

Endsleigh Care Limited

# Endsleigh Care Limited

## Inspection report

Endsleigh House  
44-46 Endsleigh Gardens  
Ilford  
Essex  
IG1 3EH

Tel: 02085541167

Date of inspection visit:  
10 October 2018

Date of publication:  
02 November 2018

## 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

We carried out an unannounced inspection of Endsleigh Care Limited on 10 October 2018. At our last inspection on 17 February 2016, the service was rated 'Good'. However, we found the home was not always 'Responsive' because people's outcomes and goals for the support they received that were identified in their care plans, were not up to date or were incomplete. At this inspection, we found that this issue had been addressed and the home remained 'Good'.

Endsleigh Care Ltd 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.

It is a care home for up to 11 people with mental health needs. At the time of our inspection, the home was fully occupied, although one person was staying in the home for a short period.

The environment was safe and works were being carried out to protect the home from fire risks. We made a recommendation for people's individual evacuation plans to be updated following the works. There were procedures to control infections and the home was clean and suitable for people's needs. Accidents and incidents in the home were used to learn lessons so they were minimised in future.

Staff knew how to keep people safe and understood safeguarding procedures to protect people from abuse. Risks to people were identified and there was guidance in place for staff to minimise these risks. People were supported by staff who had received training to ensure they had the skills to support them.

There were enough staff on duty to support people. Recruitment processes were safe, which ensured that staff were suitable to work with people who needed support. Systems were in place to ensure medicines were administered safely and when needed.

People's nutritional needs were met. Staff worked with health and social care professionals, such as community psychiatric nurses and GPs, to ensure people remained healthy.

People were supported to have choice and remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care.

Staff were attentive to people's needs and supported them to maintain their personal care and engage in the community with activities and vocational work that they enjoyed. Staff were responsive to people and knew them well. The staff were caring and treated people with respect. People's privacy and dignity were maintained. People were involved in the review of their care plans, which were personalised. They were able to provide feedback and make suggestions about what they wanted from the home.

Staff felt supported by the registered manager and told us the home was well-led. Quality assurance systems were in place. The registered manager ensured the service was monitored regularly and was supported by an external consultant.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and contained up to date information on people's goals and aspirations. Their support needs and preferences were discussed with them. These were reflected in their care plans.

People had a programme of activity in accordance with their individual choices. These included their employment and education commitments.

People using the service were encouraged to express their views. Complaints were responded to appropriately.

### Is the service well-led?

Good ●

The service remained well-led.

# Endsleigh Care Limited

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 10 October 2018. The inspection team consisted of one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time observing care and support provided to people. We spoke with four people who used the service and three social care professionals, who were visiting the home. We spoke with the registered manager, the deputy manager and one staff member.

We looked at five people's care plans and five staff recruitment, supervision and training files. We also looked at complaints, compliments and incident records and other information relating to the management of the service. This included health and safety, quality assurance and medicines records.

## Is the service safe?

### Our findings

People told us they felt safe in the home. One person said, "Yes I am safe here." Another person told us, "Yes I feel at home here. It is nice."

People were cared for in a safe environment. Prior to our inspection, we noted the fire service had carried out an inspection of the home's fire safety mechanisms. There were some recommendations made to improve the safety of the home. We saw that maintenance work was carried out immediately and further work was planned to ensure all fire safety regulations were met. Each person had a personal emergency evacuation plan detailing how staff were to assist them in the event of a fire or other emergency. We recommended to the registered manager that these are updated following the works. Staff had received infection control training and used protective equipment such as gloves when providing personal care. We saw records of gas, electrical, water and fire tests which showed that the home was safe for people.

Risks were identified and systems were in place to minimise risk and ensure all people were supported as safely as possible. Risks to people included the risk of epileptic seizures, absconding, health care, environmental risks, incontinence, diabetes and challenging behaviour.

The home had suitable numbers of staff. There were three staff on duty in the home during the morning and in the afternoon, including the registered manager. Two staff worked in the home at night. Staff told us they had sufficient numbers of staff to ensure people were safe. The recruitment process checked that staff were suitable to work with people who needed care and support. Pre-employment safety and background checks had been carried out before new staff began to work with people.

There were safeguarding procedures. Staff had received safeguarding training and were clear about their responsibility to ensure people were protected from abuse or neglect. There was a whistleblowing procedure for staff to raise concerns outside of the home.

People's finances were managed safely by the provider, where they had legal authority to do so and protected people from the risk of financial abuse. Their money was kept securely and records of their purchases, receipts and balances were held. We saw that they were accurate. Any accidents or incidents that had occurred in the service was recorded and action was taken to prevent reoccurrence. The registered manager and staff told they used de-escalation techniques, remained calm and reassured people so that potential incidents were minimised.

People received their prescribed medicines safely and at the times they needed them. There were procedures for PRN medicines, which are medicines that are used 'as required', such as painkillers. There were no controlled drugs stored in the home, which are medicines that have a risk of being misused. Medicines were administered by staff who had received training. They were stored securely in the registered manager's office, where people came to receive their medicines. We saw that Medicines Administration Records (MAR) were up to date and contained details of the medicines people had received at the prescribed times. We saw that MAR charts were accurate and up to date. One person told us, "I get my

tablets on time. I go and get them from the office in the morning. Staff support me to take them. " A recent audit from the pharmacy that supplied the home with medicines showed that there were no issues with the home's medicine records.

## Is the service effective?

### Our findings

People told us they were supported by staff who were knowledgeable and trained. One person told us, "The staff are very good. They seem to be trained well." Another person said, "We get good food and we help with planning and preparing meals. The staff help me do my chores and with my medication. You get a good service."

There was an induction and training programme for staff that included essential topics such as safeguarding adults and the Mental Capacity Act (2005), which was in line with social care guidelines, such as the Care Certificate. The Care Certificate are a set of standards that care staff work towards. Staff had also completed external social care qualifications such as National Vocational Qualifications (NVQ), which meant that they were experienced and had the necessary skills to perform in their roles.

Staff told us that they received supervision from the registered manager. Records showed that this occurred every six weeks and staff were able to discuss any areas for personal development or any issues. Staff communicated with each other so that they were aware of any issues and what actions needed to be taken to support people.

People's needs were assessed before they started to use the service. Areas of assessment included needs around their mental health, physical health, for example conditions such as diabetes or epilepsy, living skills, personal care, social networks, addictive behaviour such as smoking or gambling and the person's self-identity and self-esteem. Information was obtained from other social care professionals so that effective outcomes could be developed, such as increased independence and healthy living.

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 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 by the Court of Protection. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff understood the principles of the MCA and DoLS and had received training. Systems were in place to ensure that people were not unlawfully deprived of their liberty. All people living in the service had a DoLS in place. The registered manager had made applications for the renewal of people's DoLS before they were due to expire. We saw that staff asked people's consent before they carried out tasks and people consented to care and support by signing their care plans.

People's health needs were monitored and checked by healthcare professionals, such as GPs, dieticians and community mental health teams. There were records of appointments and the outcomes in people's care plans. A social care professional said, "The staff escort people to appointments and they [staff] are



experienced and well trained." People were provided with choices for food and drink to ensure they maintained a balanced diet and a suitable weight. Menus were available and people were supported to have meals that met their needs and preferences, including any diets to meet people's cultural or religious needs. One person told us, "Yes, the food is really nice. [Deputy manager] is a good cook."

## Is the service caring?

### Our findings

People told us staff treated them with dignity and respect. They said staff were caring in their attitude and approach. One person said, "The staff are very kind and friendly." Another person told us, "The staff look after us well. They are a nice bunch. They are caring. Like a family here almost."

We saw staff supported people with kindness and spoke with them politely. Staff understood people's habits and daily routines and were patient with them. We saw that people engaged with staff and enjoyed their company. A member of staff told us, "I know the service users well and I understand how to engage with them. Some people like to be left alone and we respect that." Another member of staff told us, "One [person] likes a certain food a lot so we make sure we have some available or have it brought in." This showed that people were supported by staff who understood their needs and preferences.

People were encouraged to do as much as they could for themselves and we noted that they carried out chores and tended to their own personal care needs. Most people were fully independent and were able to come and go from the home as they wished when they went about their daily lives. Care plans were detailed and described people's levels of independence with their daily living skills and what they required encouragement and prompting for. For example, one person's plan said, "[Person] is responsible for good oral hygiene, keep their room clean and wash cutlery after use. Staff to remind [person] of these." A staff member said, "I prompt and encourage people with their personal care."

Staff ensured people's privacy was respected and protected. They told us they closed doors when supporting a person with their personal care. People's personal information was kept securely in the registered manager's office. Staff adhered to the provider's data protection policies and ensured confidential information about people was not shared outside of the home.

The registered manager knew how to access advocacy services for people to protect their human rights. Staff treated people equally and as individuals. They had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity. The registered manager said, "We have supported people here with same sex relationships. We don't discriminate at all and promote equality and diversity." People's cultural and religious needs were identified and respected. For example, the needs of people with religious diets, such as halal food, had been met by the home.

People were involved in developing and reviewing the care plans and engaged in keywork meetings with staff to assess their current wellbeing. The keyworker system meant people were allocated a member of staff, who took responsibility for arranging their care needs and preferences. People's relatives were able to visit the home at any time and one person told us they often travelled to visit their relatives during weekends.

## Is the service responsive?

### Our findings

People told us the service was responsive and said that they were satisfied with the support they received. One person told us, "The staff are really good here. They help you and encourage you." Another person said, "The staff and managers help me out and know what I like and don't like."

People's care plans contained information about their histories, preferences, support needs and their goals and aspirations, in which their progress was measured using outcome and recovery tools. The care plans were person centred. They were developed and discussed with the person. This ensured people received a personalised service and staff responded to people's preferred routines.

At our previous inspection in February 2016 we found that some people's goals within recovery tools had not been updated for over a year. We made a recommendation for the provider to review the use of these tools to ensure they are appropriate for the needs of the people using the service. At this inspection, we saw that this had been addressed. The deputy manager told us that the tools were for the provider's use only so that staff could gauge people's mental health and wellbeing. They said, "The local authority do not use them as much anymore but it helps us to gauge how well service users are doing." We saw that the tools, which used a numbering scale to chart people's progress with managing their mental health, relationships and other areas, were still in use. They had been reviewed and were up to date.

One person's goal was to "reduce unhealthy habits and be able to make meals while maintaining health and safety. Staff to plan weekly cooking sessions and teach safe cooking skills." We spoke with the person who told us, "Yes I get cooking sessions once a week and I really enjoy them. We make nice, healthy meals." The deputy manager said, "It has been fantastic working with [person] and seeing how they have changed their lives while living here." People's care plans were reviewed each month and were updated when needed. We found that records of key work meetings were up to date. Changes to people's needs were communicated to staff at shift handovers to enable them to respond to people's current needs.

People took part in activities inside and outside the home. Each person had their own individual activity plan, which included walks in the park, playing sports and games, going out for lunch and any vocational or educational activities. For example, some people did voluntary work for local charities and went to college to learn subjects of their choice. One person told us, "I keep myself very busy. I have plenty of things to do like go to the library, gym, play snooker and go college and work." There were communal areas in the home for staff and people to spend time with each other or for people to have some privacy.

The home was compliant with the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Staff had received training and understood how to identify and record people's communication needs. Care plans contained details of people's communication needs, although most people in the home did not have any communication needs. One staff member said, "With one person we can fully understand them and we also say a few words we learnt in their own language which helps us

to communicate even better."

People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was displayed. People and relatives were supported to raise any concerns or complaints. A person told us, "When I am not happy with something I would talk to the two managers. They always listen." We saw that all formal and informal complaints were logged. There was one formal written complaint from a relative of a person. The registered manager investigated and responded to the complaint as per the provider's procedures.

## Is the service well-led?

### Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run. The registered manager notified us of serious incidents that took place in the service, which providers registered with the CQC must do by law.

People were positive about the management of the home. One person said, "[Registered manager] is nice and so are all the staff and the deputy. Really helpful and supportive." Staff told us the service was well-led and there were team meetings to discuss complaints, key working, policies, staffing, incidents, safeguarding concerns, health and safety and other issues. One staff member said, "We work well together because it can be very challenging. We support each other so that we can help our residents."

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. During our inspection, we met with social care professionals such as community psychiatric nurses (CPN). One professional told us, "This is an excellent placement for people who need forensic support. The staff always let us know how people are doing and they communicate with us very well with regular updates." Another professional said, "We always look to place people here because of the skills staff have and the regular communication we receive. It's a good home that helps people with their recovery."

The registered manager received support from the deputy manager and a consultant who visited the home monthly and carried out checks. We noted that they monitored the quality of the service in line with the CQC's good governance regulation to ensure the home remained safe and was being managed appropriately. Checks were carried out on all areas of the home to identify any quality or safety issues and audit care plans staff training records and supervision. The registered manager said, "I have got good support from my staff and from the consultant. The consultant helps keep on top of things and make improvements."

People in the home held their own meetings with staff to provide their feedback and air any concerns they had. Other topics of discussion included housework and activities.

People, relatives and other stakeholders were invited to provide their feedback on the home through annual questionnaires. We looked at the results from the most recent survey and noted they were positive. Feedback included three words they would use to describe the home and one example that was written was 'welcoming, caring, professional.' A relative commented, "Friendly atmosphere and lovely staff in the home. Very pleasant people."