

Esther Care Homes Limited

Esther Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Esther Care Home is a residential and respite service that provides personal care and accommodation for adults with learning disabilities. At the time of inspection, the provider had created an additional room creating capacity for 12 people. However, the additional room was not being used and the service remained registered for a maximum of 11 people. When we inspected there were 11 people using the service.

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. The service was a large home, bigger than most domestic style properties. This was larger than current best practice guidance. However, the building fitted into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

Our inspection focused on the two questions of safe and well led. We did not look at the key questions of effective, caring and responsive. We considered the conditions in place on the day of our inspection with 11 people using the service and this report reflects our findings.

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. For example, staff were aware of people's healthcare needs and associated risks so they supported people to take part in activities in a safe way.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines to achieve the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

Staff evaluated the quality of support provided to people, involving the person, their families and other

professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Esther Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Esther Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave notice of the inspection because the service had recently experienced an outbreak of COVID-19 and we wanted to be sure staff had the time to speak with us.

What we did before inspection

We reviewed the information we already held about the service. This included statutory notifications, which contain information providers are required to send us about significant incidents that take place within services. 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.

During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with two people, the provider and three staff members. We looked at records which included care records for three people, two staff files, medicines records and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm and abuse because the provider had systems and processes in place to keep people safe. When concerns were raised the provider escalated to the appropriate bodies and worked with other professionals to make improvements.
- People were relaxed in the company of staff and we observed good interactions between people and staff. People approached staff without hesitation and we observed light-hearted conversations, laughter and smiles throughout our inspection.
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, managing the risk associated with people's health or situations that could increase people's anxieties.
- Staff knew people well and told us when people were not able to verbally communicate they used people's body language and nonverbal cues to communicate with them. For example, staff were able to give examples of certain movements one person made when they needed additional support.
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom and keep them safe.
- Risk assessments were in place and these were regularly reviewed as people's needs changed. These covered risks to the person both at home and in the community.
- Environmental risks were identified and improvements made to keep people safe.
- Health and safety and fire checks were routinely carried out at the service.

Staffing and recruitment

- The service had enough staff to support people. This included one-to-one support for people to take part in activities and community visits. We observed people were going out with staff during our inspection for walks or to visit the local shops.
- Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Duty rotas and shift planners confirmed staff numbers. During our inspection staff were always visible and on hand to meet people's needs and requests.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were kept securely and records gave staff the information they needed to make sure they knew how people liked to be supported with their medicine.
- We checked the medicine administration records (MAR) for two people and did not find any recording errors. Additional information was provided for as required or PRN medicine. This gave staff information about the medicine including when it was needed and why.
- Staff knew about people's medicines. They told us they had received training in medicine management and competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge to keep people safe.
- Staff carried out regular audits to check that medicines were being managed in the right way. Medicine reviews were completed regularly to monitor the effects on people's health and wellbeing and make sure the medicine people received was appropriate for them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The provider encouraged people to see their friends and family and followed the government guidance in place.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Staff were fully supported to report concerns and incidents and knew they would be listened to by the registered manager.
- The registered manager reviewed all accidents, incidents and safeguarding concerns and there was a strong focus to learn lessons to make things better for people. When there was learning from events these were circulated to staff so action could be taken to reduce any risk that people could face.

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 now improved 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 last inspection we made a recommendation for the provider to seek advice and guidance to improve their electronic care records and update their practices around record keeping to make information more accessible to staff. At this inspection we found improvements had been made.

- The provider had fully integrated the computer based system and people's care and support records were now clear and accessible for staff. Staff were given the time to read people's care plans and how they would like to be supported. Staff were able to explain their role in respect of individual people without having to refer to these records.
- The provider had a quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received. This included regular reviews of people's care and support needs and checks to keep people safe.
- The provider was aware of their statutory responsibilities and demonstrated compliance with regulatory and legislative requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was also the registered manager of the service. They were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Throughout the inspection we observed positive interactions with managers, staff and people. The registered manager told us, "People are very open and will always come and speak to me. They know I am in charge here and will always come and say hello and tell me how they are."
- Staff felt respected and supported by the provider. One staff member told us, "The manager is very good to staff and residents, she is a wonderful person and cares about people as individuals."
- Staff were confident the provider would listen and act on any issues or concerns they raised and spoke about a supportive staff culture enabling positive outcomes for people. One staff member said, "The manager is always there to support us, we (staff and people) discuss any ideas or things that need to change and she will make things better. She always has a solution to the problem."

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; continuous learning and improving care

- The provider discussed incidents openly with people, relatives and staff and was honest about lessons they learned.
- Staff told us about the support the provider offered them when they were involved in incidents and the actions the provider had taken to prevent them from happening again. This included regular staff meetings and updates.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people and those important to them to be involved in the service. This included exploring new activities or holiday destinations for people. During the pandemic regular newsletters and communications to friends and relatives helped ongoing engagement.
- The provider recognised the equality characteristics of people and staff and ensured cultural celebrations were recognised and celebrated throughout the year. People with limited verbal communication were encouraged to contribute and feedback about the service and detailed communication plans were in place to help staff understand people's views.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area. They explained how helpful this was to share best practice and make improvements for everyone using the service.
- The provider worked collaboratively with other agencies to make sure people had the care they needed. This included health care professionals and social workers.