

Endurance Care Ltd

Endurance Care Worcestershire

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Endurance Care Worcestershire is a supported living service registered to provide personal care to younger and older adults living with a learning disability and/or autism, and/or mental health, sensory and physical disabilities in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection six people were receiving support with personal care in four different 'supported living' settings.

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

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People's needs were assessed, and care plans were developed with them, and their relatives where required. People's safety risks were considered, and clear guidance was in place to support staff. People were supported by staff that were trained to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff enabled people to access specialist health and social care support in the community. Staff supported people to maintain relationships that were important to them and engage in activities they enjoyed.

Right Care

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 22 June 2020 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 07 May 2020.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Endurance Care Worcestershire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection. This was because it is a small service and we needed to be

sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 August 2022 and ended on 12 September 2022. We visited the location's office on 17 August 2022.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed interaction between people and staff to help us understand their experience of receiving care and support at the service. We spoke with three people who used the service.

We spoke with six members of staff including the registered manager, regional operations manager, regional operations director, senior and support workers. We contacted one health professional who emailed us to provide feedback about the service.

We reviewed a range of records. This included care records for two people, three staff files in relation to recruitment, medicine records and other records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and staff were able to describe how they would do this.
- Systems were in place to report concerns. These were escalated to the relevant bodies. Concerns were monitored and investigated by the provider and action taken to reduce risk to people.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep them safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- People had detailed risk assessments which provided clear guidance for staff on how to minimise risks. Risk assessments included eating and drinking and swallowing difficulties, expressing distress, safety at home and outside.

Staffing and recruitment

- There were enough staff to support people safely. Support was flexible to enable people to do what they liked when they wanted to. For example, one-to-one support for people to take part in activities.
- The numbers and skills of staff matched the needs of people using the service.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Regular competency checks on staff were carried out to ensure they continued to administer people's medicines safely.
- Staff reviewed each person's medicines regularly to make sure they received the right medicines. Records

included protocols for 'as and when' [PRN] medicines. These were clear and easy for staff to follow.

- Processes were in place for auditing of medicines to ensure people received their medicines as prescribed.

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff had access to the required personal protective equipment (PPE) and used PPE effectively and safely.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were supported to report concerns and incidents and reported them appropriately.
- When things went wrong, the registered manager fully investigated concerns and acted appropriately, any lessons learned were shared with the staff team to reduce the risk of them from happening again.

Is the service effective?

Our findings

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

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

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and human rights.
- The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- One member of staff described the training as 'great' and 'appropriate for role' and told us the registered manager and staff team were 'so supportive'. Another staff member told us how they had been supported in their role and with training and had now progressed to a senior role.

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

- People were involved in choosing their food, shopping, and planning their meals.
- People spoke about how important their diet was and making the right food choices to keep healthy. For example, to help with weight and diabetes management.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had good relationships with other agencies to ensure positive outcomes for people such as, learning disability team, GPs, social workers and commissioners.
- Staff supported people to access appropriate healthcare services, when needed, and helped to live healthy lives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff made sure people had the maximum choice and control over their lives and supported them in the least restrictive way possible.
- Where people lacked mental capacity to make certain decisions about their care mental capacity assessments were completed. Where people needed support to make some decisions these were made in people's best interests. People's relatives and legal representatives were consulted appropriately. People were not deprived of their liberty unlawfully and where individual circumstances could have constituted a deprivation of liberty this was referred to the local authority for appropriate authorisations to be sought through the Court of Protection.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well matched with their support team and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff. Throughout the inspection we observed staff using positive, respectful language which people understood and responded well to.
- People spoke fondly about staff and told us they were nice. One person said, "I like them (staff)." Another person told us, "They [staff] are good. You can talk to them and you can have a laugh with them."
- Staff were patient and used appropriate styles of interaction with people. We saw positive interactions between people and staff. People were comfortable to talk to us and talked, smiled, joked and laughed with staff.

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

- People were encouraged to say what they wanted and make suggestions. For example, monthly meetings took place with each person to review their care and identify any changes required.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed in a format they understood to support them to make decisions.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. For example, people spent time visiting their relative's home, or relatives visited them.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and encouraged people to celebrate their achievements. People told us they were encouraged to do things for themselves and were provided with support from staff when they needed it.
- People had the opportunity to try new experiences, develop new skills and gain independence. For example, people had been encouraged to learn new skills to enable them to do more for themselves. This included self-care, cooking, baking and exercise.
- People's records were stored securely and only accessed by staff on a need to know basis. Staff knew the importance about keeping people's information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and reflected their individual needs.
- People's care and support had been developed in collaboration with individuals and those important to them. This ensured people's history and preferences, likes, dislikes, lifestyles and interests were known. Support plans provided clear guidance for staff to follow.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and making reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information, such as in relation to making choices, staying safe, making complaints and health-related topics, in formats they could understand. This included easy read, pictorial, using symbols and photographs.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People led individual lifestyles doing activities they wanted to do. These included shopping, attending social groups, discos, going to the pub and spending time with those that were important to them.
- Staff empowered people to have freedom of choice and control over what they did.
- Care records gave details of what is important to people such as hobbies and interests.

Improving care quality in response to complaints or concerns

- People, and those important to them, knew how to raise any concerns and complaints. Records showed where relatives had raised concerns or complaints and the documentation identified these were addressed immediately.
- Staff explained to people when and how their complaints would be addressed. Staff told us the registered manager would take action to resolve any complaints.

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care.
- People and those important to them had the opportunity to discuss their end of life wishes and preferences which was documented. Information was detailed and included how people wished to be buried and what was important to them. For example, favourite music.

Is the service well-led?

Our findings

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

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

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People's needs and wishes were at the heart of everything they did.
- The registered manager was visible in the properties, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A health professional said, "[Registered manager's name] leads by example. [Registered manager name] is always first to do night shifts, take residents to hospital etc."
- Staff told us they felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff told us the registered manager was 'supportive' 'approachable' and described how they led by example.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager apologised to people, and those important to them, when things went wrong.
- The registered managers understood their responsibilities for reporting events and incidents that were legally required to the Care Quality Commission [CQC].

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- The provider had a robust quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received.

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

- People's and those important to them views were sought to develop and improve the service.
- The provider highlights, honours and celebrates employees through their annual award ceremony. Staff are nominated by their colleagues for going the extra mile at what they do. This helped to ensure staff

providing care were fully and consistently motivated and their achievements were recognised and rewarded. Endurance Care Worcestershire's registered manager and staff had been nominated for the 2022 annual awards. A team leader won the making a difference award, a support worker won the support worker of the year and the registered manager came second in the manager of the year category.

Continuous learning and improving care

- The registered manager had quality assurance systems in place. This enabled the registered manager and seniors to monitor the service and drive improvements. Where improvements were identified actions were put in place to address any issues and make changes where necessary.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well with other agencies such as health care professionals to ensure people had the care and support, they needed. A health professional said, "[Registered manager's name] is really responsive to their (people's) wants and needs. If I ever need any input [registered manager] is always available. If I put any guidelines in place, [registered manager] ensures staff follow it... lovely services and a pleasure to work with."