

Ebenezer Residential Care Limited

Ebenezer Residential Care Home

Inspection report

152 Market Street
East Ham E6 2PU
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected Ebenezer Residential Care Home on 10 September 2015. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Ebenezer Residential Care Home is a care home providing accommodation and support with personal

care for people with mental health conditions. The home is registered for three people. At the time of the inspection they were providing personal care and support to three people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

We found that there were limited systems in place to monitor the quality of service provided to people at the service. The registered manager told us that there was no formal auditing process used which would cover areas such as care plans, staff training, medicines and people’s finances.

We found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). You can see what action we have asked the provider to take at the end of this report.

The service had appropriate systems in place for safeguarding people. Risk assessments were in place which provided guidance on how to support people safely. There were enough staff to meet people’s needs. Medicines were managed in a safe manner.

Staff were well supported and received training and one to one supervision. People were able to make choices

about most aspects of their daily lives. People were provided with a choice of food and drink and supported to eat healthily. People had access to health care professionals and were supported to lead healthy lifestyles.

People and their relatives told us they liked the staff. We saw staff interacting with people in a caring way and staff had a good understanding of how to promote people’s dignity.

Care plans were in place and people were involved in planning the care and support they received. People had access to a wide variety of activities within the community. The provider had appropriate complaints procedures in place.

There was a clear management structure in the home. People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. Staff told us the manager was always supportive.

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. There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



Is the service effective?

The service was not always effective. We found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS).

Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to applying for Deprivation of Liberty Safeguards (DoLS).

People had choice over what they ate and drank. People had access to health care professionals as appropriate.

Requires improvement



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service were encouraged to express their views about the service.

Good



Summary of findings

Is the service well-led?

The service was not always well-led. Quality assurance and monitoring systems were not in place.

There was an established registered manager that ran the service. Staff felt the registered manager was open and supportive.

Requires improvement



Ebenezer Residential 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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors. During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing one bedroom of a person who lived at the service with their permission. We spoke with two people who lived in the service on the day of the inspection. We talked with a relative after the inspection. We talked with the provider, the registered manager and a support worker. We talked with another support worker after the inspection. We looked at three care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the service. No one that we spoke with raised any concerns about their safety. One person told us, “I feel safe. The staff look after me.”

The service had safeguarding policies and procedures in place to guide practice. However, the procedure did not have the relevant local authority and the Care Quality Commission contact details. The registered manager told us they would amend the procedure accordingly. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, “I would report to the manager.” Another staff member said, “I would talk to the manager about it.” The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, “We have a whistleblowing policy and I have the number to contact CQC and social services.”

The registered manager told us there had not been any allegations of abuse since our last inspection. The registered manager was able to describe the actions they would take if incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service and the manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

The service supported people with their finances. Two people had their own bank accounts. For the other person the court of protection had appointed the local authority as their appointee to manage their finances. The service held money on behalf of all the people that used the service in a locked container. Records and receipts were kept when the service spent monies on behalf of people and these signed by the staff member and the person.

Individual risk assessments were completed for people who used the service and reviewed every three months. In the records that we saw, some of the risks that were considered included physical health, medicines, nutrition and emotional wellbeing. Staff we spoke with were familiar

with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person’s behaviour differently according to their individual needs. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. For example, one risk assessment recorded how one person raised their voice when agitated and what steps staff could take to help the person calm down.

There was enough staff to meet the needs of people. We saw there were support workers available to provide personal care and support to people when they needed it. On the day of our inspection we saw additional staff to cover support workers who supported people with activities in the community. One staff member told us, “The shift is always covered.” A person told us, “There is enough staff. Someone is always here.” Another person said, “Enough staff. One works morning and afternoon and one works night time.”

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. Staff files showed that two references were obtained and criminal records checks were carried out to check that staff are suitable to work with vulnerable people. The registered manager told us and records showed that the service obtained criminal records checks every two years. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home.

The premises were well maintained and the provider had completed all of the necessary safety checks and audits. We saw that fire safety checks and drills were done regularly. Fridge temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people’s safety.

Medicines were stored securely in a locked cupboard located in the office. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an ‘as required’ (PRN) basis. Training records confirmed that all staff authorised to

Is the service safe?

handle medicines on behalf of the people who lived in the home had received medicines training. One staff member told us, "I prompt them to take medication then I sign the MARS sheet after they have taken their tablets."

Is the service effective?

Our findings

In preparing for this inspection we looked at the information we already held about the service. We found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). During the course of this inspection we found that one person had been authorised for DoLS and CQC had not been sent notification of this. We discussed this with the registered manager who said they were not aware that such incidents needed to be notified to CQC. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training completed included health and safety, food hygiene, communication, infection control, first aid, medicines, risk assessments, safeguarding and mental health awareness. One staff member told us, "I've done enough training and they update us." Another staff member said, "We do different courses. We did communication training last week."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I get supervision every other month. We talk to the manager about any area you need support and advice." Another staff member said, "It's good as I get to talk about everything with my manager. I get solutions."

During our inspection we saw that people made choices about their daily lives such as where they spent their time and the activities they followed. We saw that the staff in the home sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. One person told us, "I decide what I want to do and when I want to. Sometimes I can't sleep so I get up later. I eat what I want and can go for a walk when I want on my own." Another person said, "I get to do what I want." One staff member told us, "They get choices. They can do anything. It's their home."

We spoke to the registered manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them and they have the legal authorisation to do so. We saw that the registered manager had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. We saw one authorisation for a person living in the home had been appropriately processed by the relevant local authority and up to date documentation was in place regarding MCA and DoLS. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. However, records showed that DoLS and MCA training was out of date for staff. We spoke to the registered manager about this and they advised training would be arranged for all staff.

People told us they liked the food provided at the service. One person said, "I like the food. It is healthy. I help to make lunch as well. We have a menu and have a choice. Today I had sausage and mash and I liked it." We observed this person helping to make lunch with a staff member. Another person told us, "I can make a snack." Staff told us and we saw records that people planned their food menu weekly. The weekly menu was on display in the kitchen. We saw the menu included traditional foods that reflected the cultural and ethnic backgrounds of people that used the service.

People said they had support with health appointments. One person told us "When I want an appointment I go see the GP." Another person said, "They [staff] go with me to appointments." A relative told us, "[Relative] complained about his teeth and he went to the dentist." Records showed that people had routine access to health care professionals including GP's, dentists, opticians, psychiatrists and occupational health. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files.

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "Yes they [staff] are very nice. They know me well." Another person said, "They [staff] take care of me and love me." A relative told us, "I'm happy. [Relative] has been happy and is confident."

Staff were observed to treat people with kindness and were respectful and patient when providing support to people. Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. Throughout our visit we saw positive, caring interactions between staff and people using the service.

People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "I close my bedroom door when I want privacy." Another person said, "They [staff] will knock first before coming in my room." Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "I will knock on the bathroom door. I ask them before I do anything."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed

and descriptive plan of care. We also saw notes from a Care Programme Approach (CPA) meeting in which the registered manager, person using service, and other health and social care professionals attended. CPA is the term used to describe the way that a person's care, support and treatment is arranged when they have a range of needs. This is done through assessment, coordination, care planning and review. The CPA provided information which included family details, mental health diagnosis, how people liked to communicate, likes, dislikes, what activities they liked to do and what was important to them. The CPA provided additional information that worked in conjunction with the care plan.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The service supported people to become more independent, for example with helping with household cleaning, doing laundry, preparing food and activities and education in the community. One person said, "I Hoover and dust my room. I do a good job."

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, people were supported to eat from their cultural background.

Is the service responsive?

Our findings

People and their relatives told us how they had been involved in their care planning. One person told us, "I sign paperwork." A relative said, "I have been invited to meetings a few times."

Care records showed that people's needs were assessed before they had moved in. All the care plans had been reviewed recently and people using the service had been involved. The care plans identified actions for staff to support people. Some of the areas that were considered were behaviours that challenged, communication, finances, life skills, personal safety and risk, medication, physical health, family and social contacts, activities, training and employment and cultural and faith needs. However, care plans were not always personalised. The care plans were written mainly for staff use rather than being person centred. However staff we spoke with knew people's likes and dislikes and personal history.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection one person went for a walk and another person attended a drop in centre. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "Yes I have things to do. I can watch TV or go for a walk." The same person told us, "We went to the zoo recently and that was good. Another person told us, "I go to the drop in or do gardening." The same person said, "I could arrange to go to the cinema and the carer would take me."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. One person said, "I get everything to my own choice."

Meetings were held regularly with people and we saw records of these meetings. The minutes of the meetings included topics health and safety, complaints, education, food menu planning, surveys, independence, and activities. Records showed in one meeting that a person was concerned about a relative living overseas. Staff supported this person to telephone their relative. One person told us, "We talk about anything like what we want to do at the weekend or eat or days out."

There was a complaints process available and this was available in easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. One person said, "Not made a complaint I would tell staff if I wasn't happy." Another person told us, "I would complain and staff would help me instantly." Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised however the policy did not contain contact information for the provider. The registered manager told us they would amend the procedure accordingly. The service had no complaints recorded since the last inspection.

Is the service well-led?

Our findings

We found that there were limited systems in place to monitor the quality of service provided to people at the service. The registered manager told us that there was no formal auditing process used which would cover areas such as care plans, staff training, medicines and people's finances. The registered manager told us they did keep on top of these checks but did not document any of it to show what was found as a result and how the service had been improved. Also people were given a survey to complete however there was no formal process for reviewing and collating this information. This meant there were no systems in place to help identify themes.

The lack of effective quality assurance and monitoring systems increased the risk that the service would not be run effectively and that areas of poor practice will not be identified and addressed. The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service had a registered manager in place. Staff told us they found the registered manager to be helpful and supportive. One staff member said, "Very good manager. We solve a lot of stuff together. She supports me a lot." Another staff member said, "She is very supportive." From our discussions and observations we found the manager

had a good knowledge of the people who used the service and of the staff team. We saw people appeared to be relaxed with the management team and it was clear they worked well together.

People and their relatives said they found the registered manager was helpful and listened to them. One person told us, "The manager is very nice. She understands, caring, and loving." Another person said, "She is very good. Very understanding." A relative told us, "The manager is amazing. She shows a lot of love."

The registered manager told us they carried out regular surveys of people and relatives. This was to seek the views of relevant people on how the service was run and any areas for improvement. The most recent survey was carried out in July 2015. We viewed completed surveys which contained positive feedback. A one person wrote, "All is fine." The survey covered topics on meal times and food quality, care planning, and environment.

Staff told us the service had regular staff meetings. One staff member said, "Staff meetings happen every other month. We discuss everything. We can bring our own agenda." Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included health and safety, training, record keeping, working with people and their families, policies and procedures, infection control, finances, supervision, social inclusion and medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The registered person did not notify the Care Quality Commission about statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS). Regulation 18(4)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Appropriate systems and processes were not in place, to monitor the quality of service being provided to service users living at the home. Regulation 17 (2) (a)