Mr P Allen

Ebberly House

Inspection report

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Date of inspection visit:
24 October 2018
25 October 2018

Date of publication:
28 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

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

Ebberly House is two joined, adapted houses. The service is registered for a maximum of 19 people. Many people using the service are elderly and frail and some live with dementia. The home provides accommodation over two floors. There were 18 people using the service at the time of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 24 and 25 October 2018 and was unannounced.

At the last comprehensive inspection in June 2016 the service was rated Good overall, because we found no concerns. At this inspection we found the evidence could no longer support that rating and now the overall rating is Requires Improvement.

Why the service is rated Requires Improvement.

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 Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). Registered person's running a care home are required by law to make DoLS applications if people using the service are not free to leave and/or are under constant supervision. People were receiving care and treatment in their best interests but this was not recorded and the registered manager had not made any applications for DoLS. This had also been raised at the previous inspection in June 2016 but had not been progressed. Those applications were made following our feedback, however one application was made for a person who did have capacity to make decisions. This showed there was still some lack of understanding of the Mental Capacity Act.

People were safeguarded from abuse because staff knew how to report any concerns and the registered manager understood their responsibilities. However, some staff did not receive safeguarding training. The registered manager said this would be corrected.

The ethos and culture of the service was one of kindness and caring, which was led by the registered provider and registered manager, who were very visible at the service. People and their family members spoke highly of the care provided and expressed complete faith in the management and staff.

There were arrangements should a person want to make a complaint, but people said there was nothing to complain about.

People's safety was promoted through the arrangements for staff recruitment, staff numbers, medicines management and safety within the premises. The standard of cleanliness was very high.

Staff training had been innovative, helping staff and people's family members understand what it was like to live with dementia. Staff received support in their role and regular supervision.

Staff knew people's individual needs and people received a service, which took their individuality into account, such as meeting disability and faith needs. Each person had a detailed plan of their needs and wishes and how staff should ensure those needs were met. Plans included assessment and management of risks, so people's safety was promoted.

People's health was closely monitored and staff responded quickly if concerned. People's family members praised the end of life care provided at Ebberly House, one saying, "We trusted them. Staff were so kind." Staff had received specialist training in this.

People praised the food provided and people's dietary needs were closely monitored.

People enjoyed each others company and the friendliness of staff. There were some regular activities arranged for people and opportunities for celebration were not missed.

People's views were sought through day to day contact, a monthly review of their care plan and a recent survey, which included people's family, staff and professionals external to the home.

There were some systems in place to monitor the standard of service, such as medicine and record checks and safety checks within the building.

We found one breach of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service continued to be safe.

The home was very clean and hygienic. The premises was kept in a safe state.

Risks were assessed and managed to keep people safe. People were safeguarded from abuse and harm.

Staff were checked to ensure they were safe to work with vulnerable people prior to starting employment.

Staff were provided in sufficient numbers to meet people's needs in a safe way.

Medicines were safely managed for people.

Is the service effective?

Requires Improvement

The service had not continued to be effective.

People were being deprived of their liberty because they were unable to leave, and were receiving supervised care without the required lawful authority.

There were no effective arrangements in place for assessing people's capacity to make decisions and no records of decisions made in people's best interest.

Staff received valuable training in subjects relating to people's care needs but lacked other training important in their role.

Adaptation to the building helped people to live as independently as possible.

Staff were supervised and supported in their role.

People received a good standard of healthcare because staff were skilled in recognising health or care problems.

People enjoyed a varied and nutritious diet.

Is the service caring?

Good

The service continued to be caring.

People and their family members spoke very highly of the kindness and compassion staff provided.

People had made friendships with staff and other residents.

People's dignity and privacy were upheld, and they were treated with respect.

People's views were sought at all times.

Is the service responsive?

Good

The service continued to be responsive.

People had a plan of care which outlined their needs, wishes and how their care should be delivered.

People engaged in activities of interest if they wished.

Staff were able to engage with people because they worked hard to understand and accommodate different communication needs.

End of life care was provided to a high standard.

People said they knew how to complain but had nothing to complain about.

Is the service well-led?

Requires Improvement

One aspect of the service was not well led.

Quality assurance systems at the home had not identified that legislation in relation to the Mental Capacity Act and Deprivation of Liberty safeguards was not being met.

People, their families and staff were very satisfied with the service.

There were arrangements in place to seek people's views, review safety and maintain standards at Ebberly House.

Ebberly 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 25 October 2018. The inspection was unannounced and completed by one adult social care inspector.

Many people living at the home were able to share with us their views about Ebberly House. We also spent time in the dining room and lounge areas informally observing staff interactions with people. We used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return, dated August 2018. 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.

During our inspection, we spoke with five people using the service, four people's family members, six staff members, the registered manager and the owner/provider. We looked at two records, which related to people's individual care needs and sampled several people's medicine records. We viewed two staff records, and records associated with the management of the service. We received feedback about the service from a visiting social care professional who was involved in reviewing people's care.

Good

Is the service safe?

Our findings

The service continued to be safe.

People and their family members said they felt Ebberly House was a safe place. One person said, "You can't fault it". A family member said, "We trust them here."

There were enough staff to provide care in a safe way, being available to assist people to walk, for example. Care staff were supported by a daily domestic and cook. The registered manager said they regularly looked at staffing to be sure the numbers and skill mix was working. They gave examples of where it had been necessary to increase staffing, for example, when a person had been anxious and their behaviour unpredictable. Staff said the staffing arrangements kept people safe, and people told us staff were available to assist them in a timely manner.

Recruitment arrangements protected people. These included checks prior to staff working unsupervised, including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people.

People were protected from avoidable risks. Care planning included risks from falls, moving safely, and nutrition, for example. Our records showed there had been two serious injuries in the previous 12 months. One the registered manager considered to be a "lesson learned" in that they found a person to be at risk from falls at admission. They said they now double checked all the information they received before deciding if a person was safe to live at Ebberly House. People were protected from the risk of pressure damage, a specialist mattress having just been purchased for a person at risk, for example. The registered manager said that, although they recognised and managed that risk, this should be included as a formal risk assessment as part of the person's care plan.

The premises were very clean. One person's family told us, "It's spotlessly clean here." A domestic worker had high standards. They told us they always pulled furniture out once a week so they could clean a room thoroughly. Staff received infection control training, had protective equipment available to prevent cross contamination, and the laundry room had the necessary equipment to meet the needs of the service.

There were arrangements in place to ensure the premises were kept in a safe state. The provider undertook maintenance and ensured routine servicing was undertaken. People confirmed a weekly fire safety check, records showed fire equipment was maintained and staff said they received regular fire safety training.

An emergency evacuation plan was in place for each person and evacuation equipment was available to assist them. Following our feedback, the registered manager agreed that this information would be easier to use if put near an exit, rather than next to the kitchen.

People told us they received their medicines on time and as they expected. One person managed their own

medicines. They had a locked cabinet in their room for safe storage. Other medicines were stored securely and the temperature of the room was monitored. Following a previous pharmacy inspection the service received a report. This was on the final day of our inspection. We saw that most recommendations had already been completed. Medicines we checked tallied with the records and we observed medicines were administered in a safe way.

People were protected from abuse and harm. Staff were knowledgeable in how to recognise abuse and report it. This included reporting to the registered manager and externally, to the local authority safeguarding adults team.

Requires Improvement

Is the service effective?

Our findings

The service was not effective because people's legal rights were not being upheld.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. We found that staff did consult people about their care and respected their decisions, not having a bath at a certain time, for example. However, when people were likely to lack mental capacity to take decisions, there had been no formal assessment of their capacity, in line with the MCA code of practice. Examples included handing over medicines for staff to administer and having bed rails to restrict a person's movement and so protect them from falling.

When a person is deemed not to have capacity to make a particular decision, decisions can be made on their behalf and in their best interest. We found that decisions were being made on people's behalf and in their best interests by staff and their family members, but there were no records to support this. This was also noted at the previous inspection. The registered manager was aware of people's representatives who had legal authorisation to act on their behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the previous inspection, June 2016, there had been two applications. The registered manager had agreed at that time there were probably more applications required, to comply with the Act. At this inspection the registered manager said that the majority of people lacked capacity, were not free to leave and were under constant supervision. This meant that applications to deprive them of their liberty were required. None had been applied for. Following our feedback those applications were made, However, one of the applications was for someone who did have capacity to make decisions .This showed that there was a lack of understanding about DoLS and the MCA.

Staff understood the importance of seeking people's consent and offering them choice about the care they received but had little, or no knowledge of the MCA and DoLS.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff received training so they could perform their role effectively. New staff received an induction, which included the Care Certificate, if they were new to a care. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. Staff said that having the registered manager working along side them ensured they maintained their standards as their competency was under regular review.

Staff confirmed they received all aspects of training relating to providing a safe service, such as moving

people safely and fire safety. However, we were told that non care staff did not receive training in safeguarding adults from abuse, although they worked in and around the service, having regular contact with people. The registered manager said they would change this immediately. A local care home's team delivered monthly training which promoted people's health, such as understanding the causes of constipation, for example.

Staff had benefitted from a bespoke dementia care training event, which gave staff practical experience of what it is like to live with the condition. Following this a senior staff member devised their own 'dementia experience' for staff and their family members. This was praised by staff and people's family told us the experience had reduced them to tears, as it had been so powerful. The 'Commitment to Dementia' care award 2018, from North Devon Hospital NHS Trust, had been won through the service commitment to dementia care.

Staff received regular face to face supervision, to which they were invited to think about what matters they wanted included. Staff also said how well they were supported, because the registered manager and provider were very visible and available for advice at any time.

Staff understood the importance of meeting people's diverse needs and ensuring that policy and practice had an equal impact on people, so they received the same outcomes. People had been supported to use technical equipment so they could access social media for example. People's faith needs were known, a monthly service was held in house, and one person visited their preferred church weekly. The service was mindful of people's changing physical needs, meeting them where possible. For example, the building was adapted so that all but one set of steps had a chair lift, so people could move around the building safely. Other adaptation included signs to help people find their way around.

People's health care needs were met. People's family members said, "We are very, very happy with the care, which is excellent" and "Mum's only got to have a cough and they ring me." A social care professional spoke highly of the staff and how well care was delivered. Records showed that any health care concern was followed up immediately and that there were arrangements in place to meet routine health needs, such as eye care.

Most people and their family members praised the food and the menu choices available to them. Their comments included, "The food is great" and "The food is wonderful." People said they were asked if they liked the menu and the menu included information about people's likes and dislikes and available alternatives. One person told us how they liked roast chicken but preferred the chicken leg, and this was what they always received.

Nutritional risk assessment and care plans helped to ensure people's dietary needs were met. People's weight was monitored and records kept of what they ate and drank where there was any concern. We saw that people had drinks available to them at all times and they were encouraged to eat and drink well.

Good

Is the service caring?

Our findings

The service continued to be caring.

A social care worker perfectly described the atmosphere at the service when they said people "were contented". We saw that people were comfortable and relaxed when meeting staff and some enjoyed chatting together.

People and their family members spoke very highly of the kindness and caring attitude of staff. Comments included, "The girls are lovely", "The carers here are very nice", "I can't speak highly enough of the staff. They are wonderful" and "It's the care and the friendliness." All talked of the homely atmosphere and people's family said how welcomed they always felt when they visited.

Some staff had worked at the service for many years and knew people very well, understanding their communication needs, for example. We saw how conscientiously staff cared for people, treating them with respect, dignity and politeness. One care worker said, "Would you like to join us for lunch?" to encourage a person to come for their meal. Staff never hurried people and each engagement with people reinforced that it was person's home, and they had a valued place in it.

People's privacy was understood and promoted. The registered manager gave an example of one person to whom private time had been important. A 'do not disturb' sign, was used which staff respected. Each person was addressed by their preferred name and supported to present in a way that maintained their dignity and individuality. To that end, the laundry service was praised and the standard of laundry was very high. One person told us, "The bed only has to have a spot on it and the sheets are changed" and "Look, my clothes went to the laundry this morning, and here they are back, and so well looked after."

People's views were sought through the close contact with the staff, who continually consulted people about their preferences, which were also described in detail in their care plan.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People and their family members praised the service. Comments included, "Anything I want staff get".

People's needs were assessed prior to admission, so as to ensure the service could effectively meet them. A social care professional, responsible for helping people find residential care, talked of the trust they had in Ebberly House management and staff, based on the standard of care delivered. They said how well staff knew the people in their care, commenting, "(This service) is perfect for these clients" and "Staff don't need to keep referring to their records because they know people so well."

Each person had a care plan, describing their needs and wishes and how staff were to deliver their care. We were shown how those plans were to be extended, to include more subject headings, sexuality, for example as advised by a local care home's team. People's care plans were very detailed, showing that people's care was centred on them as an individual. For example, in one plan it said, "(The person) does not speak much at the table but enjoys being around other people." We saw that this was the case when we joined people for lunch.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods, as they were aware of people's known communication preferences. For example, one person used a white board to help them communicate, as outlined in their care plan.

Many people using the service were frail and chose not to spend time in the community. The premises included a balcony garden with seating and plants, overlooking the local area. A BBQ was available and had been used in the warm weather. People told us about 'all day parties' such as for the royal wedding, and a recent 100th birthday, when a buffet and celebration cake was provided.

People benefitted from shared time in one lounge, where we saw people greet each other and chat, or quieter time in a second lounge. Organised activities included quizzes, seated exercise and some musical entertainment. Staff provided friendly chat to people throughout our visit and knew that one person, if they became upset, was calmed through caring for a baby doll, which they would cuddle.

The service provided a high standard of end of life care. A social care professional praised that the service provided end of life care. Some staff had completed the 6 Steps end of life training programme, designed to standardise palliative care to a high standard. People's family members praised how staff were adept at discussing end of life choices with people, when they had found this difficult themselves, and we saw a document used for Advanced Care Planning. They said they had been fully supported when a family

member received end of life care at Ebberly House, able to spend as much time there as they wanted, but fully confident of the high standards provided if they were not there. Other members of that family had since been admitted, showing the confidence they had in the service.

From discussion with the provider, registered manager and staff, it was clear they felt emotional ties to people, did all they could for them, and were emotionally affected when they died. They gave an example of the end of life care for a previous resident with advanced dementia. Staff had very little information about the person, who had no family, but knew the person liked Christmas carols. They said staff stood around the person's bed and sang carols to them, and they had smiled.

People and their family members said they had nothing to complain about but would feel confident to raise any issues. Each person was provided with a copy of the complaints procedure, which was also displayed in the home. There had been no complaints to the service and the Care Quality Commission had received no complaints about Ebberly House. The registered manager said they would record and investigate a complaint if people said they wished to complain or "If I'm worried about something".

Requires Improvement

Is the service well-led?

Our findings

The service did not continue to be well-led because the registered manager and provider had not kept up to date with some of their responsibilities, although this did not impact on people using the service.

At the previous inspection in June 2016, we found a lack of records of best interest decisions and that applications to deprive people of their liberty had not always been applied for, although some had. 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 Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS). The service had made no DoLS applications following the 2016 inspection, or since and we established that applications should have been made, based on people's needs. This meant the registered manager and provider were not meeting their legal responsibilities on behalf of people using the service as care and treatment were being delivered without lawful authority. The quality assurance systems in place at the home had not identified the lack of DoLS applications or lack of records of best interest decisions.

The registered manager had kept themselves informed of some changes in legislation, such as the General Data Protection Regulations 2018, but were unaware of the Equality Act 2010, which we found had not been included in reviews of policies and procedures, although people were being protected from discrimination in relation to their age, disability, religion and beliefs, for example.

There were systems in place to check safety and the quality of the service. This included checking care plans, water temperatures, medicines and safety in people's rooms.

There was a registered manager. They were registered with the Care Quality Commission in January 2015, but had worked at the service since 1993. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were very happy that the registered manager and provider actively engaged with people on a daily basis and so were well known and very aware of people's condition, and how the service was running. They worked in partnership with one another and this, they said, worked very well for the benefit of people using the service. The registered manager said, "I have my feet on the ground" when asked if she believed the service was well led.

Staff said they liked working at Ebberly House, with comments including, "I love it here. It's so nice. It's a lovely place to work" and "I couldn't fault the employment here". They said they felt quite confident to raise any issue with the registered manager or provider, should they be concerned about anything.

There were some links with the community, but people said they were happy and contented to just remain as they were. People were happy and complimentary about the service they received. People's views were sought through day to day contacts with staff and a monthly review of their care plan. In addition,

questionnaires were being sent to people, their family members, staff and professionals associated with the service. Questions included: 'What do you think of the manager's attitude in general?' and 'What do you think of the quality of care overall?'. This showed an openness to receiving honest feedback about the service in line with the service aims. Those aims included allowing people to live as independently as possible, and by providing care and support consistent with their needs and wishes.

Staff were encouraged to explore innovative ways to improve people's lives. This had included a 'virtual dementia experience', which people's family members and staff considered a great success. The registered manager was in contact with other registered managers and providers in a forum which provided an opportunity to share ideas and gain information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)