Mr P Allen

Ebberly House

Inspection report

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Tel: 01271345684

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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

This inspection took place on 9 June 2016 and was unannounced. The previous comprehensive inspection was completed in December 2014 where we found there were two requirements in two out of the five key areas. The registered manager sent us an action plan to show how they intended to meet these requirements. This included improvements to care plans and the way they recorded the care given to people.

The service is registered to provide care and support for up to 19 people. Most people using the service are older and some are living with dementia. At the time of this inspection there were 18 people living at Ebberly House.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been at the service for over 20 years and been registered as the manager for several years. She and the staff team work hard to ensure people receive safe, effective and compassionate care. The registered provider visits the service frequently to provide support and to ensure the environment is safe and well maintained.

People and their relatives were very complimentary about the care and support they received and about the leadership of the home. Comments included ''Staff are lovely, very kind, very caring.'' Another said ''Yes staff are good here, very kind and always have a laugh and a joke with you.''

Care and support was well planned by a staff team who understood people's needs and were supported and trained to do their job effectively. Care records were more detailed than seen during the previous inspection, which showed improvements had been made.

People were kept safe because staff understood what may place people at risk and what types of abuse to watch for. Staff were confident about how to report abuse and that the registered manager took all concerns seriously and acted on issues quickly and appropriately. Recruitment was robust which ensured only staff who were suitable to work with vulnerable people were recruited.

Medicines were being appropriately managed and monitored. Where minor errors had been made, these had been picked up quickly via audits. We found one error during the inspection, which was quickly rectified and had minimal impact on the person concerned.

There were enough staff with the right skills to meet people's needs in a timely way. Staff showed a caring attitude and approach to people. Staff confirmed they had good training and support to do their job

effectively.

People were offered a wide variety of meals, snack and drinks throughout the day. Where people had been identified as being at risk of losing weight, additional monitoring measures were in place to ensure they were offered extra snacks and support to eat sufficient amounts to stay healthy. People were complimentary about the food. One person said ''I can't fault the food, we even had a curry last week which some of us really enjoyed.''

Well managed systems were in place to ensure the quality of care and support were continually reviewed and monitored. Where improvements were needed, prompt action was taken to drive up improvements.

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.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There were enough staff with the right skills to meet people's needs.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Good

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well-led.

The home was well-run by the registered manager who supported the staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

Ebberly House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 June 2016 and was unannounced. It was completed by one inspector.

Prior to the inspection we looked at information we have received in respect of this service. This included notifications. A notification is information about important events which the service is required to tell us about by law. We also looked at recent safeguarding information. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, six staff, and three visiting family members. We also spoke with one visiting healthcare professional. Following the visit we also contacted two further healthcare professionals to gain their views about the service.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked three records relating to staff recruitment, training, and supervision. We also looked at how complaints were responded to, service safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experience.

Good

Is the service safe?

Our findings

People said they felt safe and well cared for. One person said ''If I need staff, I just call my bell. I feel safe here.'' Another said ''I didn't want to come to a home but my family were worried about me and said I would be safer if I had staff around me and that's true.''

People were kept safe because staff understood what risks related to each individual and worked in a way to minimise those risks. For example, where people had been assessed as being at risk of falling, staff knew what equipment people needed to help them move around safely. Staff ensured people's walking frames were within access to them and walkways were clutter free. The registered manager said she had been working with the local safeguarding nurse to ensure they were being more proactive in monitoring falls and assessing risks to minimise further falls occurring. They described in the provider information return how they were using a safety cross, showing falls per month. (This is a form which enables the service to show where and when falls occurred in a visual way.) ''Alongside this, the home is displaying floor plans, highlighting where falls occur, to see if a pattern of falls develops. The monthly accident summary has become more in depth since the last inspection, creating a paper trail of falls. When somebody falls, an accident report is filled in, the safety cross is filled in, the fall is highlighted on the floor plan, and a description of the fall, and what we are doing to try and prevent such a fall again, is recorded in the monthly summary.'' The registered manager was able to demonstrate that since using this type of monitoring their falls incidents had decreased. Where people had more than one fall, they registered manager used the specialist care homes team for advice and support. One person was being assessed by one of the nurses from this team on the day we inspected.

Where people had been assessed as being at risk of developing pressure areas, risk assessments identified what equipment and support people needed to minimise this risk. This included the use of pressure relieving equipment and, where people were less mobile, instructions for staff to ensure people were assisted to change position on a regular basis. This helped to reduce the risk of developing pressure areas.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training on safeguarding. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There has been one recent alert raised by the service within the last 12 months. This related to an incident which occurred outside of the service. The registered manager involved the right agencies and supported the person through the process.

There were enough staff for the number and needs of people living at the service. There were usually three staff each shift, plus cleaning staff and registered manager. The registered provider visited a few days each week and helped maintain the environment and equipment where needed. The registered manager said they had a stable staff team and did not need to use agency staff to fill in for sickness or annual leave, as regular staff were usually willing to fill any gaps in the rota. There were several long standing staff members who had worked at the home for many years. Staff confirmed they worked well as a team and were able to meet everyone's needs in a timely way. Staff said they were well supported by the manager and staff

retention was good. One staff member said ''I can't imagine working anywhere else, I really love it here.''

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people. One new staff member confirmed they were only employed and able to work on shifts once all their checks had been completed. The registered manager said she also rings referees to gain a greater understanding of the potential new staff member's skills and learning needs.

Medicines were stored securely and records tallied with the stock present in the home. We noted one error during the lunchtime medicines. This was quickly rectified and did not have an impact on the person. The registered manager said she would provide additional training and support to the staff member who this concerned. Staff confirmed they had training in safe handling and administration of medicines. Their competencies were checked by the registered manager who reviewed how they administered medicines on a regular basis. There had been a recent pharmacist audit and some minor recommendations made which the registered manager was following up on. One person had been assessed and agreed they would like to administer their own medicines. Their stock was checked on a regular basis to ensure they were taking the correct dose. There was a separate fridge for medicines which needed to be stored at a particular temperature. The temperature of this fridge was checked regularly.

People confirmed they received their medicines in a timely way and that they were asked if they needed extra pain relief. One person said ''It takes the hassle out of life to know they will come along with your tablets, otherwise I might forget.''

The environment was safe and well maintained. Audits were completed on checks to ensure the environment and equipment were safe, although these were not always recorded. The registered provider said he would delegate some of these checks to staff to ensure the records were kept up to date. We reviewed information about how the service was checking for risk of legionella. This did not include a risk assessment but recorded checks on the temperature of water tanks. There was no explanation about why this was being done.

We recommend that that the registered provider checks the Health and Safety Executive website for guidance to ensure the measures they have in place are sufficient to mitigate the risk of legionella disease.

Good

Is the service effective?

Our findings

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. For example staff were able to describe how they worked with one person who have complex needs in a way which showed they had a consistent approach. We also saw examples of how staff understood people's needs and preferences and put this knowledge to use in the way they delivered care. Each person was offered drinks of their choice and preference. Support was offered at a time of the person's choosing. One person told us they liked to get up early and staff made sure they came and saw them early to see if the needed any assistance.

Staff said they were given training and support to do their job effectively. This included training in health and safety as well as more specialised areas such as dementia care, end of life care and specific health conditions such as diabetes, pressure care, bowel care and hydration. One of the nurse educators said the staff team had attended her training sessions. They reported sessions were ''Very well attended, staff are interactive and enthusiastic during the sessions and post training quiz results are good.''

Staff said they had regular opportunities to meet with the registered manager to discuss their role and any training needs they had. The registered manager confirmed in the provider information return that she facilitates one to one supervisions with each staff member every two to three months, and more often if they are struggling with an aspect of their job. Staff felt the registered manager was approachable and made sure they had the right skills and knowledge to do the job.

New staff were required to complete an induction programme which included the nationally recognised care certificate. This ensures new staff have a comprehensive induction covering all aspects of care. One newer member of staff confirmed they were in the process of completing the care certificate and had found this useful. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so that they had an opportunity to get to know people's needs and the operational ways of working in the service.

The service acted in a way which ensured people's human rights were upheld. This included ensuring they worked in a way which encompassed the principles of the Mental Capacity Act (2005). The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were two current deprivation of liberty safeguards applications (DoLS) were in the process of being looked at. She agreed there may now be more people who she should consider applying for such a safeguard. This was because although people were not asking to leave, some lacked capacity and were under constant and continuous supervision. She also agreed that whilst it was

evident that best interest decisions were being made in consultation with people's families and GP's, these were not always recorded clearly enough. The registered manager said she would ensure she made better use of the form they had for recording such decisions. The impact for people was minimal as it was clear best interest decisions had been made to keep people safe, such as use of bedrails.

Staff confirmed they had received some training in understanding people's rights and the MCA and the registered manager said she would be organising further training sessions on this topic. Staff were able to describe ways in which they ensured people were offered choice and that consent was always gained before care and support was offered. One staff member described how one person was reluctant to have their personal care needs met and if they said no, staff respected this, but went back at a later time to offer the support again.

People were supported to eat and drink to ensure they maintained good health. People's choice of when to eat was also considered. For example one person did not like to get up and have breakfast till 11am, so did not then wish to have their cooked lunch at 12.30. They had agreed with the person for them to have their main meal at 4pm and then a snack or something later if they wished. Although there was only one main option available for lunchtime meals, people could chose something different if they wished. The cook who had worked at the service for many years said she was aware of people's likes and dislikes and made sure they were offered alternatives where needed. People were complimentary about the meals offered. One person said ''I can't fault the food, we even had a curry last week which some of us really enjoyed.''

The cook said most meals were cooked from scratch and they used fresh fruit and vegetables to ensure a balanced diet. Where people were at risk of malnutrition, their weights and food intake were closely monitored. Some people had been referred to the GP and had been prescribed fortified drinks to supplement their calorie intake. The cook said they also tried to fortify meals with cream and butter.

People had access to a variety of healthcare services to maintain their well-being. People told us they had regular access to healthcare professionals such as, the GP, community nurses, chiropodists, opticians and dentists. Records showed people's healthcare was closely monitored and healthcare professionals were consulted. One healthcare professionals confirmed the service referred people to them in a timely way.

Good

Is the service caring?

Our findings

People said staff were kind and caring towards them. One person said ''Staff are lovely, very kind, very caring.'' Another said ''Yes staff are good here, very kind and always have a laugh and a joke with you.'' Relatives also confirmed their positive views about staff. One said ''We feel very lucky to have our relative here, staff have been very good, very kind to all of us.''

The service had received many thank you cards and compliments. One said ''Thank you for all the kindness you showed myself and family whilst I was with you. Another said thank you for what you have done for us in helping [person's name] come to a peaceful end. The world would be a better place if there were more people like you in it.''

Staff worked in a way which ensured people's privacy and dignity was upheld. For example knocking on people's bedroom doors before entering, offering support to use the toilet in a discreet manner. Staff confirmed personal care was always delivered in the privacy of people's own rooms or in bathrooms with the door closed. It was evident staff took pride in ensuring people were well dressed and well presented. People were supported to maintain their dignity at all times.

The service recognised the importance of people's relationships. People said visiting times were flexible. Visitors were offered refreshments and to enable them to spend sociable time with their loved ones. One family member said they ate lunch with their relative on a few occasions and was always made welcome. ''It's like being part of one big family. We all know each other well.''

We observed staff addressing people by their preferred names and it was clear there were good relationships between staff and people who lived at the home. One member of staff said people liked to know what staff had been up to and they discussed what sorts of things they enjoyed doing. Some people had asked the younger staff to share their music tastes with them. The member of staff had played them some music and people said they liked it but preferred their own 'old time' music. Younger staff said they had enjoyed learning the words of the old classics and could sing along to all the war tunes and hits from the past.

People were treated with kindness and respect throughout the day. Staff shared a joke or kind word with people and their visitors. One staff member said they always tried to spend a bit of time with people who spent most of their day in their room. They said they wanted to make sure they did not get lonely. We observed staff spending time with people asking their views and enabling them to be involved and consulted on decisions about aspects of their care.

Two staff members had been doing specialist training to understand the key concepts of end of life care. They had been working with the nurses at the hospice for a number of months and hoped to gain accreditation for their end of life care once the course was completed. One person was nearing the end of their life during our visit. The family asked to talk to us and wanted to say how impressed they had been with the care and attention paid by the staff to their relative. They said they were very pleased their relative had

been supported to have their final days in the home and they had all been treated with love and kindness.

People were supported to personalise their rooms and many had brought in their own furniture, pictures and ornaments. One person said how she appreciated the care and attention the cleaner paid to ensuring her room was clean and how careful they were with their possessions.

Good

Is the service responsive?

Our findings

People and their relatives said staff were responsive to their needs. For example one relative said ''They know my relative so well, they anticipate her needs and take good care of her.''

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. Wherever possible a pre admission assessment of needs were completed prior to the person coming to the service. This was then used to develop a comprehensive care plan with every person that uses the service involving them and their key worker. Plans included all aspects of people's personal, healthcare and emotional needs. Staff said they found care plans useful in understanding how best to support people. Since the last inspection plans have been updated to include all aspects of risk and daily records show how and when care and support was being delivered. The previous inspection showed this was not being done to good effect to ensure all healthcare needs had been followed up.

Staff were able to describe ways in which they were responsive to people's changing needs. For example when one person showed increased levels of anxiety, staff talked about things which calmed the person down. This included spending time with the person talking about things that interested them. They also described another person who found being hoisted too painful and frightening. They had agreed a plan with the person and the community nurse for the person to remain in their bed with regular turning to help prevent pressure damage.

The service offered activity sessions each weekday afternoon. This included quizzes, bingo, and sing-alongs. The service also had paid entertainers from time to time. People said they enjoyed the activities on offer and some said they would like to see more happening. When we fed this back to the registered manager she said they did do other activities at different times during the day, but did not record this. She said she would ask people what other activities they would like to take part in and then plan with staff how they could offer more activities throughout the day.

There were regular opportunities for people, and family and friends to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the registered manager and provider. People were made aware of the complaints system and copies of this process were made available for people to see on the notice board. The registered manager said they had not had any formal complaints as she tended to speak to people on a daily basis and check if they had any concerns she could resolve before they became complaints. There were two minor concerns noted in the complaints folder. One concerned the type of marmalade being bought and this was resolved by purchasing the type the person requested. The second concern was about not wishing to have one care staff member working with the person. Their request was listened to and acted upon. People confirmed they felt able to make their views known and were confident if they had complaints these would be dealt with. One relative said ''(name of manager) is very good, she listens and if we have any issues she sorts them out.''

Good

Is the service well-led?

Our findings

The registered manager worked some of her time as part of the staff team providing direct care. She said this helped her to model best practice and to provide ongoing support to staff on a daily basis. Staff said she was approachable and considered their views and opinions were listened to. One staff member said ''You can go to (name of registered manager) about anything, she is so helpful. '' Another described how they worked well as a team; having a good mixture of established staff and newer staff to provide a good skill mix.

Staff said they did not always have regular team meetings but had supervisions with their registered manager. This was to talk about their role, raise areas for improvement and discuss training needs. Staff confirmed their views were sought and they were actively involved in the running and monitoring of the service.

The ethos of the service was to promote a homely environment where people were offered choice and their dignity and respect were upheld. Staff described ways in which they promoted this ethos in their everyday practice. The views of people and relatives confirmed this ethos was embedded into the way care and support was delivered. One relative said ''This place is known for how homely it is. Staff make this place. They all make sure people are well looked after like their own relative.''

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. The registered manager had identified within their provider information return that they were due to send out quality surveys to people living at the home and to commissioners, GP's and visiting healthcare professionals. She felt that gaining a wider view from a variety of people would help them plan for improvements for the future. The registered manager had identified a number of areas for improvement for the coming year. This including building on their care plan information to ensure they were truly person centred. They were also looking at how people wished to plan for the future and consulting on advanced plans for people to think about end of life care and support. Two staff were completing specialist training in end of life care to become the home's champions in this area.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, with the introduction of more detailed analysis of falls, the registered manager had shown the service was being more proactive in prevention of further falls. The service were working in partnership with the nurse educators to pilot risks assessments to help mitigate risks.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. The registered manager and provider agreed some of the checks completed needed better recording to evidence it was done. Both were confident the quality monitoring systems were robust and kept the service safe and well maintained. We confirmed with staff

regular audits were completed and we had confidence in the registered manager ensuring recording of these would improve.