

Mr P Allen

Ebberly House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Ebberly House is a residential care home providing personal care to and support to 15 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

Ebberly House is a large end of terraced house with bedrooms on three floors and stair lift to access all floors.

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

People and their relatives said Ebberly House provided people with safe, compassionate and respectful care and support. Comments included, "This is a really lovely home, people all lovely, very giving and forgiving, and very supportive, encouraging, sincere. Everything more than you can ever expect from any person." One relative said, "Staff are wonderful."

Most risks to people's safety were assessed and managed well, however this was not always the case. Risks from hot water outlets had not always been fully audited. Also individual personal evacuation plans had been developed but were not easily accessible in the event of an emergency. Following feedback the registered manager and provider acted swiftly to address these areas.

We found the audit for medicines needed some improvement and issued a recommendation. There was no direct impact and low risk for people. By our next visit to the service, the audit had been improved.

Since the last inspection the registered manager and the deputy had completed in-depth training in understanding people's rights. 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.

There were sufficient staff with the right skills and support to meet people's needs and wishes.

People enjoyed a variety and choice of meals. Their healthcare needs were closely monitored and the service worked in partnership with other professionals to achieve good outcomes for people, including end of life care.

Staff provide a varied programme of activities taking into consideration people's past and their hobbies and interests. Some staff came in on their own time to provide extra visits and support to enable people to access the local community.

People, staff and family found the registered managers approach to be open and inclusive. The service used various methods to ensure people's views were heard and acted upon.

Rating at last inspection and update: The last rating for this service was requires improvement (published 27 November 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ebberly House

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector, a member of the medicines team and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and completed over three days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, assistant manager, provider, four care staff, one housekeeping staff and one kitchen staff.

We also spoke with 14 people living at the service and four relatives.

We used 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The registered manager was able to show us that following an incident all care staff had been enrolled on a medicine's management training course. However, the registered manager did not have an overview of where each member of staff was up to on completion of their training course.
- The medication administration record sheets for most medicines were fully completed. However, we found that some of the record sheets for topical medicines were not always completed. We also found that when variable doses were prescribed the actual quantity given was not recorded. Staff were able to tell us what dose had been given and why. This information was however not recorded either in the person's care plan or on the medication administration record.
- Staff were able to explain about information provided by healthcare professionals about how to use people's medicines, but this was not recorded within the healthcare professional section of the person's care plan.
- Some of the medicines were administered to people by community nursing staff. The records for these administrations were present in the service but no record was made of the community nurse having visited the service.
- Medicines were seen to be stored safely.
- We were told that weekly checks were carried out on some of the medicine administration record charts but that this did not include the records for topical administration. There was no overall system to audit and monitor the completion of record charts.
- Following feedback, the registered manager implemented a communication system to record messages and information from healthcare professionals.

The provider should consider implementing an effective audit and monitoring system to include all medicine administration records. This should include how identified actions are followed up.

- By the third inspection visit the registered manager had adapted their current audit tool to include actions taken and how these would be followed up.

Assessing risk, safety monitoring and management

- The provider had assessed the risks of hot water outlets, but they had not routinely checked the temperatures, which meant they could not be certain people were fully protected. Following feedback, they

set up a system for ensuring these checks were completed and recorded. They had also decided to fit mixer valves to all hot water sinks, to further reduce the risk of people being at risk of scalding.

- Although the registered manager had completed emergency evacuation plans for each person and a fire risk assessment had been completed, this was not kept together in an accessible place in the event of an emergency. Following feedback, the registered manager had collated a folder to be kept near the main entrance to the building.
- The provider had been in the process of obtaining an electrical safety certificate, but there were some works outstanding as their contractor had become unavailable. We discussed the importance of getting this work completed in a timely way which the provider was actioning.
- The risks to each person had been assessed. Care records contained information about individual risks.
- People living with long term health conditions had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe. Staff understood and were able to describe how to support each person in line with the care plan.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Ebberly House. One said, "It's good that they keep an eye on us."
- Staff had been trained and were aware of their responsibilities to protect people. Staff said they were confident in reporting concerns to senior staff, who would take appropriate action to address concerns.
- There were clear policies and protocols in place to assist staff to raise any concerns or alerts.

Staffing and recruitment

- There were sufficient staff for the number and needs of people currently living at the service. The registered manager did not use a dependency tool, but kept staffing under review and when assessing new people coming into the service they ensured their care needs were in line with the staffing levels.
- People said their care needs were being met in a timely way and there were enough staff on shift. A few people said there were not enough staff but were unable to give any examples of how this had impacted on them or when this was.
- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.

Preventing and controlling infection

- The home employed housekeeping staff to ensure regular cleaning and prevention of cross infection. They had systems in place for colour coded clothes and equipment for different areas.
- Staff had access to personal protective equipment such as gloves and aprons to use to help prevent the spread of any possible infection.
- There were policies and regular training to update staff on best practice for infection control.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, where someone had a fall, their medicines, environment and equipment were checked to see if this was having an effect on their risk to falls.
- The registered manager said they were working with the nurse educator and falls team to review trends and increase staff awareness around risks for older people and what actions they can take to minimise such risks.
- Incidents and accidents were audited to identify any trends and reduce further risk

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.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection, we found the registered manager had not fully protected people's rights because they had not made DoLS applications. We issued a requirement and the service sent us an action plan to show how they would become compliant with this breach.

- Anyone who was assessed as lacking capacity had a DoLS application applied for. None had been authorised as yet.
- The registered manager and assistant manager had completed the local authority enhanced training in MCA and DoLS.
- Staff understood the principles of the MCA ensuring people were offered choice and consent was gained for any care and support being delivered.

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

- Prior to admission, where possible the registered manager or assistant manager visited the person and their family and any caregivers to gain their views and assess their needs.
- People or their relatives had been involved in their assessments, care planning and reviews where this was possible.
- Care plans were person centred and included any best practice and information from healthcare professionals.

Staff support: induction, training, skills and experience

- Staff received training in all aspects of health and safety as well as more specialised areas of understanding people's health conditions. We had received some information of concern which indicated staff were not having the right training to do their job effectively. We did not find any evidence to support this allegation.
- Staff said they had training support and opportunities to discuss their practice. Staff felt they had the right skills to meet people's needs.
- The registered manager said not all staff have had recorded supervisions sessions as regularly as she wished but they had lots of ad hoc discussions about best practice and staff ideas.
- New staff completed an induction including some shifts where they shadowed a more experienced staff. The registered manager has been in contact with a company who will be able to deliver moving and handling training to individuals rather than have to wait for the next planned session. This meant they could be more responsive to enabling new staff to gain the right skills.

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

- People said they were supported to have a range and variety of meals, snacks and drinks. Comments included " .. food is pretty good ..." "And " .. there is a set menu .. if the cook knows you don't like something she will come and see you and offer you an alternative ..."
- We observed people being supported and encouraged to eat and drink to maintain good hydration and nutrition.
- Staff monitored people who were at risk of losing weight and referred people to their GP where needed for consideration for supplementary drinks.

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

- Daily records showed staff worked closely with healthcare professionals to meet the needs of people who lived at Ebberly House. This included their GP, the community nurse team and hospital specialists.
- People's healthcare needs were assessed and included how the service would work with community health professionals. For example, where someone had diabetes, their plan included working with the community nurse team to ensure their condition was closely monitored.

Adapting service, design, decoration to meet people's needs

- Ebberly House is a large end of terrace building which has been adapted to meet the needs of frail older people. It does have some limitations to the number of easily accessible bedrooms. The registered manager always took this into consideration when assessing potential new people. They had signage to direct people to communal areas and bathrooms. Grab rails had been installed in bedrooms and bathrooms to assist people to move around as independently as possible.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 and their relatives said staff were caring and kind. Comments included "You have to go a long way to find anything better .. patience carers they are lovely. " And "Very good, they look after me so well Kind caring and respectful."
- Staff were kind and caring in all their interactions with people. One relative raised an issue of where they thought a staff member may not have been appropriate in the way they spoke to people. This was shared with the registered manager who agreed to follow this up.
- Some staff went the extra mile to ensure people were fully supported to have fulfilling lives. One staff member, for example, brought their dog in to visit people and later took a person out for lunch. The registered manager also gave other examples of where staff came in in their own time to support people to go out and about in the local community. This showed a kind and caring culture.
- Care plans detailed people's diverse needs and wishes. Staff knew people well and understood what was important to each person to keep them happy and feeling respected.
- Staff received training in equality and diversity. We observed people's individual needs were fully considered.

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

- People were positive about the care and support they received and felt they were able to be involved in decisions about their care. For example, one person said they had been involved with their care plan. They said, "They don't take away independence .. they let me wash myself in the mornings."
- Staff were seen to offer people choice and were flexible in their approach to ensure people were fully involved in their care and support.
- Staff understood the importance of people working in partnership with them so they felt fully involved and in control of their lives. One staff member said, "We may suggest something to someone, but at the end of the day it's their choice. This is their home."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff ensured people's personal care was delivered in the

privacy of their bedroom.

- People confirmed they were treated with dignity and respect. For example staff knocking on their door before entering.
- Staff were able to describe ways in which they ensured people's dignity was upheld and how they worked in a way to promote people's independence. The registered manager described how some people had come for respite to convalesce and had been supported to increase their confidence and skills in being independent so they could return home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Some people were able to recall being involved in the development of their care plans.
- Plans gave staff clear instructions about how best to support individuals taking into account their needs and preferences.
- Some plans detailed people's preferred daily routines and all contained some information about what the person enjoyed doing in the past and who and what was important to them. This helped staff to provide personalised and person-centred care.
- People confirmed they had choice and control over their everyday lives such as when they got up and when they wished to retire to their room.
- Staff had detailed knowledge and understanding of each person's needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Plans of care included what staff needed to think about in terms of people's communication needs. For example if they had hearing aids, wore glasses or difficulty processing information due to their dementia.
- The registered manager said information could be provide in large print but usually they read information out to people. They also had large print books and could access audio books if required.

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 and their visiting relatives said they were able to have visitors at any time and they were made welcome.
- A volunteer came in weekly to offer art therapy as some people had expressed an interest in this.
- The service also had regular visits from a pet therapy dog and staff also brought in their dogs for people to pet.
- Small group and one to one activities occurred each afternoon. This included games, quizzes, dances, gentle exercise and chatting about the latest news. Children from a local nursery visited once a fortnight to interact with people. People said they enjoyed their visits.
- Staff helped facilitate outings to the local town, sometimes in their own time. They also arranged

occasional bus trips out to places of interest.

- People said they enjoyed the activities on offer. One relative commented that they did not feel there was always enough stimulation for people. We fed this back to the registered manager who said she would talk to people about what else they would like to do in terms of activities.
- Local clergy visited to offer prayers and communion to those who wished.

Improving care quality in response to complaints or concerns

- The service had a complaints process but there had been no formal complaint since the last inspection.
- The registered manager said they used surveys and chatting on a one to one basis with people to gain their views and to check if they had any concerns.

End of life care and support

- Where possible people were assisted to have their end of life care at the home, if this was their wish.
- Staff worked closely with the community nurse team and the GP to deliver end of life care which helped to ensure people experienced good outcomes, including relief from pain if needed.
- There were many compliment cards from families thanking the service for their caring approach to end of life care. One stated "I would like to thank you for all the loving care you gave (name of person) whilst she was with you. She was very happy and that's because she was so well looked after, even at the end."

Is the service well-led?

Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we identified that the quality assurance system had failed to pick up that some people needed to have DoLS as they were being deprived of their liberty and lacked capacity. At this inspection we saw the right applications had been made and part of the quality assurance checks was to review this on a regular basis.
- Audits were carried out to check on the environment, care records and medicines. We identified and discussed some improvements to these and by the second visit to the service these had been improved.
- The registered manager had worked at the service for many years and understood their role to ensure CQC was kept fully informed of any serious incidents. They also understood all risks to people and the environment needed to be kept under review. They were working with the provider to ensure risks we identified such as hot water checks, checks on medicines and ensuring emergency plans were easily assessable had been actioned to swiftly to keep people safe.

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

- People said they were able to have their say and believed their views were listened to.
- Staff said the registered manager was supportive, inclusive and encouraged them to develop their skills to provide good outcomes for people.
- The deputy manager had been put forward for a local award for their work in providing staff and relatives with virtual reality training in living with dementia. Some of the community nurses were also interested in participating in this training they had developed.

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 understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, ensuring information was given to the local commissioners and safeguarding teams when there was a serious injury to someone.

Working in partnership with others

- The community nurse team said the service worked in conjunction with them to ensure people's healthcare needs were met and closely monitored.
- The service were working in partnership with the nurse educators on projects such as falls prevention strategies. This was again to improve outcomes for people living at the service.