we did not receive any evidence to suggest these had been undertaken. The provider told us they had sent questionnaires and surveys but no feedback was received, however, still no evidence of this had been provided.
- Staff told us they attended staff meetings and received supervision where they could give feedback that would be acted on. Staff said they felt actively involved in developing the service for example, a gardening project had recently been completed.

- There were regular meetings held with staff and senior management, minutes were taken of things discussed.

Continuous learning and improving care

- There were plans in place for the new members of the management team to receive training on the provider's quality audit system. At the time of the inspection the area manager told us they had not completed any recent audits. However, after the inspection the area manager told us audits had been completed but we did not receive any records to review and support this. It was unclear during the inspection if some documentation had been reviewed and some documentation was not updated in line with the providers own guidance.
- Improvements had been made in the reporting and investigation of incidents at the service, however, robust records that show investigations outcomes and trend analysis were not available at the time of the inspection. The area manager sent records following the inspection which did not fully show trends analysis and lessons learned. People's relatives and staff told us they were not always aware of the outcomes when things had gone wrong. For example, one person told us their relative had been involved in an incident with another person at the service but they were not made aware of this by anyone working at the service. A staff member told us, "We just fill in an incident form and hand it over to whoever is shift leader, I don't know if they are looked at."

We recommend the provider reviews the implementation of their quality assurance systems in order to ensure their records are current and for effective learning and improvements to be actioned.

Working in partnership with others

- The service had been working in partnership with other agencies to ensure people's needs were met, though professionals were not entering the service at the time of the inspection to reduce the risk of infection. People had however received the Covid-19 vaccinations.
- People's care was supported with input from other professionals such as speech and language therapists and occupational therapists.