Ideal Carehomes (Three) Limited

Ebor Court

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

Overall summary

The inspection took place on the 11 December 2014. The inspection was unannounced. This was the first inspection of the service since its registration in August 2014.

Ebor Court is registered to provide care and support to up to 64 people some of whom may be living with a dementia type illness. The home is spread across three floors with lift access. It has a secure enclosed garden area with raised flower beds. There were thirty-one people living at the home on the day of our visit.

The home has a registered manager. 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.

People told us they felt safe and cared for living at Ebor Court. They told us that staff knew and understood their needs.

Summary of findings

The service had safeguarding vulnerable adults policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

There was mixed feedback regarding staffing levels; however the registered manager was in the process of recruiting an additional 15 staff. Recruitment systems were robust and appropriate checks were completed before people started work.

Medication systems were being reviewed by the registered manager as some improvements had been identified by the registered manager.

Training was provided for all staff. Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

People told us the food was good and they said the chef sought their feedback regarding their likes and dislikes.

People expressed positive comments regarding the care they received. They told us they were treated with kindness and we observed this during our visit.

People told us that the registered manager and staff responded to their needs. Each person had individual care records which focused on them as a person. They told us that social opportunities were available and said they could choose how to spend their time.

The registered manager had not received any complaints although they had systems in place should any be received.

People spoke positively of the registered manager and staff and there was a strong caring ethos which was evident from both feedback and observations.

The registered manager had a number of quality monitoring systems in place which focused on reviewing and improving the service. Although these systems were in the early stages of use we could see that they resulted in relevant action plans being implemented so that improvements could be made.

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.

People told us they felt safe and we found that risks were appropriately managed.

Medicines were correctly stored and disposed of and although some improvements were needed, management were taking action to address this.

The registered manager was in the process of recruiting additional staff. Recruitment checks were completed before people started work.

Good

Is the service effective?
The service was effective.

Staff received training and development which supported them in delivering high quality care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

People told us the food was good and mealtimes were relaxed and informal.

Good

Is the service caring?
The service was caring.

People told us they were well cared for and liked living at Ebor Court.

Records stating how people should be cared for were person centred and reflected the individual.

People told us that they were treated with dignity and respect and generally this was observed throughout our visit.

Good

Is the service responsive?
The service was responsive.

People were involved in discussions regarding their care and this was reviewed regularly.

There were a range of activities on offer at the home. People spent their time the way they wanted.

People were encouraged to give their views and opinions and raise any concerns or complaints.

Good

Is the service well-led?
The service was well led.

People told us that the registered manager and staff were approachable.

The registered manager was developing systems to monitor the service and to further seek the views and opinions of people living at the home, other stakeholders and staff.

Good

Ebor Court

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.

The inspection took place on the 11 December it was unannounced.

The inspection was carried out by one inspector. Prior to our visit we reviewed information about the service. This included notifications and other information held about the service.

Before the inspection, we asked the provider to complete a 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. Although we had not received the Provider Information Return (PIR) prior to our visit, the manager showed us confirmation that this was submitted on the 26 November and we were given a copy.

During our visit we spent time observing people in communal areas, talked with 11 people using the service, spoke with two relatives and other visitors, interviewed four staff, and carried out a short observational framework for inspection (SOFI). This is a way of observing the care and interactions people receive to capture their experiences when they may not be able to tell us themselves.

We looked at all areas of the home, including some bedrooms (with people's permission). We also spent time looking at records, which included the care records for three people who lived at the home, six staff recruitment files, duty rosters and records relating to the management of the home.

We spent time with the area manager and registered manager of the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Ebor Court. Comments included; "I feel safe. Health wise they look after me and they gave me a frame to get around" and "I could speak up if I was worried." Another person said "I feel safe, yes."

We spoke with staff about their understanding of safeguarding vulnerable adults. They were able to clearly describe how they would escalate concerns should they identify possible abuse. Staff told us they were confident their manager would take any allegations seriously and would investigate. Thirty staff had received safeguarding vulnerable adults training in the last twelve months. This training helped to keep their knowledge and skills up to date. One staff member said "I have done my safeguarding training and read the policy and I know who to report to." The service had a safeguarding file to log any incidents. We saw that these were investigated fully with action plans to determine what action if any was required.

We saw that people had risk assessments included within their care records. This included risks relating to nutrition, manual handling and falls. In addition individual risk assessments were also written; for example; on someone choosing not to be checked during the night. Risk assessments helped to minimise risks to people whilst still supporting their right to be independent. In addition, the registered manager carried out monthly falls and accident analysis with suggested actions to reduce the potential of reoccurrence.

Although we were told that restraint was not carried out by staff, the service did provide staff with conflict resolution training. This supports staff to deal with difficult situations which could potentially cause harm or compromise people's safety. We also saw that care plans contained clear records for dealing with people's anxieties or distressed behaviours.

The environment was cold upstairs on one corridor and people expressed their concern regarding this. People were using blankets to keep warm. Staff told us that this matter had been reported a number of times over previous weeks. We expressed our concern regarding this matter with the registered manager during our visit who told us that maintenance work had been carried out that day. The registered manager agreed to monitor and keep this matter under review.

Although equipment was new the registered manager confirmed within the provider information return that regular inspection and maintenance would be carried out to ensure it was safe. Weekly fire drills were completed and staff attended regular fire training.

There were six staff on duty on the day of our visit. We were told that staffing numbers were usually between five and six people. The registered manager told us that a recruitment drive was on-going and that 15 staff were due to start employment over the next week. We looked at staff rotas and spoke to people about staffing numbers. We received mixed comments which included "Staff are so darn busy" and "Staff on the whole are very good, my first experience has been a positive one, you can ask for anything and they will get it for you." Another person said "There are not always enough staff, there has been a shortage of cleaners and carers."

We spoke with staff who made the following comments; "There are enough staff on this floor (top). It's manageable at the moment" and "Not enough staff at the moment, we are doing extra shifts. The ratio of staff could be higher." The views generally from staff were that staffing numbers could be improved however it was recognised that the registered manager was in the process of doing this.

We spoke with domestic staff during our visit who told us they had been brought in from another home. They did not know they were going to be working in Ebor Court until they turned up for their shift at another home and were asked to attend Ebor Court. The registered manager confirmed that they had struggled to recruit domestic staff previously, however new staff had now been recruited and were due to commence work.

During our observations we found that staff responded to people quickly. Call bells were answered promptly and when people asked staff for support this was provided. One person said "My buzzer is always answered quickly. At night the staff will sit and have a chat with you."

We looked at six staff recruitment files. All of those viewed contained three references and a Disclosure and Barring

Good

Is the service safe?

Service (DBS) check. This helped to ensure that any staff employed were safe to work with vulnerable adults. The staff we spoke with confirmed that recruitment checks had been carried out prior to them starting work.

We looked at medication records across the floors. Controlled drugs were appropriately stored and recorded. People had a medication request sheet which recorded how they liked their medicines to be given, for example "place tablets in a pot then give them to me."

Although medication administration records (MAR) were generally well completed we did identify some discrepancies. For example if medication was given late, staff were not routinely recording the time it was administered. We also found a bottle of eye drops which had not been dated on opening yet had a shelf life of four weeks.

There were care plans in place regarding 'as and when required' medication which gave staff information about when these should be given. We also saw pictures in place to demonstrate where topical medication such as creams should be administered. We found that hand written entries on MAR sheets had not always been double signed which increased the risk of an error being made.

Prior to our visit we had received some notifications about medication errors which had been made. The registered manager had taken action to address this with staff. During our visit we were given a copy of a recent medication audit which had been completed in November 2014. This identified a number of improvements which were required. The registered manager told us that regular meetings were being held with staff to discuss medication and competences were being completed to ensure that staff were following company procedures.

We observed medicines being given and this was done in a kind and supportive manner. One person said "The staff give me my medicines I am happy they do this or I would worry about forgetting it." If people wanted to look after their own medication they were able to do so.

Good

Is the service effective?

Our findings

People told us they were assessed prior to moving into the home to make sure that it was the right place for them to live. One couple told us "We had an assessment before we moved in, the care is good."

We looked in detail at three people's care records. Each record contained detailed information about the person and how they wanted to be cared for. We saw from care records that people had a detailed assessment in place. This helped to identify the support required.

We were given a copy of the staff training plan. The plan identified when courses were due to expire and the dates when they had been completed. The majority of training for staff was up to date. Courses included safeguarding vulnerable adults, infection control and dementia awareness.

Staff told us that they had received an induction when they started work. They told us they received good support from their manager and we were shown evidence demonstrating that for most people supervision was up to date. Supervision is one to one discussion between the staff member and a senior member of staff to discuss performance and to highlight any areas where their knowledge or skills may need updating.

We asked the registered manager about legislation and guidance which was used to inform best practice in the delivery of care. Although the registered manager was aware of legislation and guidance there was little documented evidence to demonstrate how this had been implemented at this service. The registered manager did say within the provider return that end of life care pathway training had been accessed to develop understanding of the new pathway to be introduced. The company was registered with the 'Investors in People' scheme.

We observed staff communicating effectively throughout our visit. People's preferences for example; how they wanted to be addressed by staff was recorded. We saw that staff used both verbal and non-verbal prompts to support people. This included kneeling down to someone's level and using touch for example holding someone's hand.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. The registered manager confirmed that three people currently had formal restrictions in place. The registered manager told us that MCA training was provided for all staff and staff confirmed this during our visit.

Although restraint was not in use, we saw that people's capacity was included as part of their care planning process. In addition ways to support people who were expressing anxiety were also recorded which helped to minimise risks to people.

We saw some evidence of people giving their consent to any care or treatment. We observed one person being asked to see a health professional who had come to visit them and we observed staff asking people if they were happy to take their medication. We observed staff explaining what they were doing before carrying out any care tasks. People were able to make choices and decisions about all aspects of their daily lives. They told us they could choose when they wanted a bath or shower, when to get up and how they wanted to spend their time. Some people went out independently.

People told us they received a choice of food and drink throughout the day. We saw that crisps, fruit and other snacks were available which people could help themselves to. Staff told us that they encouraged people to remain independent and gave examples of encouraging people to help themselves to breakfast and buttering their own toast. One person said "You can have food even in the middle of the night." Other comments included "The food is very good", "The food is good I can't knock it. The chef talks to us, he is a good chef" and "The food on the whole is alright. At the beginning it wasn't great but the chef comes and chats to us to find out what we like."

People's nutritional needs were monitored and where concerns were identified, records were in place to monitor their food and fluid intake. People also had likes and dislikes recorded within their care files in regard to food preferences. During our inspection we observed the dining experience on the middle floor. People were offered a choice of drinks and there were two menu choices available. Mealtime was relaxed and staff sat with people to

Good

Is the service effective?

offer them encouragement and support. This was provided in a calm and unrushed manner. However, there were no condiments on the table and we observed people asking for these during lunch. Although these were provided on request it would be positive to see that these were routinely available for people.

People told us their health needs were met. Comments included “Health wise they look after me”, “I can see the doctor if needed” and “I can see a doctor when I want to. I saw one yesterday. I am still registered with my own doctor although they have suggested that I may find it easier to register with the local ones here.” During our observations we saw that a health professional came to visit. Staff explained this to the person and took them off to a quiet area so that the visit could be carried out in private. The home had a weekly doctor round so that people could see a doctor if they needed to. Domiciliary dentist, optician and chiropody services also visited the home and there was an allocated district nurse which helped to provide continuity of care.

We saw from people’s care records that health needs were monitored and advice from professionals sought as needed. Two people told us that they had moved to the home as they were hoping to access some support from a physiotherapist.

As the home was purpose built, consideration had been given to it being dementia friendly. Toilet doors and signage throughout the building was coloured to make them easily identifiable to people. Specialist lighting had been fitted so that it turned on and off automatically if people entered a room; although a relative did raise concern about how quickly these went off if someone wasn’t moving which we shared with the registered manager. Memory boxes had been displayed on some doors. These contained items of importance to the individual and helped make rooms more recognisable. The home had a café, a library and a reminiscence room. There were lots of communal areas so that visitors could see their relative in private. The registered manager told us they had further plans to develop the environment to make it more dementia friendly and this included plans for a cinema room. The home had enclosed garden space for people to use in warmer weather.

Good

Is the service caring?

Our findings

People told us they were well cared for. Comments included "I am well looked after yes, you can't fault the staff." "I like it here. I am well looked after" and "The care is good. We have a few laughs."

A relative said "The staff are always lovely and caring. There is a lot going on. It feels like home."

We observed people being treated with kindness and compassion during our visit. It was evident that staff knew the people they supported and there were warm friendly relations between them.

We observed two people being supported to eat their lunch. We saw staff engaged with them and conversation was respectful and positive. People were encouraged to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm and people who wanted to remain seated after their lunch, were able to do so.

Relatives told us they felt involved. One commented "They contact us if there are any issues. I attended a review recently, everything was addressed. They go through the care plan at the review meeting."

People were supported to express their views and opinions and to make choices regarding the way their care needs were met. Those who were able told us that they had been involved in discussions regarding their care records. Where appropriate relatives were also encouraged to have input in reviewing and developing plans of care. People told us they could choose where in the home they spent their time, what activities they did or did not want to participate in and we observed people making choices throughout our visit.

Although no-one at the service currently accessed any advocacy services the registered manager told us that people would be supported to do so if they wished.

Each person had a care plan which is a written document which sets out the way in which people want to be cared for, the support they require and any goals or objectives that they would like to achieve as well as things which are important to them. People's care plans were personalised and showed that an effort had been made to understand the individual, and their personality. They included life history and 'my memory' books which are important for people living with dementia as they help staff to focus on things which are important to them.

We observed staff responding to people in a caring manner. For example when someone spilt a drink, staff discreetly asked them if they wanted to get changed. Staff offered people support with personal care tasks and responded to requests for help in a sensitive manner.

People told us they were treated with dignity and respect. Comments included "I am treated with dignity. I choose when I want to get up and go to bed and whether or not I want a shower."

During our observations we found that staff spoke to people politely. They knocked on doors before entering people's rooms. However on two occasions during our visit we saw personal care was being delivered without staff closing the bedroom door. This does not promote people's dignity and this was shared with the registered manager during our visit who agreed to address this with the staff concerned.

Visitors to the service said that other than mealtimes visiting times were flexible.

Visitors told us they were made welcome and always offered a drink.

The home had a number of champions to help ensure that standards remained high and to provide guidance and support to staff. Examples included dignity champions, palliative care champions, infection control champions and medication champions.

Good

Is the service responsive?

Our findings

People told us that they had been asked about the care and support they required. Comments included "I have been asked about my care needs and asked what support I require to a certain extent. I have only just moved here." And "I have not seen my care record but it has been discussed with me."

It was clear from the assessments and care plans viewed during our visit that people were encouraged to contribute to the assessment and care planning process as far as possible. Records were written in first person and really focused on specific detail regarding how people wanted to be cared for. They were very person centred and focused on people's strengths and abilities as well as people's individual aspirations. The provider told us within their return that care plans contained 'What I prefer, What can I do, What I need assistance with and What is important to me' which are specific questions asked in relation to people's care needs in order to ensure person centred care is acknowledged, implemented and reviewed. Care plans were evaluated monthly and reviewed every three months with the person and/or their relative where appropriate to ensure that care needs were met and any issues dealt with in a timely manner.

People told us that a range of social activities were available. During our visit there was a pantomime and we saw lots of people asking to go and watch this. Other comments included "I like the music", "There is always something to do."

We saw entries in people's care records about the type of activities and social opportunities they enjoyed. One person's entries included "Likes activities particularly gardening, classical music and reminiscence." This helped to ensure that the activities provided were tailored around the individual interests of people living at the home.

Weekly coffee mornings and cheese and wine evenings were held for people and their families to exchange views and meet others and we saw that weekly activities were displayed on the noticeboard. Staff said "Socially there are loads of activities and events going on." A relative said "There are daily activities; there really is a lot socially."

Some people went out independently. We spoke to a couple who told us they had a car; they said they went out independently and could visit their local church. They told us there were a range of social opportunities available at the home which included listening to or playing the piano, baking and trips out.

The registered manager told us in the provider return that outside groups were being sourced so that people could maintain their independence. They also told us that specialist dementia care services were being sought to help provide additional support and stimulation to those living with dementia.

The provider had a complaints procedure which was displayed on the noticeboard within the home. One person said "I was given a sheet for if I needed to complain. I think there are resident meetings as well but I haven't been to any yet." Another person said "I complained about the food. They responded eventually. It took a while as we had meetings with the chef."

We spoke with a staff member who said "It's still very new; we are still testing out what works well. People are generally happy although we get minor niggles. We try to sort them so that things are made better." A relative told us "Any concerns are immediately addressed. There is always someone to talk to."

Good

Is the service well-led?

Our findings

The home has a manager who is registered with the Care Quality Commission. One person said "I have seen the manager maybe a dozen times but I have never sat and chatted face to face." Another said "I have not noticed the manager coming out to talk with me. It would be nice if they came and asked how we are." However, other people told us that they had spoken with the manager and found them approachable. We saw the registered manager talking with people during our visit and it was evident that they did know the people being supported.

A range of meetings were held to seek the views of staff. This included staff meetings which were held twice monthly; staff signed to say they had read the minutes of these meetings so even if they had not been able to attend they still knew what had been discussed. Daily handovers were held so that staff were kept up to date with any important information. We spoke with staff and asked them if they felt their views were listened to. Comments included "Management are really approachable" and "We have had a couple of staff meetings, we can raise issues."

We asked the registered manager about best practice guidance and how this was implemented to provide good dementia care. As the home had only been open for a few months when we visited this was also in the early stages of development. However the registered manager was aware of relevant guidance which was available. The registered manager told us in the provider return that deputy and senior staff would be attending 'Ideal Future' in house training modules to support them in understanding current practice and build on their future development. We asked one of the staff about the organisation's objectives but they were unable to tell us what these were. They told us they were due to start their induction and thought they would find out then.

Staff told us that there was an open and positive culture and all confirmed that they would feel confident whistle blowing (telling someone) if poor practice was identified. They said that the registered manager and senior staff were approachable. The area manager attended the home during our inspection. They told us that they visited the service regularly. Senior management were responsible for carrying out checks and audits of the service and the provider return confirmed that five of these visits had been completed by senior management since the home had opened.

Surveys had been sent out to visitors and we were shown these. A summary was in place which included any action points by the home. The registered manager told us that family meetings were also in the process of being set up. They told us that a 'resident forum' was going to be held on the first Tuesday of each month. One person told us "I think there are resident meetings but I haven't gone to any yet."

We saw that monthly audits were being completed. Where areas for improvement were identified we saw that action plans were implemented. We saw incident and investigation reports were completed where concerns had been identified. An example included a medication error which had been investigated. Action plans had been put in place to prevent re-occurrence.

We contacted the local authority to seek their views of the service and to ask whether or not they felt partnership working was successful. However we were unable to gain any feedback due to the newness of the service.