

Ebenezer (Stone of Help) Ltd

# Ebenezer (Stone of Help) Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ebenezer (Stone of Help) Ltd is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were three people who received personal care at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

We could not see evidence of how people were supported to have maximum choice and support as people's consent had not always been sought and people experienced restrictions on their choices. Care staff had not been equipped with the skills and competence to safely manage risks from people whose behaviour could at times place themselves and others at risk.

### Right support

People's decisions for their own choices had not always been supported.

People were supported to access other health care professionals and participate in other health promoting activities in the community.

People's interests and hobbies were supported.

People were supported with different communication methods when they needed this.

### Right care

Consent had not always been sought for decisions about people's care.

Care staff had been trained in how to identify signs of potential abuse and how to report concerns. However, some care staff had not recognised restrictions were being placed on people's care without their consent.

For some people, strategies to reduce risk were not always effective.

There were enough care staff employed to meet people's needs.

Care staffs' suitability for working at the service was assessed at the recruitment stage.

### Right culture

The principles of the Mental Capacity Act had not always been followed. People experienced restrictions on their choices.

Best practice in supporting people with learning disabilities and / or autistic people was not always demonstrated.

People had been involved in reviewing their care, however people had not always been empowered and included in planning their care.

The service supported people to maintain relationships with those important to them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 August 2021). At this inspection we found some improvements had been made, however some were still required and there were continued breaches of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Previously, we carried out an announced focussed inspection of this service on 12 May 2021. Breaches of legal requirements were found.

We undertook this inspection to confirm they now met legal requirements.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the full report. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Ebenezer (Stone of Help)

## Ltd

### **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

This inspection was completed by two inspectors.

### Service and service type

Ebenezer (Stone of Help) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Derby, Derbyshire and Nottingham.

There was a registered manager at the time of this inspection. The registered manager was also the nominated individual and provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A second manager was also in the process of applying to be a second registered manager for the location, this process was completed the day following our visit to the office.

### Notice of inspection

We gave the service one day's notice of the inspection. This was because the inspection was conducted during the COVID-19 pandemic and we wanted to speak with people and their relatives and care staff; we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 April 2022 and ended on 4 May 2022. Phone calls were made to people's

relatives and care staff on 26 and 27 April 2022. We visited the office location on 25 April 2022. We continued to review evidence the registered manager sent us until the 4 May 2022.

#### What we did before the inspection

We used information received about the service since the last inspection. 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 reviewed a range of records including the relevant sections of three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed other records related to the management of the service, including policies and staff training records.

We spoke with six care staff, and the registered manager and second manager. We spoke with two relatives of people that used the service.

#### What we did after the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

At our previous inspection, the provider had failed to have sufficient systems to reduce and manage risks, including staff not being trained in people's healthcare needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

### Assessing risk, safety monitoring and management

- Care staff had not received training that provided them with the skills and competence to safely manage and reduce risks to people when they expressed some behaviours that placed themselves and others at risk.
- Some actions identified in risk assessments to help reduce risks had the potential to increase other risks. For example, staff were advised to leave a person who was unsteady on their feet alone, if they showed behaviours that could place themselves or others at risk of harm.
- Assessment processes were in place for people's health and care needs. However, we found improvements were still needed where people's behaviours could place themselves and others at risk of harm. Care plans and risk assessments for behaviours that could place people and others at risk of harm did not effectively assess risks and did not identify effective ways to reduce risks.

The provider had failed to have sufficient systems to reduce and manage risks, including staff not being trained in people's healthcare needs. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

### Using medicines safely

- Systems were in place to manage medicines. However, we found one person told care staff they were in pain and they were not offered any pain relief medicine until the following day. This was when they told a different member of care staff they were still in pain. We made the manager aware so they could investigate this further.
- We asked the new manager about what actions they were taking to support people's medicines in line with STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life. The new manager was unaware of this initiative and told us they would look into it further.

- Some medicines and skin creams were prescribed to be given when people needed them. Some, but not all of these, had guidelines in place to help ensure care staff offered these consistently. The registered manager sent through updated protocols shortly after our inspection.

Systems and process to safeguard people from the risk of abuse: learning lessons when things go wrong.

- Care staff had been trained in safeguarding and told us what could indicate signs of abuse. However, they had not recognised when some of the people they cared for had restrictions on their freedom.
- Incidents were documented and reviewed. However, reviews had not always been robust enough to identify how to improve people's care when things had gone wrong.
- Relatives told us they felt the service provided safe care. One relative told us, "[Person] is very safe, there no problems with security."

Preventing and controlling infection

- We were not fully assured that the provider was using PPE effectively and safely. One member of staff told us they did not wear a face mask when supporting a person they cared for. This had not been identified by the provider or risk assessed. We made the provider aware so they could investigate further.
- We were not fully assured that the provider was accessing testing for people using the service and staff. Whilst the provider kept a record of when staff had reported a negative lateral flow test, one member of care staff told us they were no longer testing.
- The provider's infection prevention and control policy was not up to date. Recent guidance had not been included. We have signposted the provider to resources to develop their approach.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider told us they had contingency plans in place to ensure the continuity of people's care should care staff not be able to work due to sickness or leave.
- Pre-employment checks had been made on care staff recruited to work at the service. These included reference checks and criminal records checks. These checks helped the provider make informed decisions as to the suitability of care staff to work at the service.
- Relatives of people receiving care told us their family members received care from regular care staff members. One relative told us, "There's no indication they are short of staff." Another relative told us, "It's a stable staff team."

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found that it was not.

- People, who were assumed to have mental capacity to make their care decisions by the provider and care staff, experienced restrictions on their choices and this had caused people distress.
- Staff had received training in the MCA. However, they had not identified that the restrictions on people's choices were not in line with the principles of the MCA.
- Care staff told us one person could make their own choices. However, they said, "We are trying to cut back on [Name of item] and that's not what [person] wants- so it's a challenge."
- The provider had not always applied the principles of the MCA to people's specific care decisions.

People experienced restrictions on their choices which was not identified by staff and the provider did not always apply the principles of the MCA to people's care decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had completed a range of training in areas relevant to people's care needs since our last inspection. However, staff had not received training to equip them with the skills and competence to safely manage people's behaviours when these could place the person or others at risk of harm. Records showed, and staff confirmed, incidents had occurred where people's behaviours had placed the person and others at risk of harm.
- Relatives told us they felt staff skills and experience varied. One relative told us, "Some carers are more able and have more experience."

- Care staff told us they had supervision, however some told us this had not always been effective. One care staff member told us, "Random people from the office ring and give supervision." Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. The new manager told us they were planning to change some supervision arrangements with the aim to make them more effective.

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

- Support strategies had been identified to help people maintain a balanced diet.
- Care staff had been trained in relevant areas to help them provide nutritional care to people. This included training on food hygiene and health conditions that created potential risks from choking. Care staff who supported a person at risk of choking understood this and knew what actions to take to help reduce risks.

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

- Care staff supported people to attend health appointments and other services and activities to help them live healthier lives.
- Monthly reports on people's health appointments and any incidents were shared with people's social workers.
- Other health and social care professionals were involved in people's care when needed to help people receive effective care.

# 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 our last inspection we rated the key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Incident forms showed where some people had expressed their views however, these views had not always been respected by care staff.
- Sometimes people were supported to be involved in their own care decisions. For example, one relative told us, "[Person] is involved in the interview stage for new staff."
- We also saw people were asked their views in meetings with care staff, for example, on when they wanted to do activities. However, care plans for some people did not show clearly how they had been involved in writing them.

Respecting and promoting people's privacy, dignity and independence

- Steps had not always been taken to ensure people's privacy and dignity. Personal information for one person had been shared without their consent or involvement in the decision.
- Care staff told us how they helped maintain and promote people's independence. For example, one care staff told us the person they cared for could make their own snacks with assistance.

Ensuring people are well treated and supported; respecting equality and diversity

- Care staff had received training in areas relating to equality and diversity to help reduce discrimination.
- Relatives told us they felt people were treated and supported well. One relative told us, "Staff are kind and caring."
- The provider's policy on equality and diversity included information on people's cultural care preferences to help provide culturally appropriate care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choices and control and to meet their needs and preferences

- Some people experienced restrictions on their choices as detailed in other sections of this report, and so did not always receive personalised and responsive care.
- People were supported to follow their interests and hobbies. Relatives told us this was done well.
- People's relatives told us they felt involved in people's care and had meetings to discuss this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and people's care plans recorded the most effective methods of communication. Some information had been made available to people in an easy to read format.
- Where people did not use verbal language to communicate, care staff told us how they used sensory skills and worked with other healthcare professionals to build up knowledge on the person's communication methods.

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 were supported to maintain relationships with those people who were important to them. One relative told us, "I went for [an occasion] and staff bring [person] to visit me." Another relative told us communication was good and that they were, "Involved a lot."
- People were supported to follow their interests and hobbies.
- People were supported to activities in the community that they enjoyed and this helped to reduce social isolation.

Improving care quality in response to complaints or concerns

- The service had received positive feedback from a range of social care professionals.
- Complaints had been recorded and investigated in line with the provider's complaints policy.

End of life care and support

- No-one received any end of life care at the time of our inspection.

- Care staff had been trained in this area should this be required at a future date.

# 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 remained the same. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our previous inspection, the provider had failed to have effective management, including the management of staff and their training. Systems and processes to audit the quality of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some improvements had been made since our last inspection, including record keeping and more regular audits. However, governance and oversight arrangements still required further improvement. Whilst audits and reviews of daily notes were in place, they had not identified a person was not offered pain relief medicines.
- Reviews of incidents had not identified people's choices were not respected and their consent not obtained. Reviews of incident forms had not identified common trends and therefore possible improvements to people's quality of care had not been explored further. For example, a common cause for incidents for one person had been their bed-time. This had not resulted in any exploration if this could be changed.
- Shortfalls were not always identified and opportunities for continuous learning and improving care had not always been taken. One incident form stated the on-call phone had not been answered when staff called it. A follow up report reviewed this incident however, it did not identify the lack of response to the on-call phone and seek to understand why this occurred. Therefore, no actions are shown to have been taken to prevent this from recurring.
- There had been two recent incidents where the police had been involved with people using the service. These are incidents the registered provider is required to notify CQC about. Statutory notifications had not been submitted for these two incidents. The provider's systems had not identified these notifications had not been sent as required.

The provider had failed to ensure systems and processes were operated effectively to improve the quality and safety of care. This is a continuous breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and leaders had not consistently developed a culture that promoted person centred outcomes, seeking people's consent and respecting people's choices.
- People had not consistently experienced good person-centred outcomes as some people's choices had not been respected and their consent not always sought. Managers and the culture they promoted did not always consistently demonstrate best practice in relation to positive behaviour support. For example, people were described in a way that could apportion blame.
- Care staff and relatives were positive about the management of the service and told us they were easy to get in touch with. Care staff told us the new manager had introduced changes that had been helpful. They said, "There are changes to paperwork and audits in place, we're on top of it now, the service runs very well."
- Despite the mixed feedback about supervision, staff told us they felt supported and involved. Meetings recorded where care staffs' views were listened to when people's care plans were reviewed.

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; Working in partnership with others

- The provider displayed their CQC rating in their office location and on their website as required.
- The provider had a policy about the duty of candour. This provided guidance on how to meet this legal duty should incidents of this nature occur.
- Other health and social care professionals were involved in people's care when needed. Information was shared with people's social workers and relatives on a regular basis.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes designed to assess, monitor and improve the quality and safety of services provided and assess, monitor and mitigate risks to the health and safety of service users and others were not operated effectively. (a) (b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care was not always provided with the consent of service users. Service user's capacity, in the absence of any mental capacity assessments and best interest decision making, had not been presumed and they experienced restrictions on their choices and care. (1)</p>

**The enforcement action we took:**

We issued a warning notice to the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of service users from behaviours that could place themselves and others at risk had not been effectively assessed and mitigated. Care staff providing care to service users with behaviours that could place themselves and others at risk did not always have the competence and skills to do so safely. (a) (b) (c)</p>

**The enforcement action we took:**

We issued a warning notice to the provider.