

Ebenezer (Stone of Help) Ltd

# Ebenezer (Stone of Help) Ltd

## 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 ●

# Summary of findings

## Overall summary

### About the service

Ebenezer (Stone of Help) Ltd is a domiciliary care and supported living 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. The service provided care for people with learning disabilities and / or autism and people with physical disabilities. CQC regulates the personal care and support. There were 3 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 people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Care was planned, and risks were assessed and managed to help people live safely. Risks from medicines and infection were reduced. Accidents and incidents were reported and reviewed to help improve the safety of the service. Staff recruitment practices helped check that staff were suitable to care for people. Staff had the skills and knowledge to meet people's needs safely and understood how to protect people from risk of harm. Staff received supervision and support to help them work effectively.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had choice and control over their meals and were supported to have a balanced healthy diet. People were supported to have active daily lives and accessed the healthcare they needed.

### Right Care:

People's care was provided in line with person-centred principles. People's choices, dignity and privacy was upheld. People's independence was promoted. Equality and diversity principles were supported by the provider.

People were provided with information in a way they could understand that helped them understand their choices. People received support to help reduce any social isolation. People could make suggestions and be listened to and knew how to make a complaint if this was needed.

#### Right Culture:

The service had embedded person-centred care principles into its care planning, risk assessment and staff development practices. Both registered managers were actively involved with the service. People, relatives and staff knew them well. The provider had systems in place for governance and oversight.

Staff received support and development and felt confident in their roles. The service worked well with other professionals involved in people's care. People were supported to lead confident lives supported by staff that understood 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 and update

The last rating for this service was requires improvement (published 8 June 2022).

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

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ebenezer (Stone of Help) Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team included 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post. One of the registered managers was also the provider.

## Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 November 2022 and ended on 22 November 2022. We visited the location's office/service on 15 November 2022.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in their action plan. We used all this information to plan our inspection

## During the inspection

Not everyone who used the service wanted to speak with us or they were unavailable. The registered manager facilitated feedback for our inspection from 1 person who used the service. We spoke with 1 relative and another relative sent us their comments. Two social care professionals sent us their comments on the service. We spoke with both registered managers and 3 support workers. Another support worker sent us feedback.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

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. At this inspection we found this had improved and the provider was no longer in breach of regulation 12.

- Staff understood how to safely manage risks relevant to the people they supported. Staff had completed appropriate training to help them manage risks when working with people who may be at risk of harming themselves and others. One staff member told us, "[The training] helped a lot. I feel I am more equipped to deal with scenarios [that may include risks]."
- Risk assessments were in place to help people stay safe. These were clear and staff understood what actions to take. This helped keep people safe.
- Incidents were reported and reviewed. Changes were made to risk assessments and care plans to help improve safety. For example, a review of 1 incident had led to the introduction of new safety protocols.

### Using medicines safely

- Systems were in place to help ensure people were protected from the risks of medicines. Staff had been trained and were competent to administer people's medicines. Records showed people received their medicines, including 'as and when required' medicines as prescribed.
- Staff took steps to help people with learning disabilities and autism use medicines safely. For example, staff actively promoted STOMP. STOMP stands for stopping over medication of people with a learning disability and autism. Staff had arranged regular medicines reviews to help work towards this aim.

### Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to help keep people safe. Staff were trained in how to identify and report safeguarding concerns. Safeguarding policies and protocols were in place and understood by staff.
- The provider worked in partnership with relevant local authorities to help understand and resolve any safeguarding concerns. One social care professional told us, "[Ebenezer (Stone of Help) Ltd] very responsive to incidents and will always report and discuss any potential safeguardings." This helped to ensure people were safe.

### Staffing and recruitment

- There were enough staff to meet people's needs. People had care from consistent members of staff who knew them well. Staff told us this worked well, and they covered any staff absence by working together as a

team.

- Recruitment processes were in place and followed. Checks were completed on staff as they were recruited to help ensure they were suitable to work in care. For example, Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Opportunities were taken to learn from when things had gone wrong. Incident forms were completed and were used to identify any potential causes and to reflect, learn and improve outcomes in the future.
- People and staff were involved in identifying what could improve. Managers reviewed incidents with people and staff with a supportive and reflective approach. This helped to improve outcomes for people.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our previous inspection, the provider had failed to follow the principles of the MCA and people had experienced restrictions on their choices and lives. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved and the provider was no longer in breach of regulation 11.

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 MCA 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.

- The principles of the MCA were followed, and people's rights were supported. Support was given to help people understand any decisions so they could make these themselves. Where needed, decisions were made in people's best interests and involved those that knew the person best.
- Other social care professionals were involved when any applications to the Court of Protection required consideration. This helped to ensure people's rights were properly considered.
- People were supported to have maximum choice and control over their life and did not experience unnecessary restrictions. Staff understood this and care plans promoted people's rights. One staff member told us, "We take each person and try to make sure we support their own decisions and we try and be as person-centred as possible."

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

- People's care needs had been assessed and informed people's care plans and risk assessments. These were kept under review and updated when people's needs changed. This helped ensure people received

effective care.

- Positive behaviour support plans helped to ensure people with learning disability and autism had their needs understood. These contained clear guidance to staff on how best to meet people's needs with person centred care.

Staff support: induction, training, skills and experience

- Staff had the right training to help ensure people received effective care. Staff received positive behaviour support training that had been accredited with recognised good practice organisations. Staff received training on other areas relevant to people's health care needs. For example, medicines, epilepsy and stroke awareness. This provided staff with the skills and experience required to help provide effective care to people.
- Staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. This helped ensure staff understood how to provide effective care.
- Staff had regular supervision meetings with their managers. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

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

- People were supported to maintain a balanced diet and their choices were respected. People were in control of their own healthy eating goals and staff supported them with this. For example, staff provided help with portion sizes and information on healthy options.
- People were involved in their food shopping and meal planning with staff. Records of people's meals showed their meals were varied and also included the foods they liked to treat themselves to. People received enough to eat and drink and were supported to maintain a balanced diet.

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

- Staff worked well with other agencies to ensure people received effective care. Records showed staff supported people to attend health appointments and reviews of their care. Other people, involved in people's care, such as family members were included in people's care plans. This helped to ensure effective care for people and supported people to live healthier lives.
- Staff communicated with other agencies clearly to help ensure people received the care they needed. One social care professional told us they appreciated the service's, "Good communication with families and individuals." This helped effective partnership working.

# 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 this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were involved in making decisions about their care. A relative and a staff member told us people made decisions about their care. For example, a staff member told us, "It's down to [Name of person] really what they want to do and when. Earlier this year I'd been going with [name of person, to their activity] and they said they wanted another staff member to go with them instead, so we swapped that around for them."
- Care plans and risk assessments were centred on people's views. Relatives were also involved when appropriate. One relative told us, "I've been involved in the new care plans and risk assessments, we met and discussed them." This helped people and others who knew the person well to feel involved.

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

- Relatives told us people were well treated and supported. One relative told us, "[Name of person] knows all the staff. They've taken [Name of person] on holiday twice, they do know them really well."
- Equality and diversity had been recognised and supported. Staff completed training in a range of areas relating to equality and diversity and the provider's policies supported this. These actions helped to prevent discrimination.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Staff told us what people were able to do for themselves, what they needed help with and how they respected their privacy. For example, 1 staff member told us, "I do try and make sure their privacy and dignity is in place. [Name of person] manages their own personal care in the shower, and they will call me back in when they have finished." Staff were respectful of privacy and dignity and promoted people's independence.
- Care plans included how people liked to be presented and this helped promote their dignity. For example, 1 person had identified the length their hair would be when they would like to go to the hairdressers. This helped people present themselves as they wanted and promoted their dignity.
- Care plans included discussions with people on when private information about their care could be shared with others. This helped people understand when sharing information supported their care and also protected their privacy.

# 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 good. The rating for this key question has remained good. 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

- Care plans were personalised and centred around people's needs and preferences. One staff member told us, "[Name of person] has contributed to planning their care plan, so we know their preferences." They went on to tell us, "I know how they like to have their shower, they want you to ask them what shower gel they want to use each day as it's not just the same one, and they want you to ask them if they want their hair washing today or not." People were given choices and control over their care.
- People received care that met their needs and preferences. One social care professional told us the service would, "Support flexible care needs," and used a, "Person centred approach that was very positive." People received responsive care and support.

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's communication needs were known. People had access to important information such as safeguarding and how to make a complaint in a format that was understandable to them. This helped ensure people understood relevant information.
- Care plans detailed what communication aids people benefited from. This included things such as hearing aids, glasses and whether people understood specific 'key' words. These actions helped to ensure communication would be effective.

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 developed and maintained relationships that were important to them. One relative told us, "[Name of person] has been getting out to town. They are meeting their [relative] today and on Sunday they are coming to us for a meal out." This helped people maintain contact with those who were important to them.
- People were involved and active in their local communities. Staff told us and records showed people participated in courses and followed their interests and hobbies. For example, going to football matches, bowling and woodworking classes. This helped people avoid social isolation.

Improving care quality in response to complaints or concerns

- Concerns or complaints were reviewed, and actions taken to make improvements. No complaints had been received since our last inspection. There was an on-going process in place where any concerns or issues could be raised. These had been reviewed and had led to improvements. For example, a social care professional told us they had recently raised an issue and the provider had started to work to resolve it and records showed 1 concern had helped to ensure staff were consistent in following a person's risk assessment.

- Relatives with did not have any concerns or complaints and told us they felt confident if they had any they would be resolved. Information on how to make a complaint or speak about a concern was included in people's care plans. A policy was in place and detailed what actions the provider would take to investigate and respond to any complaint made. Systems were in place to manage and respond to complaints.

#### End of life care and support

- No-one was receiving any end-of-life care at the time of our inspection. Staff had completed training in this area should this be needed.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 our previous inspection, the provider had failed to operate effective systems and processes to improve the quality and safety of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved and the provider was no longer in breach of regulation 17.

- Systems to manage risks, meet regulatory requirements and monitor quality performance were in place. Regular checks were completed to help provide assurance on these areas, including health and safety checks, checks on staff practice and reviews of incidents. This helped to promote the quality and safety of the service.
- Staff were clear on their roles and responsibilities. Staff told us care plans and risk assessments had been re-written and this had helped them. One staff member told us, "Care plans and risk assessments are all in new formats, there is now 1 cohesive document, rather than lots of bits scattered around. It is so much better with it being all in one place, in 1 document. In the event of us needing to re-cap on something, we don't spend ages looking for information. It's much more efficient." Staff had clear guidance that helped them understand their roles and responsibilities.

Continuous learning and improving care

- The service was focussed on learning and improvement. Since our last inspection, the provider had implemented a comprehensive action plan in order to achieve the improvements seen at this inspection. People, relatives and staff were asked for their views on what could be done better and felt listened to. This approach helped to the service to continuously learn and improve.

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

- The service focussed on delivering person-centred care. Staff were trained in positive behaviour support strategies and placed people at the centre of their care. Staff actions and care records supported this. One social care professional told us, "They work very flexibly with a person who lives at home with their own tenancy." People were supported to achieve good outcomes.
- People were included and empowered. People's choices and views were included in their care plans and

staff respected these. For example, arrangements were in place for 1 person to collect their weekly staff rota so they would know which staff would be supporting them when. This helped to people feel empowered.

- The service involved people, relatives and staff. Feedback on the quality of the service was asked for. Any feedback received was reviewed and used to make improvements. The registered manager met with a person to discuss their feedback so they could understand how to help them more.
- Staff were listened to. One staff member told us, "Yes I am listened to by the office and managers. For example, we have said the new MAR chart needs to have bigger gaps. I know [Registered manager] is making those changes now." Another staff member told us they had made suggestions on how they could reduce paper and work more efficiently. They told us they felt confident the managers would look at their suggestion. People were engaged and involved in developing the service.

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 provider had a duty of candour policy in place to follow in situations where things had gone wrong. Records showed investigations into any incidents were open and honest and looked to learn lessons. The provider understood their legal responsibility around the duty of candour.

Working in partnership with others

- Partnership working was effective. Staff and records showed where other health and social care professionals were involved in people's care. Other social care professionals told us the provider worked well with them. One social care professional told us, "I really appreciate the teamwork provided by Ebenezer (Stone of Help) Ltd when providing support for a client of mine in a challenging situation. I have no concerns with the passion they show when supporting their clients."