

# Dignus Healthcare Limited

# Ebenezer House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

At our last inspection completed in June 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ebenezer House is a 'care home'. People in care homes receive accommodation and 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 care home is registered to accommodate up to five people. At the time of the inspection there were five people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. 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 and staff team strived to ensure people could play an active role in the community and to lead full and active lives. People were fully involved in the design and review of their care.

People were supported by a staff team who understood how to protect them from harm. Care staff managed risks to people in a positive way. Processes were in place to keep people safe in an emergency such as a fire. People were protected from harm while their independence was maximised. People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines safely and as prescribed. People were protected by effective infection control procedures.

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

People were encouraged to eat more healthily. People were encouraged to be involved in monitoring and maintaining their day to day health.

Staff supported people in a way that was kind and caring. People's privacy was respected and their dignity

was promoted and upheld. People were encouraged to be as independent as possible and were supported to maintain important relationships.

Care staff had the skills they required to support people effectively. Processes were in place to respond to any issues or complaints. The registered manager had developed an open and transparent culture within the service where people were respected and everyone was free to share their views. People were fully involved in the development of the service.

The provider engaged with the wider community and other organisations to drive improvements to the lives of those being supported. A range of quality assurance and governance systems were in place but some improvements were needed. Organisations registered with CQC have a legal obligation to tell us about certain events at the service, so that we can take any required follow up action needed. The provider needed to make sure systems were in place to ensure notifications were sent where required.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service Requires Improvement.	<b>Requires Improvement</b> ●

# Ebenezer 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 28 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. We were also aware that unexpected visitors could cause anxiety to some people who lived there. The inspection team consisted of one inspector.

As part of the inspection we reviewed the information we held about the service. We looked to see if the provider had sent us statutory notifications. A statutory notification contains information about important events which the provider is required to send to us by law. They can tell us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We used this information to help us plan our inspection.

During the inspection we spoke with two people who used the service but only one person chose to share their views about the service with us. We spoke with the registered manager, operations manager, three care staff. We also spoke with a manager from another of the provider's services who had been providing some additional support at Ebenezer House. We carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service, for example audits completed by the provider. We also received feedback from one relative and three care professionals.

## Is the service safe?

### Our findings

A person living at the service told us they felt safe living there. Staff described signs of abuse and how they would report any concerns. The provider and registered manager had systems in place to ensure any safeguarding concerns would be reported and investigated in order to ensure people were protected.

Staff knew people's needs well and the strategies for managing risk and any challenging behaviours. Risk assessments identified the potential risks to people and how staff should provide support to help keep people safe. A range of checks were also completed within the premises and environment to ensure risks to people were minimised.

People were supported by sufficient numbers of care staff. We saw the ratio of care staff to people meant people's needs could be met in a prompt and responsive way. The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a criminal records check. The checks helped the provider to reduce the risk of employing unsuitable staff.

We looked at how the provider ensured medicines were managed safely. One person told us, "I get my medicine bang on time." We saw medicines were stored securely. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training to give people their medicines and had their competencies checked. We brought to the attention of the registered manager that topical creams should be dated on opening to ensure they are discarded and replaced with new stock when needed. They told us they would ensure this was done in future.

People were protected by effective infection control measures. Good standards of hygiene were in place; including within the kitchen areas. Staff had access to personal protection equipment (PPE) as required.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

A relative expressed their confidence in the staff and felt they knew the needs of their family member well. An induction training package was provided to all new staff which ensured that all basic training was undertaken before any care was delivered. Care staff told us they felt the training available to them was good. One newer member of staff confirmed they had received a full induction that had included working shadow shifts alongside experienced staff. Care staff told us they received good support from the manager. They told us they had regular one to one meetings with their line manager and were given any support they needed.

One person told us they were happy with the food they received at the service and that there was enough choice. Opportunities were available for people to contribute towards the menu or to shop for their own food. Some people liked to get involved in preparing their own meals.

People had been involved in their own 'health action plan' which clearly stated how they wished to be supported with their health needs. Staff were knowledgeable about people's healthcare needs, they knew how to recognise and act when a person was unwell due to a specific health condition. We saw people were supported to regularly access healthcare professionals such as doctors, community nurses and dentists.

The environment was suitable for people's needs and people's bedrooms were personalised. Refurbishment of the service had been undertaken since our last inspection. The number of people the service was registered for had been increased from four to five following the addition of a separate bungalow.

## Is the service caring?

### Our findings

People told us they were happy living at the service and that staff treated them well. One person told us, "The staff are all good to me, they treat me well." A relative confirmed that they thought staff were caring in their approach to people.

Staff spoke passionately about their job and showed an understanding of people's needs and preferences along with a desire to improve people's quality of life. We saw positive interactions between people living at the service.

People were supported to be involved in all aspects of daily living both within the service and out in the community. This included personal care, household tasks, shopping, community activities and leisure opportunities.

People's privacy was respected and their dignity was upheld and promoted. They were not interrupted when they went to quiet areas or to their rooms. People spent their time where they wanted to. We saw care staff were respectful in their communication with people and respected their space, for example by knocking before entering their room.

Staff were respectful of people's cultural and spiritual needs and respected people's individuality and diversity. People's information was kept securely locked away so that people were assured their personal information was not viewed by others.

People were supported to maintain relationships with those who were important to them. Visitors were able to visit the service without any unnecessary restrictions.



## Is the service responsive?

### Our findings

People were supported to be fully involved in decisions about their care and developing their care plan. We saw care plans had detailed information about people's likes, dislikes, their care needs and how care staff should support them effectively. We saw people were fully involved in reviews of their care. One person told us, "I'm involved in planning my menu and activities and staff talk to me about my long-term wishes."

People attended regular meetings where they could talk about any concerns they had about the service and talk about what they wanted. The registered manager knew about the Accessible Information Standard and some information was made available to people in alternative formats if needed. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

We saw care staff had identified people's interests and supported them to participate in activities. We saw care staff had also identified things that were important to people, for example, following structures and routines. People were supported to access a range of opportunities that enabled them to live as full and active a life as they wished and to engage with the wider community.

People were encouraged to give their views and raise concerns or complaints. None of the people or relatives spoken with had had cause to raise a complaint. One person told us, "I feel able to tell the manager or staff if there is anything I am not happy about, but I have no complaints." The registered manager confirmed any concerns or complaints would be taken seriously, explored and responded to.

At the time of this inspection, the provider was not supporting people with end of life care. Where people wanted, their preferences in the event of their death were recorded in their care plan.

## Is the service well-led?

### Our findings

The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. Organisations registered with CQC have a legal obligation to tell us about certain events at the service, so that we can take any required follow up action needed. Whilst the registered manager had usually sent us notifications we identified a small number of instances where the registered manager thought notifications had been sent but we had not received these. The provider needed to make sure systems were in place to ensure notifications were submitted in all instances.

A range of audits and quality checks were in place to ensure the quality of care and support provided to people was good. We saw where issues had been identified these had been addressed immediately. Whilst the window restrictors we viewed were in good order we identified a lack of documentation regarding window safety audits. This is needed to ensure regular checks of window safety is being completed. The registered manager and operations manager told us they would take action to improve the recording systems in place.

The registered manager of the service was also responsible for managing three other services and so was not permanently based at Ebenezer House. Whilst some feedback was positive about the management arrangements two care professionals and a relative referred to the deputy manager as they were under the impression they were the manager. One care professional also told us that communication with managers at the service was inconsistent. In some instances, communication was described as being swift, timely and effective but in some cases, was more limited. We had been informed at our inspection that changes to the management of the service were planned, so that the service would have a registered manager that was not responsible for additional services.

We saw people were fully involved in the development of the service. They were spoken to regularly both informally and through meetings about their care and the wider service. Staff sought opportunities to involve people in the service.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. A new member of staff told us, "I'm getting a lot of support from staff and the manager." Staff told us they worked together effectively as a team and we saw this during the inspection. Staff told us they felt comfortable raising issues and concerns and were confident they would always be listened to and concerns acted upon. A member of staff told us, "The managers are good, they do lots of checks and are very open to suggestions from staff."

The service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved. One care professional told us there had been some instances where improvement was needed in regard to information sharing and feedback from staff about people's current wellbeing. However, they noted there had been some improvement since a recent meeting with involved professionals. Another care professional gave an example of where they had raised some issues and told us that the service had responded and made

improvements.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was aware of this requirement. We also found that the registered manager had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.