Mr Michael Baldry

Ennis House

Inspection report

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Date of inspection visit: 31 March 2015
Date of publication: 13/07/2015

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

Overall summary

Ennis House provides personal care and accommodation for up to 40 people with mental health problems. There were 39 people living at the home during the inspection, most people were independent and needed minimal assistance and others required some assistance, including personal care and moving around the home.

We inspected the home on 14 August 2014 and found some improvements were required to the internal and external environment. At this inspection we found these concerns had been addressed.

The home is managed by a registered provider who was supported by a care manager. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how a service is run.

At the last inspection we found the provider had not met the regulations with regard to the suitability of the premises.

Summary of findings

Risk assessments had been completed as part of the care planning process; these identified people's support needs, and had been reviewed with people's involvement.

There were systems in place to manage medicines, including risk assessments for people to manage their own medicines. Medicines were administered safely and administration records were up to date.

Staff had attended safeguarding training and a safeguarding policy was in place. They had an understanding of recognising abuse and how to raise concerns if they had any.

People were supported by a sufficient number of staff and appropriate recruitment procedures were in place to ensure only people suitable to work at the home were employed. Staff told us they felt supported to deliver safe and effective care. Staff demonstrated they knew people well and felt they supported people to maintain their independence.

The provider and care manager had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People told us the food was very good. Staff spoke with people daily and changes were made to the menu if needed. People said there were always at least two choices, and were seen to enjoy lunch. People told us they decided what they wanted to do and some preferred to remain in their rooms.

People had access to health care professionals as and when they required it, and visits were recorded in the care plans with details of any changes to support provided.

People said they were involved in decisions about the support provided. Staff made suggestions, but did not make decisions for them, and people told us they had been involved in writing their own care plans.

Complaints procedures were in place and they were displayed in the entrance hall. People said they knew about the complaints procedure, but had not needed to use it. The care manager told us the home operated an open door policy and people were able to talk to staff at any time.

People told us the provider, care manager and staff were approachable and supportive and they could talk to them at any time. The provision of residents meetings had been discussed with people and they had decided they did not need them.

The provider had quality assurance systems in place to audit the support provided at the home. These included audits of medicines, care plans, laundry and menus.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The premises were well maintained and the passenger lift enabled people to access all parts of the home.

Medicines were administered safely and administration records were up to date.

People's needs and risk to people were assessed and managed as part of the care planning process, and there was guidance for staff to follow.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Is the service effective?
The service was effective.

Good

Staff were trained and supported to deliver care effectively.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?
The service was caring.

Good

People were treated with kindness and respect.

Staff encouraged people to make their own decisions about their care.

People were encouraged to maintain relationships with relatives and friends, and relatives were made to feel very welcome.

Is the service responsive?
The service was responsive.

Good

People's care plans were reviewed and updated with people's involvement.

People decided how they spent their time, some people used the communal areas, others remained in their rooms and others went out.

People were given information about how to raise concerns or make a complaint.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered provider was responsible for managing the service and provided clear leadership and guidance.

People chose not to meet regularly to discuss the support provided, they felt able to talk to each other and staff at any time.

Staff felt able to discuss the support and care provided with each other, the provider and care manager, and were encouraged to put forward improvements to the support provided.

Quality assurance audits were carried out to ensure the safe running of the home.

Ennis House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 2010.

This inspection took place on 30 March 2015 and was unannounced. The inspection team consisted of an inspector, specialist advisor and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the contracts and purchasing officers from the local authority (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with 20 of the people living in the home, a visitor, six staff, the cook, the care manager and the provider, who also managed the service. We observed staff supporting people and reviewed documents; we looked at six care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home. We spoke with two health and social care professionals following the inspection; a relative contacted the commission to provide some feedback about the service and we spoke with them.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This 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. This was because we wanted to follow up on a previous concern and went out on short notice.

Good

Is the service safe?

Our findings

People told us they felt very safe in the home. People said, "They look after us very well here, we are all safe and comfortable." "I feel very safe here, much more than before I moved in" "The staff make sure we are safe, they check everything is ok" and, "We can come and go really, just have to let them know if I am going out to make sure they know who is here. So everyone is safe." A relative felt their family member was the safest they had been for years after moving into Ennis House. Health professionals we spoke to said the support was planned to ensure people were safe, in the home or when they went into the town.

At the last inspection on 14 August 2014 we found improvements were required to the premises. Internally to ensure there were appropriate bathing facilities and the passenger lift worked and, externally so the garden was accessible for people, visitors and staff to use safely. We found these concerns had been addressed.

The bathroom on the first floor had been refurbished. The bath had been removed, people thought it was much more useful as a walk in shower, and they said they preferred this. The passenger lift had been repaired and people were able to access all parts of the home. The garden had been cleared and provided an open and more attractive place for people to sit; several people chose to use the garden during the inspection and one person enjoyed spending time tidying and re-arranging pots and furniture. The provider told us the plan was to redecorate the whole building, starting with people's bedrooms and then moving onto the kitchen and communal areas. People said they felt very comfortable in the home and they liked the way the lounge and dining rooms were arranged. One person said, "I couldn't ask for anything better, we have everything we need and I feel safe here."

A number of risk assessments had been carried out depending on people's needs, these included skin integrity, nutrition, mobility and communication. They were specific to each person and included guidance for staff to follow to ensure people were supported to be independent. Each assessment looked at the area of concern; the outcome the support aimed to achieve, the action the individual should take with staff support and what was actually achieved. One example of a desired outcome was, 'To reduce risk of tissue damage, maintain personal hygiene, to prevent pressure injuries, and promote dignity and self-esteem'.

People signed the care plans to show they agreed with the assessments and told us they were mostly independent and made decisions about how and where they spent their time. There were signed agreements with regard to the consumption of alcohol and smoking cigarettes in the home, following risk assessments; people were not denied these, but agreed there would be a record kept of how much was consumed. To support some people the alcohol and cigarettes were kept in the office and people were in agreement and relaxed about this arrangement.

As far as possible people were protected from the risks of abuse or harm. Staff had received safeguarding training. Staff understood the different types of abuse and described the action they would take if they suspected abuse was taking place. They told us they had read the whistleblowing policy and would report any concerns to the care manager or provider, the Care Quality Commission (CQC) or the local authority, if they felt their concerns had not been addressed. Relatives said people were safe living in the home; the staff understood each person's specific needs and knew how much support they needed to be independent and enjoy their lives.

There were systems in place to manage medicines safely. The medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs and any allergies they had. All the MAR charts were up to date, completed fully and signed by trained staff. The care manager told us staff administered medicines only after they had completed training. Staff who administered medicines said they had attended training and there were training records to support this. We observed staff when they gave out the medicines at lunchtime. Medicines were given out individually from the locked medicine cabinet in the office, staff ensured people took the medicines and then signed the MAR charts. A fridge was available to store medicines, although it was not required at the time of the inspection. Staff followed the medication management policy in relation to medicines given 'when required' (PRN). They said a separate part of the MAR had been completed when PRN medicines had been administered, such as paracetamol, and we saw these had been filled in. Records showed the MAR charts were audited monthly to ensure staff completed them correctly, and there were records to show medicines were ordered monthly.

Good

Is the service safe?

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. People said there were enough staff working in the home. One person told us, “There is always someone around if we need anything, but usually we do our own thing.” Another person said, “The staff are very good, even if they are doing something they find the time to help us.” Relatives felt there were enough staff looking after people. Staff said there was always time to talk to people and spend time with them having coffee as well as providing support. A dependency tool to assess appropriate staffing levels was not used by the provider. The provider said the staffing levels were consistent, staff usually stayed for long periods and they covered each others shifts if they were off sick or on holiday. Staff told us there were enough staff working in the home to provide the support people needed, and if they had any concerns about this they would talk to the provider or care manager. They also said they covered each other for sickness and holidays.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at personnel files for two new staff; they included completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

There were systems in place to record accidents and incidents, carry out investigations and prevent reoccurrence. An incident had occurred when one person was in the town during the inspection. The care manager recorded this and discussed with the person concerned how this could be prevented in future so they could continue to go into town on their own safely. The care manager said the care plan would be updated to reflect the action they had agreed with the person.

Good

Is the service effective?

Our findings

People said the food was very good. They said, "We always have a choice and if we don't fancy it at the time we can have it later." "Food good, company good, room good, staff good" and, "I didn't want the lunch so I just had a sandwich, which was very nice." A relative said, "They all eat very well and get together at lunchtime, which is part of the social life in the home". A healthcare professional said the food looked very good and people enjoyed the meals. People thought the staff were, "Very skilled." "They provide the support I need" and, "They do training all the time it seems to me."

Staff said the training was very good. One staff member said, "We do all the usual training, like moving and handling, infection control and safeguarding, and we do mental health awareness, which is really helpful. But we learn a lot working with staff that have been here a long time, they have a good understanding of people who live here and we are here to help them live the best life they can."

New staff worked through a 12 week induction programme, two staff said they were doing this at the time of the inspection, and they worked with more experienced staff as they got to know people. All of the staff said they enjoyed working at Ennis House. One staff member said, "I wouldn't want to work anywhere else, I have worked in other places, I really like working here."

The training plan showed staff had attended fundamental training including moving and handling, food hygiene, infection control, health and safety and fire safety, equality, diversity and inclusion. In addition training to support people with challenging behaviour, coping with aggression and mental health awareness was attended by all staff. Staff also said they could work towards professional qualifications if they wanted to, and three staff told us they had completed National Vocational Qualifications in Care to Level 2 or 3. Staff said they knew what their responsibilities were and felt supported by the management to provide good care and support. The healthcare professionals said the staff were very well trained and provided the support and care people needed.

A supervision action plan had been developed to identify how they were to move forward with supervision. An online trainer had provided a recording tool and the responsibility for providing the supervision had been shared between the care manager and a senior staff member. Staff told us they had regular one to one supervision and they felt this gave them chance to sit down and talk about anything, and find out if there were areas where their practice could improve. Staff also felt they could talk to their colleagues at any time and they were clear about procedures if the provider or other staff felt they were not providing the support people needed, "We would be told about it straight away which is really good." Staff felt supported by their colleagues, the care manager and senior staff and in particular the provider, who was always available.

Staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff told us everyone at Ennis House had capacity to make decisions and they were encouraged to do this about all aspects of their lives. One staff member said, "We support people with different things like changing their bed and reminding them to have a bath, shave or change clothes, but it is up to them really. We are here to support people, not make decisions for them, even if we don't think it is the best thing for them." We saw that people decided where they sat and how they spent their time, some stayed in their rooms and others went into town. One person liked to knit, another was doing puzzles and several watched TV in the lounge. Another staff member told us, "We think people should be encouraged to make their own choices and people have the capacity to do this. If we have any worries we contact their family and their doctor. "The provider said if there were any concerns about a person's safety or their ability to make decisions about their lives, they contacted the person's relatives, GP or the community mental health team to discuss their concerns. At the time of the inspection they had no concerns about people living in the home. The health and social care professionals confirmed that the staff contacted them to discuss people's support needs if they were concerned. They assessed people living in the home on a regular basis and felt staff offered people the support they needed to be independent and make choices about their lives.

People told us the food was very good; that staff spoke with them regularly about the choices available and their preferences, which meant staff knew which dishes people

Good

Is the service effective?

liked or disliked. People were chatting with each other and staff as the meals were served. All the food was fresh and home cooked. One person said, "I can never remember what we are going to have, but it is always very good." Condiments, napkins, water and fruit juices were available, and tea and coffee was 'on tap' throughout the day. People were encouraged to have enough to eat and drink. Snacks and drinks were available at any time and people said they could have their meals when they wanted to have them. People chose where they had their meals, most people used the dining room; one person chose to eat their lunch in their room and another liked to sit in an armchair using a small table, and staff respected their choices. People's weights were monitored monthly and recorded in the care plans. Staff said they would notice if someone was not eating as much as usual, and they would report this to the care manager. A relative said their family member had improved physically since moving into the Ennis House, and this was partly due to the good food.

People had access to healthcare professionals as required. One person said, "We can see the doctor if we need to, but I don't need to at the moment." Appointments were arranged with dentists, opticians and GPs as required, and when necessary the GP visited the home. Appointments and any outcomes were recorded in people's care plans, with information about any changes to support, such as prescriptions for antibiotics.

Good

Is the service caring?

Our findings

People said they felt involved in planning the support they received and staff respected their wishes. People told us, "My GP told me before coming here that this was a five star home. And I must say it proved to be valid." "We are always asked what we want and if staff can help us." "They are fantastic, I would never have thought people could be so good." "We only have to ask and staff help us, it is really excellent here." "We never go without anything and my room is really lovely, it is exactly how I want it" and, "The staff cannot do enough, they know what to do to make my life happy." A relative said the care was based on a good relationship between people and staff; who take care of every little aspect of people's support, in a kind but not patronising way. Such as supporting people to wash and dress and be interested in their personal appearance. A visitor said staff looked after people very well and provided as much support and care as people needed, which varied depending on their needs.

We heard people and staff talking about how they were going to spend their day, as part of everyday conversation. Interaction was very relaxed and friendly; we heard laughing and joking as we sat with people in the lounge. It was clear that staff had a good understanding of people's needs and staff talked to people quietly and respectfully, using their preferred name and waited for a response. Staff put forward suggestions about what people might like to do, but respected people's choices if they decided to do something else. For example, staff asked one person if they wanted assistance to wash their hair, the person refused and staff asked again about two hours later and they agreed at that time. Staff said they always asked people if they needed assistance, they never made decisions for them and it was clear staff respected people's choices. One staff member said, "Each person is different, they have their own outlook on life, they like to do things their own way and we respect this." Another staff member told us, "We are here to support people to live the lives they want to live, it may not be how we would do it, but it is their choice and we respect this."

The home had a calm atmosphere. People were relaxed and comfortable sitting in the lounge, smoking room or outside, some people were chatting during morning coffee while others watched TV or read a newspaper. People were very positive about the staff and manager, and they all said people were treated with respect and their privacy was protected at all times.

People felt that their privacy and dignity was respected. Staff said they always knocked on people's bedroom doors before they entered, and people confirmed this. On person said, "Staff knock and call my name to check that they can come in before they do". A relative said staff always knocked on their family member's bedroom door and waited to be invited in, which they said was very nice to see. Staff treated people with respect and protected people's dignity when asking them discreetly if they needed assistance with using the facilities.

Staff offered some people support with their personal care and it was clear this was provided when people wanted it. We asked staff about the varied colours and quality of the clothing worn by people. Staff said it was up to each person what they wore; they said they might make suggestions if it was cold and people were going into town to keep them warm, otherwise it was up to each individual.

People's rooms were well furnished, some people had personalised their rooms, and they pointed out how they had their own furniture and pictures, which were clearly important to them. The provider had redecorated and carpeted some of the rooms, with colours people had chosen, and people said they had been really pleased to be involved.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. People said their relatives could visit when they wanted and relatives told us the staff were always pleased to see them, and they were made to feel very welcome. A visitor said they visited the home regularly, they usually sat in the lounge, "Catching up" and, they were offered a drink and staff always asked them how they were and if they needed anything.

Good

Is the service responsive?

Our findings

People told us they had been involved in planning their own care and had discussed their care plans with the staff. People said, "I talked to the staff about the plan and they filled it in how I wanted it, which was very good and I signed it to show I agreed with it." "I have talked to staff about the care and it is very good. I have a care plan and I signed it, but I don't worry about it, they fill it in if anything changes and I sign it again. Another opportunity to sit down and have a chat" "Yes, they do respond to my needs. I feel listened to" and, "They look after you really well. If you want something they will go and try and get it for you." Healthcare professionals said they were consulted about the support provided, and had been involved in people's care plans as required.

Care plans had been reviewed and updated by the care manager and a new system had been introduced. We found that although the overall format of the plans was generic the actual information recorded was specific to each person. People's needs were recorded and the action taken to support people was linked to each area of need. The care plans clearly demonstrated a good understanding of the person's physical and mental health needs, how these affected their thinking and how their behaviour might change because of their mental health needs, with clear guidance for staff to follow to ensure appropriate support was provided.

Staff said the care plans were very clear, and gave them the guidance they needed to support people. Details of people's life histories and interests were recorded in the care plans. Staff said they knew how people liked to spend their time and this changed depending on how they felt on the day. People told us they had talked to the care manager and staff about what they wanted to do, and it varied depending on how they felt. People made their own choices about how they spent their day; some people had their preferred seat in the lounge and other people respected this. Staff said they were open to suggestions about activities, but a programme of activities was not appropriate for the people they supported. We asked people if they would like to do any activities and they said they did what they wanted to do, and if they wanted anything else they could ask staff.

Staff told us they were kept up to date with people's needs through handovers at the beginning of each shift. Staff demonstrated a good understanding of how some people's needs had changed day by day and how they had responded to make sure the person received the support they needed. Staff used a communication book to record appointments, visits from health professionals and people's birthdays, which they said meant that nothing was missed.

People who preferred to stay in their rooms were supported to do so. The risks of staying in their room, including the risk of isolation, had been considered and discussed with them and their representatives. People were checked on regularly and staff made sure they had everything they needed and that they were safe. We asked a person if they were comfortable and they said they were quite happy in their room, they had magazines to read and said, "They do everything I need them to do to keep me safe and comfortable."

The provider said people were supported to maintain their own health and independence, and make decisions about how they wanted to lead their lives. This included enabling people to regain the confidence to move out of the home into their own accommodation. We spoke with one person who had felt the home was not the, "Best setting," for them and they wanted to have their own home and be independent. They said, "I don't have any complaints about the home. I just feel that it's not right for me." The provider and staff supported this person to link up with the community mental health team and supporting agencies in the community, and since the inspection they have moved into their own flat. The provider said they had supported a number of people to be more independent and to move out of the home, and they kept in contact and were always open for them to visit for advice or to talk and have a meal.

Although people were encouraged to be independent and make choices, staff said they remained vigilant. They observed people's behaviour so they could identify if someone needed additional support with their mental health problems. Staff explained that any changes were reported to the care manager or provider and action would be taken to ensure the person had appropriate support, which may mean contacting the GP or community mental health team.

A complaints procedure was in place, a copy of this was displayed in the entrance hall, and given to people and their relatives. Staff told us if there were any issues it was usually about the food or, 'niggles between people', and

Good

Is the service responsive?

they could deal with them at the time. There had been no complaints about the support provided and people told us they had nothing to complain about. A relative and visitor told us they had no concerns about the support provided or about the home, but were confident if they did the provider or staff would deal with it.

Good

Is the service well-led?

Our findings

The culture at the home was open and relaxed, with people, staff and visitors encouraged to contribute and make comments or suggestions about how the support might be improved. The provider said, "People are involved in all the decisions we make about the home and the support provided, and they are encouraged to comment on what is happening, or not." The care manager and staff told us they supported people to be independent and make choices and people could only do that by being involved in what was happening in the home. People said the provider, "Is always around asking if everything is ok and checking that things are as they should be." "There is no real routine in the home, which is good as it means people can decide what they want to do" and, "The home is lovely and I do what I want."

The provider and care manager said any changes to support provided would only be made following discussions with, and with the agreement of, people at the home. Residents meetings had been discussed with people living at Ennis House and the feedback was they did not want to have meetings, as they felt able to talk to staff at any time if they had a problem. One person told us, "If we see anything we don't like we just tell the staff and they sort it out." We asked people how they felt about meeting to discuss the support provided and if they had any suggestion to improve things, and they said they felt meetings were not needed. One person said, "If we want to we could get together and talk about something we would like to change, but there is no point, we just need to talk to staff." Another person said, "We used to have those meetings, but now I do not think it would be a good idea, here are so many different personalities. However, I would talk to them if there was anything."

The provider and care manager said they ensured people and visitors had a say in how the support provided developed and they encouraged people to contribute and make comments or suggestions about improvements.

There was a stable management team in place. The provider had managed the home for over 10 years; the care manager had been in a supportive role for over five years and staff told us they felt supported by the management. Staff said there was a staffing structure at the home, with clear lines of accountability and responsibility. The care manager or senior care staff on each shift took the lead role and allocated staff appropriately to ensure that people's needs were met. Staff were aware of their colleague's role on each shift and they were flexible and covered for them if necessary. Staff said the provider and care manager were also very flexible, their main concern was to ensure people were supported, which meant they were aware of how staff provided support and ensured it was appropriate.

The care manager had reviewed staff competencies to ensure that staff understood what their roles and responsibilities were. As part of this process some staff had been given additional responsibility, such as providing supervision for other staff. The care manager said this was a new process and would be developed to enable all staff to take responsibility for some aspect of the support provided at the home.

The handover sessions at the beginning of the morning shifts were regarded as staff meetings; there were discussions about the support provided and any changes in people's support needs. Staff felt they were always up to date about any changes and had the information they needed to support people if they had come back after days off or holidays.

As part of the development of the service they had been assessed by 'Investors in People' and had been given an award, which lasts for three years. This assessment looked in part at the involvement of staff and how the service was developing. The award recognised that staff were involved in the service, as valued participants in developing and moving the service forward.

There were systems in place to monitor the services provided and the facilities themselves. A number of audits had been completed, including medication, care plans, laundry and cleanliness. When issues had been identified action had been taken to address them, such as the cleanliness of the home. Staff and people said the checks made sure the home was clean and comfortable.