

Ebenezer Residential Care Limited

Ebenezer Residential Care Home

Inspection report

152 Market Street
East Ham
London
E6 2PU

Tel: 02084716030

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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

About the service

Ebenezer Residential Care Home is a care home registered to provide personal and nursing care for up to three people. At the time of the inspection three people were using the service.

Ebenezer Residential Care Home is located in a residential area and each person using the service had their own bedrooms but shared the lounge, kitchen and bathrooms.

People's experience of using this service and what we found

People felt safe in the service. Each person had a risk assessment which identified possible risks to them and provided guidance for staff to manage the risks. Staff had good knowledge of safeguarding people from abuse. Staff recruitment was robust ensuring they were safe, experienced and skilled to support people. Staff received supervision and support to enhance their knowledge and quality of service they provided. Arrangements were in place to ensure there were sufficient number of staff to care for people.

Staff administered and recorded medicines. Medicines were monitored and kept safely. Incidents and accidents were recorded, reviewed and lessons learnt to ensure future incidents and accidents were avoided.

Staff had infection control training, and we observed all parts of the service was clean. Health and safety audits, and regular testing and maintenance of the facilities were undertaken. These ensured people lived in a safe environment.

People and relatives told us staff were caring and respectful knew what they were doing. Staff knew how to ensure people's privacy and dignity at all times.

People told us they had meals that reflected their choices in terms of culture, religion or any other preferences.

Staff supported people to access healthcare. People enjoyed activities of their choice.

Care plans were person-centred, which meant that they reflected people's needs, choices and how they wanted staff to support them. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The service had a policy on equality and diversity, and staff understood that discrimination of any kind based on differences such as disability, sex, sexuality, religion or age was not acceptable. People's communication needs were assessed in their care files. There was a complaints policy in place and people and relatives were aware of how to make a complaint.

The registered manager sought feedback from people and staff. Staff attended conferences, workshops to ensure they continuously learnt and improved the quality of the service.

Rating at last inspection

At the last inspection the service was rated Good (report published on 28 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Ebenezer Residential 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ebenezer Residential 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

This inspection was unannounced and took place on 30 September 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We sought and received feedback from the local authority. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and observed how staff interacted with them. We spoke by telephone with one relative. We spoke with a healthcare professional who was visiting one person. We talked with a support worker, the registered manager and the provider, who were all present during the whole inspection. We reviewed two people's care files, which included their care plans, risk assessments and medicine records. We looked at three staff files in relation to recruitment, training and supervision. We reviewed various documents relating to the management of the service, including policies and procedures.

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 told us they were safe within the service. One person said, "Yes, I feel safe. I like the home."
- The service had systems in place, which ensured risks to people's safety and wellbeing were managed appropriately.
- Staff had a good understanding of safeguarding processes and had received relevant training in this area.

Assessing risk, safety monitoring and management

- Each person had a risk assessment, which detailed possible risks to them and how to minimise these risks. The risk assessments were reviewed every three months or earlier, when needed.
- Staff managed health and safety within the service appropriately. Regular monitoring, testing and servicing of the facilities and equipment was undertaken to ensure they were safe for people and staff to use.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks had been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- There were enough staff to support people during weekdays. However, the staffing rota showed there was one staff to care for three people on each shift during weekends. People told us staff were available when they needed support. We queried if this was sufficient and were advised by the registered manager that they had 'standby or on call-staff' who were deployed when more staff were needed. They assured us that they would review the staffing level and reflect it in the staff rota.

Using medicines safely

- There were good medicines management systems in place to support people with the administration of medicines.
- Medicines, and records of medicines, were audited regularly so the staff had a good overview of how medicines were managed at the service.
- Staff competency assessment in relation to medicines administration was regularly undertaken.
- We noted that, where people required medicines on an "as required" (also known as PRN) basis, the provider had a general protocol, which provided information relating to the circumstances under which the medicines were administered. However, there was no PRN protocol for each person in their files, which meant staff did not always have specific guidance on how to manage PRN medicines. The registered

manager told us they would review their PRN protocol by referring to reputable organisations such as The National Institute for Health and Care Excellence.

Preventing and controlling infection

- There were appropriate policies in place to support good infection control practice. A regular infection control audit was undertaken, and any actions identified were completed.
- The premises were clean throughout. Staff had received training in infection control.

Learning lessons when things go wrong

- Lessons had been learnt from incidents, accidents and complaints. The registered manager gave us an example of a lesson they learnt from an incident. We learnt this helped the service to stop an incident from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before they began using the service. People and their representatives visited the service to find out if it was suitable to people's needs. This ensured people lived in a care home, which was suitable to their needs.
- Care was planned and delivered in line with people's assessments of needs. Care plans reflected people's needs assessment and people and relatives told us people's needs were met.

Staff support: induction, training, skills and experience

- Staff had the skills to provide care and support people needed. One person said, "Staff are good." A relative told us, "Staff look after people very well. They know what they are doing."
- Staff told us they had received training to enable them to provide care that people needed. A member of staff told us, "I had lots of training."
- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service. The registered manager provided staff with regular supervision and appraisal.
- We observed staff were skilled and experienced in communicating with and meeting people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose the meals they wanted. One person said, "I don't eat [type of meal] and staff give me [type of meal] I want." We noted people's cultural, religious, medical and personal preferences were met in terms of their diet.
- People's care plans contained information about their food likes and dislikes. Staff had a good knowledge of people's food preferences and the support they needed in this area.

Staff working with other agencies to provide consistent, effective, timely care

- A social care professional confirmed the service worked well with them to meet people's needs.
- The registered manager shared information with other agencies, such as hospitals, to ensure people received effective care.

Adapting service, design, decoration to meet people's needs

- The premises were accessible to the people using the service. This meant people had access to all the areas of the service.
- Bedrooms were personalised with decorations and people's personal effects. This meant people were able to personalise the environment where they lived.

Supporting people to live healthier lives, access healthcare services and support

- Records showed annual medical checks and regular appointments with healthcare professionals were made for and attended by people.
- A relative told us they were happy with the way staff worked to meet a person's healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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.

- Staff understood the need to obtain consent whilst working with people with capacity issues. A member staff told us that they had training in MCA and knew people had the right to make choices or decisions about their care when they had capacity. Staff understood the processes for arranging and documenting best interest decisions, where people lacked capacity to make their own decisions.
- Care plans contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care.
- Records showed that DoLS applications or authorisations were in order.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff provided people with care and support that met their needs. One person said, "Staff are good, caring." A relative told us, "Staff are very caring."
- Assessment of people's needs and their care plans included their cultural and religious needs. One person's care plan stated their religion and how they attended a place of worship. People told us and records showed that people were able to practise their faith.
- Staff had a good knowledge of equality and diversity. They explained they treated people without discrimination of sex, sexuality, disability, age and other differences. One member of staff said, "We do not discriminate. All human beings are the same."

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about their care were included when their care plans. This meant people were able to receive care that they needed.
- Each person had a key worker, who regularly encouraged people to share their views. This meant staff listened to people and monitored their care.
- We observed staff seeking people's views when they provided care, checking on their preferences and upholding them.

Respecting and promoting people's privacy, dignity and independence

- Staff told us people's dignity was important to them. We observed staff were discreet when communicating and supporting people.
- A relative told us staff were respectful to people.
- People told us staff encouraged them to carry out tasks such as cleaning their rooms. One person said that they travelled independently to go to a place of worship. The registered manager told us they had supported one person to gain independent living skills and move on to live independently in the community. This showed people were supported to live as independently as possible.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised with people's needs and preferences. They were written in first person explaining the person's needs and how they wanted staff to support them.
- Staff gave people choice and control in their day to day activities. We observed staff asking people how they wanted to be supported and respecting people's choices.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped staff understand how best to communicate with each person using the service.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain when they were not happy about the service.
- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received.
- The provider had received one complaint since the last inspection. The provider investigated and responded appropriately to this complaint.

End of life care and support

- The provider was not providing end of life care to anyone at the time of the inspection. However, the provider, registered manager and senior staff had attended end of life care training and knew how end of life care should be managed

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was easy read documentation in people's care files, and the registered manager told us they would provide information in formats suitable for each person. People's communication needs were assessed and recorded.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service provided high-quality care. One person said, "Everything [at the home] is very nice." A relative told us, "The home is well managed."
- The provider and registered manager sent notifications to the CQC and were clear about their responsibility be transparent, open and take appropriate action when things were not right.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered person were clear about their roles. One relative said, "They seem to know what they are doing and what is needed. I have no concerns about management."
- The registered manager had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service. They undertook audits such as medicines, care files and fire safety to ensure the service was well run.
- Staff had additional key working roles, which gave them the responsibility for taking special interest in arranging care plan reviews and ensuring people's ongoing needs were met. This allowed staff to develop their skills, share responsibilities and run the service effectively.
- The registered manager understood the responsibilities of their registration and the rating of the last inspection was on display within the premises.

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

- People and relatives were involved in people's care. One person said, "Yes, I was involved in my [care plan] reviews." A relative told us, "I am involved in [my relative's] care. Staff keep me updated with [my relative's] care and they also listen to me."
- People's and staff feedback was regularly sought and incorporated into the way the service was run where appropriate. There was a system of meetings for people using the service and staff.

Continuous learning and improving care

- Staff were happy with the learning opportunities available to them. The registered manager told us they encouraged staff development and training, and minutes of staff supervision evidenced this. The provider told us they were committed to providing staff with ongoing training.
- The provider and the registered manager attended various conferences and workshops related to care.

Working in partnership with others

- The service worked in partnership with other organisations to ensure they met people's needs. This included healthcare professionals such as GP's, psychiatrists, and district nurses. This ensured a multi-disciplinary approach was in place to support and meet people's needs.