Esther Care Homes Limited

Esther Care Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection that took place on 4 August 2015.

Esther Care Home is a privately operated residential and respite service that provides personal care and accommodation for up to 11 adults with learning disabilities.

The home 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 and associated Regulations about how the service is run.

In May 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

During our visit we saw that the home provided a safe environment for people to live and staff to work in. There was a warm atmosphere that was enabling and inclusive

Summary of findings

for people using the service. They came and went as they pleased and told us they had been out enjoying themselves. The home was well maintained, clean and furnished.

People said they liked living at the home and thought staff provided a good service. They said staff provided the care that was needed in a way that people liked. There were also opportunities for people to choose individual and group activities and decide if they wished to participate in them.

The records we sampled were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

The staff were very knowledgeable about the people they worked with as individuals. They had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and supportive way. Whilst professional, they were also friendly, caring and accessible to people using the service. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and had access to community based health professionals, as required.

The management team at the home, were approachable, responsive, encouraged feedback from people and monitored the quality of the service provided from day to day, although the monitoring systems required more clarity in their recording to make them easier to use.

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 said that they felt safe and we saw that they lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff understood.

The staff were vetted, trained and experienced.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided good support, care and encouragement.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Good

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

Good

Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were.

The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service although the recording systems required more clarity to further drive improvement.

Esther Care Home

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 2014.

This was an unannounced inspection and took place on 4 August 2015.

This inspection was carried out by one inspector.

There were 11 people living at the home. We spoke with six people, two staff and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and the home's maintenance and quality assurance systems.

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 looked at the personal care and support plans for three people using the service and four staff files.

Good

Is the service safe?

Our findings

During our visit people's expressions and body language showed us that they felt safe and comfortable at home and that they had enjoyed themselves using services in the community. One person said, "It's safe here." Another person told us, "I feel safe in my own self."

Staff were trained in safeguarding, aware of how to raise a safeguarding alert and when this should happen. Safeguarding information was provided in the staff handbook. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in them. Further information was provided on a noticeboard. Staff understood what abuse was and the action to take if they encountered it. They said protecting people from harm and abuse was a very important part of their work.

People's files contained risk assessments that enabled them to take acceptable risks and fulfil their lives safely. The risk assessments included relevant aspects of their health, daily living and social activities. The level of risk was graded, regularly reviewed and updated if people's needs and interests changed. There were general risk assessments for the home that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced. Staff shared information regarding risks to individuals including any behavioural issues during shift handovers, monthly staff meetings and when they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff said they understood. The home had a restraint policy and procedure that was based on de-escalation techniques and staff received training regarding behaviour that may challenge. This included guidance regarding each person using the service.

The home had a thorough staff recruitment procedure and all stages of the process were recorded. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of learning disabilities. References were taken up, security checks carried out and there was a six month probationary period before being confirmed in post. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them.

During our visit we saw that there were suitable numbers of staff to meet people's needs and support them in the activities they had chosen at home and when they went out as a group or individually. This was reflected in the way people did the activities they wished safely. The staff rota showed that support was flexible to meet people's needs with more staff provided at busier times. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness using the home's staff team rather than agency staff, as they lived locally. One member of staff said, "We prefer to cover ourselves, within the team."

The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records were colour co-ordinated to denote different times of the day when medicine administration was required. The medicine records for all people using the service was checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members authorised to do so. Medicine kept by the home was regularly monitored and audited. Medicine was safely stored in a locked facility. Any medicine no longer required was appropriately disposed of.

Good

Is the service effective?

Our findings

People said that staff helped them to do the things they enjoyed, wanted to do and when. One person told us, "I like 'Star trek'." They then showed us items relating to the show that they had purchased. Another person said, "I don't like going out much, but can when I want to." During our visit staff communicated with people clearly, in a way that enabled them to understand in their own time and used appropriate, positive body language.

Staff received induction and annual mandatory training. The induction took place over two weeks and included written information. All aspects of the service and people who use it were covered and new staff spent time shadowing experienced staff. This increased their knowledge of the home, people who lived there and their preferred routines. Training included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to individual, role specific training such as diabetes; autism and epilepsy. Staff meetings included opportunities to identify further training needs. Bi-monthly supervision sessions and annual appraisals were partly used to identify any gaps in training.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done, regularly updated and there were health action plans recorded. Where appropriate monthly weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they enjoyed the meals provided. A person using the service said, "I cook meals." People chose their meals on a daily basis. Pictures of meals were provided for people who needed them to make their choices. There was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided.

Staff received mandatory training in The Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and a refresher course was booked for the day after our visit. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were awaiting authorisation except one that had been authorised. The home's capacity assessments were carried out by staff that had received appropriate training and were recorded in the care plans. The manager explained that if required people's 'best interests meetings would be arranged and reviewed annually. The 'best interests' meetings would take place to determine the best course of action for people who did not have capacity to make decisions for themselves. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, “Staff help me if I need it.” Another person said, “I get on with the staff”. A further person said, “I like here, the staff are nice.”

We saw people being treated with dignity and respect by staff and being enabled to develop skills to enhance their independence. One person liked to write stories and staff encouraged and supported them to do so. People had their needs met; enjoyed interaction with staff and each other and were supported to do the things they wanted to do. Staff were friendly, helpful, listened and acted upon people’s views and their opinions were valued. This was demonstrated by the positive and supportive care practices we saw during our visit. One person was supported to prepare lunch by a member of staff who encouraged rather than instructed them in what to do. Staff were skilled, patient, knew people, their needs and preferences very well. Staff had received training about respecting people’s rights, dignity and treating them with respect that underpinned their care practices. People were encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves. One person was asked by a staff member if they would like to speak to us and given the time to decide for themselves. They declined. Other people who had decided they would like to chat, were given the option of doing so individually or as a group, depending what they felt most comfortable with. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. People were free to move around the home and elsewhere as they pleased.

Staff expressed themselves at a speed that people could comfortably understand and follow. They were aware of people’s individual preferences for using single words, short sentences and gestures to get their meaning across. They explained them to us so that we could better understand what people were telling us. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit. One person said, “Staff make me feel comfortable.” A staff member told us “Everybody (people using the service) has a different temperament and different needs.”

There was access to an advocacy service through the local authority. The home also had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor’s policy which stated that visitors were welcome at times which people using the service had agreed. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited. One person told us, “My family visit when they have time.”

Good

Is the service responsive?

Our findings

People were asked for their views and opinions by the home's manager and staff throughout our visit. They were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly. People were supported and enabled to enjoy the activities they had chosen. One person said, "I'm going shopping, I've got my shopping list." Another person said, "I go to the park." A further person told us, "We have things (tasks) we are responsible for." They also made their own decisions about their care and support. They said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate.

The admissions procedure included assessment information provided by local authority commissioning bodies. The home also carried out an assessment. People were invited to visit as many times as they wished, for a meal and overnight stay so they could decide if they wished to move in and so the home could better identify if their needs could be met. During the course of these visits the manager and staff added to the assessment information. People were provided with written information that outlined what they could expect from the home and what the home's expectations of them were. There were regular placement reviews to check that they were working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were regularly reviewed, re-assessed with them and care plans updated to reflect their changing needs.

The home provided care focussed on the individual and we saw staff put training into practice that promoted a person centred approach. At each opportunity people were enabled to discuss their choices, and contribute to their care. People's care plans were individualised, person focused and developed by them and an identified lead staff. The care plans contained personal information that enabled staff to respect people, their wishes and meet their needs. The care plans contained sections for all aspects of health and wellbeing that included medical history, most effective way to communicate with people using the service, activities and mobility. They had goals that were identified and agreed with people, where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further activities they may wish to do. There were also individual communication plans and guidance.

Activities were a combination of individual and group with a balance between home and community based activities. Six people were out attending activities when we arrived and others came and went during the day. Each person had their own weekly individual activity plan. One person attended a college for people with learning disabilities. Other people went to day centres. People made good use of local amenities that included parks, shops, the 'Soda' club disco, Tuesday club and cinema. Other activities that took place included painting, arts and crafts, bowling and outings to places such as Brighton and Regents Park zoo. One person had a job working four days per week, on a farm run by people with learning disabilities. People were also expected to improve their life skills by taking responsibility for tasks such as purchasing food items, cooking, clearing the table after meals and keeping their rooms tidy. The home kept chickens, a rabbit, birds and a hamster. People had specific tasks such as feeding the chickens and collecting eggs. People had been on holiday to Barcelona and one person showed us a bag they had bought there and pictures of the trip on a computer. The person said, "I bought this bag in Barcelona."

People told us how they would complain and who to. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. There were no current complaints. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “They (manager and staff) always listen to me.” During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people’s views and needs. It was clear by people’s conversation and body language that they were quite comfortable talking to the manager and staff team.

The quality assurance system covered all aspects of the home, with checks being carried out, recorded and any areas that required improvement identified. The manager agreed that the QA systems of the home could be more clearly structured and made easier to understand for external regulators and agreed to review them. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's files and care plans. Policies and procedures were audited annually. There were also an annual finance audits.

The home identified service quality by taking the views of people using the service and involving them throughout the course of a day and having regular conversations with relatives by phone or when they visited. A lot of the dialogue with relatives was by phone as they lived a distance away, although they were invited and attended placement review meetings. Although people using the service did not have their own meetings, they were invited to attend the staff meetings and were given an opportunity to contribute their views. One person was invited to sit in when the manager was going through paperwork with us.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way. There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

Staff told us the manager was very supportive. There was a whistle-blowing procedure that staff told us they had access to and would use if necessary. They said they really enjoyed working at the home. A staff member said, “The manager sits down, is like one of us and we are not afraid to talk to them.” Another member of staff told us there was, “I enjoy working here, it’s a lovely environment.” The records we saw demonstrated that regular staff supervision, staff meetings that people using the service were invited to and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.