

Dignus Healthcare Limited

Ebenezer House







Inspection report

85 Bilston Lane
Willenhall
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WV3 2LJ

Tel: 0121 357 509

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 4 February 2106 and was unannounced. We last inspected this home on 14 February 2014 where we found the provider was meeting the requirements of the regulations we inspected.

Ebenezer House is a residential home providing accommodation for up to 4 people who may have a learning disability. At the time of our inspection 3 people lived there. There was not a registered manager in post. 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. Following our inspection the new manager registered with the Commission which meant there is now a registered manager in post.

Staff knew how to recognise harm and understood their responsibilities in reporting it to the management. Staff knew what to do should the provider fail in their

Summary of findings

responsibility to protect people. Risks to people's health and safety were assessed and regularly monitored. Relatives told us and we saw there were sufficient numbers of staff to keep people safe. People told us they received their medicines on time.

People were cared for by knowledgeable staff who had the correct training and skills to meet their needs. People's rights were protected as the provider had applied to the safeguarding authority to deprive them of their liberty when appropriate. People told us their nutritional needs were being met and they were involved in choosing the menus to suit their own preferences. We saw people had access to health care professionals.

Relatives told us and we saw people were supported by staff who were kind and caring. Positive relationships had been developed between people and the staff who support them. We saw people were encouraged to maintain their independence and daily living skills. People's privacy and dignity was respected by the staff who supported them.

People were cared for by staff who knew their individual choices and preferences. People were supported to maintain relationships that were important to them and relatives told us they were made welcome when they visited the home. People had opportunity to follow their own interests and hobbies in the community and in the home. Relatives told us they knew how to complain and when they had they had been listened to.

The provider did not have a registered manager. Following our inspection a new manager registered with the Commission. The manager and staff included people in the running of the home by having regular meetings both on an individual basis and as a group. However it was not clear to us what action had been taken when people made negative comments. Staff told us they were supported by the provider and the new manager and they were included in decisions in the home.

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.

People were kept safe and risks to people's health were well managed. There were sufficient staff to meet people's individual needs. People received their medicines as prescribed and when required.

Good



Is the service effective?

The service was effective.

People received care by staff who were appropriately trained to provide it.

People's rights were respected because the provider had made appropriate applications to keep people safe and staff understood the principles of The Mental Capacity Act. People's diet and nutrition needs were being met. People had access to other healthcare professionals when required.

Good



Is the service caring?

The service was caring.

People were supported by caring and compassionate staff. People's dignity and privacy was respected by staff. People were encouraged to remain independent and to maintain relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

People received support that was personalised and delivered in a way they preferred. Care plans recorded people's choices and family backgrounds. People were supported to access activities of their choice both in the home and in the community. We could not always evidence that people's complaints had always been responded to.

Good



Is the service well-led?

The service was well led.

The service did not have a registered manager in post at the time of our inspection. Following our inspection the new manager registered with the Commission. Staff were supported by the manager and the provider and felt involved in decisions in the service.

Good



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

This inspection took place on 4 February 2016 and was unannounced. The inspection team consisted of two inspectors. As part of the inspection we reviewed the information we held about the home and looked at the

notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority to obtain their views about the quality of the service provided. We used the information to help us plan the inspection.

During the inspection we spoke with three people who lived at the service and two relatives. We spoke with two care staff, the manager and the provider. We looked at medicine records for one person and a quality report completed by the provider.

We looked at the care records of the three people who lived there to see how their care and treatment was planned and delivered.

Is the service safe?

Our findings

Relatives told us their family members were safe. Staff were confident in telling us how they protected people from the risk of harm or abuse and knew the correct procedures to follow within the home when harm had occurred. Staff told us what procedure they would follow should the provider fail to protect people. One member of staff said “If you have to whistleblow, you have to whistleblow. It’s my job to protect people”. When incidents occurred in the home they had been documented by the manager and had been referred to the local authority.

Staff explained to us how they supported people when risks had been identified. For example, a member of staff told us how they had monitored a person’s weight and kept records of their fluid intake to keep them healthy. We saw robust risk assessments present in people’s care records which enabled staff to manage risks to people’s health and safety. This meant risks to people’s health and safety were being managed effectively by staff.

Relatives told us there were sufficient staff to meet people’s needs. Staff said and we saw there were sufficient numbers of staff to support people and to keep them safe. Staffing levels enabled people to be taken out on a one to one basis and we saw evidence of this during the inspection. We saw staff were able to spend time with people and support them with everyday tasks.

Staff told us recruitment checks had been completed prior to them commencing work. They had been asked to provide information which included Disclosure and Barring (DBS) checks and references from previous employers. This was to ensure they were safe to work in the home. We asked the provider about how they recruited people to ensure people were safe to work in the home. They told us they asked for references and completed legal checks prior to people starting work. We were not able to evidence this on the day of the inspection.

One person showed us their medicine which was stored safely in a locked cabinet. Only staff held a key to the cabinet. Staff told us they were all trained to give people their medicines and they received regular training to ensure they were up to date. We saw individual instructions were in place for people with regards to their medicine so as staff could follow the guidance to ensure people got their medicine in a timely and safe way. One person told us when they had a headache they asked for medicine and staff gave it to them. Staff explained the system they had to ensure people got their medicines when required and each person’s medicine administration records (MARS) was checked by staff who were supported the person with their medicine on a daily basis.

Is the service effective?

Our findings

Relatives were confident staff had the right skills to care and support their family member. A relative commented, "They look after [person's name] superbly".

We saw and staff told us they received regular training and their induction gave them opportunity to get to know people before starting work. Staff told us they received regular support and supervision from the manager. They told us they were able to talk openly in their one to one meetings with the manager and they were listened to. Staff told us and we saw the training they received helped them to provide appropriate care to the people they supported.

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This 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. Staff showed they understood the importance of obtaining consent before providing care or support. One member of staff said, "I always ask a person if they are happy for me to proceed with care or support, but mainly I do allow them to do things for themselves if they are able". Throughout our inspection staff sought consent from people before they provided care and support. People spoken with also told us they were able to make decisions about their own care and staff supported them to make their own choices with regards to their care. We found where people lacked capacity around certain decisions the provider had carried out appropriate capacity assessments.

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 and hospitals are called

the Deprivation of Liberty Safeguards (DoLs). At the time of our inspection, the provider had sought a DoLs authorisation for two people who lived at the home to ensure their rights were protected and they could continue to receive the care and support they needed. We saw the provider was meeting the conditions of the authorisations. The provider told us one person had an Independent Mental Capacity Advocate (IMCA) to assist with decision making. An IMCA is a specialist person who can support people who may not have a family member to help them and have been assessed by a professional as lacking capacity to make some decisions for them to represent their views and ensure care is provided in their best interests.

People told us about what food they enjoyed and where they liked to eat. We were shown the menus they had helped plan which ensured their own preferences were included. People told us they ate in restaurants of their choice regularly and one person told us they liked going to one particular restaurant each week. Where people needed additional support with their nutritional needs in order to remain healthy we saw this support was in place. We saw staff followed guidelines in people's care plans to support their nutritional needs. One person told us they had been supported by staff to lose weight which had benefitted their health. People were encouraged to be as independent as they could be and were able to make their own drinks, both hot and cold, when they chose.

People explained to us they visited the doctors when they needed to when they felt unwell. Staff told us they supported people to access the doctor's surgery clinic on an annual basis for a check-up. We saw staff also supported people to visit the dentist and the chiropodist. We saw in people's care records other professionals such as the community nurse visited when people's needs changed. For example, we saw where one person's behaviour had changed the staff had made a referral to the psychiatrist and their medicine had been reviewed which had helped the person to be less anxious.

Is the service caring?

Our findings

We saw staff caring and supporting people in a friendly way. We saw staff talked to people and encouraged them in everyday tasks. Positive relationships had developed between staff and the people they supported and friendly conversation was heard being exchanged. Staff supported people in a way which highlighted their strengths and staff gave support when they knew people were not as confident. For example, we saw staff supporting people in the kitchen giving them each a different task to complete which they would be able to do without support.

Relatives told us staff cared for their family member showing kindness and compassion. One relative said, "They look after [person's name] superbly". Another told us, "The carers are absolutely lovely".

People living in the home were allocated a key worker. A key worker is somebody who is allocated to people to ensure consistency and build close relationships with and a point of contact for families. The manager told us this meant staff got to know people and their preferences better.

We saw people were involved in a weekly meeting to discuss the coming week and to share with staff any concerns they had and any requests they wished to make with regards to their care. Whilst the same questions were asked each week we saw sometimes people's views were not acted upon by staff. We spoke with the manager about this and they agreed to address this with staff.

People told us they made their own choices with regards to what to wear and when they got up. We saw bedrooms were decorated with their own choice of colour and furnishings. We saw they were encouraged to have their own furniture and other items in their rooms which made them personalised.

People told us they enjoyed having friends come to visit sometimes at the weekend. Relatives told us they were welcome to visit when they chose and they had good relationships with the staff, manager and the provider. People were encouraged to maintain relationships that were important to them. One person told us they go out to eat with their family and this made them feel happy. Relatives told us they visited regularly and were made welcome

We saw people were encouraged to remain independent. Staff told us it was important for people to maintain their daily living skills. One person shared with us how they had cooked dinner for everyone. We saw people washing up and putting dishes away. We saw people were encouraged to maintain daily living skills with regards to keeping their home clean and tidy. We observed people making drinks for themselves and offering other people and guests a drink at the same time. People were supported to maintain their independence.

People were supported to maintain their privacy and dignity. One person showed us they had a key to their own room and if they wanted they could lock the door. Staff were able to tell us how they supported individuals to maintain their dignity. One staff member gave us an example of being aware of discussing people and ensuring no one else can hear the discussion. One person told us their appearance was important to them for promoting their dignity and staff supported them to attend regular appointments to enable them to do this. People told us they were supported to visit the hairdressers to maintain their chosen hairstyle which made them feel good about themselves.

Is the service responsive?

Our findings

Relatives told us they were involved in making key decisions when necessary. One relative told us, "They involve [person's name] more than us as they are able to make most decisions". Staff gave us detailed examples of how they looked after each person, how they supported them and what they were able to do themselves. We saw in people's care records their personal choices and preferences were recorded as well as any important dates and family histories. For example, one person told us they liked eating out in fast food restaurants and going to the pub. This was reflected in their care records. People and their families told us they were involved in keeping the care plans up to date with their choices and preferences. We saw people had read and signed their care records to show they agreed with the care they needed and regular meetings took place with staff and people to discuss their care. We saw people's care and support needs were documented and reviewed regularly to reflect people's changing needs.

We saw people had access to activities to enjoy in their leisure time which reflected their own individual choices. One person told us they attended college to do arts and

crafts and painting which they enjoyed. Another person told us they liked going out shopping, eating out and going to a local exercise class. We saw people were taken on holiday to destinations of their choice. One person told us they liked cartoon characters and they had been on holiday to a theme park with the support of a member of staff. Relatives told us they were encouraged to join in with any planned activities both inside and outside of the home. They told us they joined in with meals out with the people and staff and enjoyed being involved. We saw there were links with the local community and people could access local facilities when they chose.

People told us if they were worried or concerned about anything they would speak to staff. We saw people had their own book to record when they had a problem or complaint which they wished to discuss. However we could not find evidence of what action had been taken to resolve it. Relatives told us they would speak with the provider if they had any concerns. One relative told us they had received a response to their complaint. However we could not find evidence where complaints had been recorded or records of action taken. The provider told us they would be looking at the complaints process to ensure outcomes for people and their families were recorded.

Is the service well-led?

Our findings

The provider did not have a registered manager. The previous registered manager had not been employed by the organisation for more than twelve months and a new manager had been recruited. The provider explained to us the newly appointed manager would be registering with the Care Quality Commission following the completion of their three month induction which would be in the following weeks after the inspection. Following our inspection the manager has registered with the Commission, therefore a registered manager is now in place.

Staff told us they were supported by the new manager. One member of staff said, "I think it's well-led, the staff's ideas and suggestions are taken into account and we are encouraged to support in the decisions which are made in relation to people's care". Another member of staff commented they had suggested they look at introducing summer and winter menus and this idea had since been implemented.

The new manager said they had received good support from the provider to help them develop in their role. They informed us they were coming to the end of their induction period and had been able to get to know staff and people during this time. Weekly coaching sessions had provided them with the information and support they needed. The manager told us they had already made some improvements particularly around recording in care plans following more training for staff.

The provider informed us there had been a recent audit carried out by a senior member of staff in the organisation which was forwarded to us following the inspection. An action plan had been put in place which the new manager was working on. For example, there were areas of the home where some maintenance issues had not been completed. We saw on our inspection the home required some redecoration and items of furniture were broken. We discussed this with the provider who told us there were plans for the renovation of the building in the future.