

Ebenezer (Stone of Help) Ltd

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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 ●

Summary of findings

Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to younger and older adults. At the time of the inspection nine people were using the service.

People's experience of using this service:

- People felt safe and staff understood their responsibilities to safeguard people from the risk of abuse.
 - Risks associated with people's care and support needs were managed safely and reviewed regularly.
 - People were supported to have enough to eat and drink to maintain their health and wellbeing.
 - People were supported to access relevant health and social care professionals. People were supported with their medicines in a safe way.
 - Safe staff recruitment practices were followed. There were enough staff to ensure people received care and support as planned. Staff were trained and supported to carry out their roles.
 - Staff demonstrated their understanding of the Mental Capacity Act, 2005. Staff gained people's consent before providing personal care and support.
 - People were encouraged to make decisions about how all aspects of their care and support was provided. People were involved in the planning and review of their care. Support plans were person centred and updated regularly.
 - People's privacy and dignity was protected and promoted.
 - People were encouraged to remain independent, where possible. Staff supported people to develop new skills, access the wider community and meaningful activities of interest to them.
 - People knew how to raise a concern or make a complaint. There was a system in place to respond to complaints and advocacy support was available.
 - There was an open and a positive culture where the registered manager and staff communicated well and people's needs were met.
 - People, their relatives and staff were given opportunity to give feedback and influence how the service develops.
 - There was a system in place to monitor the quality of service and action was taken where areas for improvement had been found. Any lessons learnt from incidents were shared with the staff to try to avoid future incidents.
 - The registered manager and staff team worked well with professionals and organisations that promoted people's quality of life.
- The service met the characteristics for a rating of "good" in all key questions.

• More information about our inspection finding is in the full report.

Rating at last inspection: We inspected the service but it was not rated (5 June 2018).

Why we inspected: This was a planned inspection based on the rating of the last inspection.

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 ●

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Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: This is a domiciliary care agency. It provides personal care and 24 hours support to people living in their own houses and flats in the community. It provides a service to older people and younger adults with learning disabilities, autism and Asperger's.

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 announced. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be in.

What we did: We reviewed any notifications we had received from the service and information we had received from external agencies such as the local authority. Notifications are information about important events the service is required to send us by law. The Provider Information Return gave us some key information about the service, what the service does well and improvements they plan to make. We received feedback from commissioners involved in people's packages of care and Healthwatch; an independent champion for people who use health and social care services.

We visited the office on 23 and 24 January 2019. We spoke with the registered manager, office manager, administrator and five care staff. We visited and spoke with three people using the service and two relatives

on 23 January 2019. We reviewed four people's care records, four staff recruitment files and other records such as staff training, staff rotas, feedback, policies and procedures and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff and people were given information about how to raise a safeguarding concern. Staff had received training in this area and knew what to look for and how to report concerns.
- All the people we spoke with told us they felt the care they received was safe. One person told us they would tell the registered manager or their social worker if they did not feel safe. A relative said, "[Person's name] feels safe with [staff name]. Staff help [name] to feel safe and secure."
- Where people were supported to manage their money, staff recorded all transactions, which were regularly checked to avoid the risk of financial abuse.
- The registered manager reported all safeguarding concerns to relevant authorities including the local safeguarding authority.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed. They included risk of falls and risks within the home and travelling on public transport. One person said, "Staff checked my home to make sure there was nothing lying around on the floor that I could fall over."
- Staff followed the support plans which provided clear guidance to reduce risk and how best to support the person to stay safe. A staff member knew what signs to look for if someone was likely to have a seizure or display challenging behaviours, and the action they should take.
- Risks assessments were regularly reviewed or as people's needs changed. Staff were kept informed of people's changing needs and the support plans were updated.

Staff recruitment

- Staff had been recruited safely in line with the provider's recruitment policy.
- Records showed the provider had carried checks on all new staff such as a Disclosure and Barring Service (DBS) check and references obtained. DBS helps employers make safer recruitment decisions.

Staffing levels

- People told us they received their care and support at the planned times. People were supported by the same team of staff who understood their needs. One person said, "On Tuesday I go swimming and it's always [staff name]."
- A staff member said, "Staffing is stable; we get the rota in advance and we know who we are supporting and working with. It's always the same staff that knows the person."
- The registered manager ensured there were enough staff with the skills and experience to meet people's needs. Any staff absences were covered by existing staff or the registered manager. The provider did not use

agency staff.

Using medicines safely

- Staff had received training on how to manage and administer medicines and their practice was checked regularly.
- People were assessed for their ability to manage their own medicines and received their medicines in a safe way. Staff followed the provider's medicine administration procedure and the support plans which described the level of support people required.
- One person said, "When [staff] see me take my tablets they have to sign [medicine] records, otherwise get in trouble with [registered manager]." Medicines records we looked at were completed accurately.

Preventing and controlling infection

- People told us staff wore gloves and aprons when they were supported with personal care needs and to prepare meals.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as disposable gloves and aprons. A staff member said, "I have a supply of gloves, aprons and hand gel. I had training for this and how to wash your hands properly." Staff practices were checked by the registered manager during the unannounced spot checks.

Learning lessons when things go wrong

- All incidents and accidents were logged and analysed by the registered manager. Any lessons learnt from these incidents were shared with the staff team to avoid future incidents. For example, regularly assessing people's home environment to prevent risk of trips or falls.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by trained staff. A relative said, "Staff know [person] needs and have been there for [them] and managed [their] outbursts."
- Staff had received induction and training they required to meet people's needs. A member of staff said, "I did all the mandatory training in safeguarding, health and safety, MAYBO [intervention and conflict training] and we have updates every year."
- The provider had a system to ensure staff were trained to have the knowledge and skills required. Training was based around current legislation, best practice and tailored to meet the needs of people, such as supporting people with behaviours that challenge services.
- Staff received regular supervisions where they discussed their work and training needs. A staff member said, "I talk about my work and any training I want like the mental health awareness – [registered manager] has booked for me."

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

- People's needs were assessed before the service began to provide support.
- People were involved in how they received personalised care and support.
- People's care was planned and delivered in line with their needs which took account of their preferences and interests.

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

- 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.
- The registered manager and staff team were trained in MCA and understood their roles in ensuring people's capacity to make decisions was assessed. For example, people were assessed for their capacity to manage their medicines safely.
- Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interest.
- People made decisions about their care and if required, they were supported by an independent advocate or their relatives to make decisions about their care.
- Staff sought people's consent before they were supported.

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

- People's dietary needs and preferences were documented in their support plans. One person told us they planned the weekly menu and said, "My favourite meal is roast dinner and [staff] help me with it."
- People were supported by staff to plan and prepare meals that they liked. A staff member said, "When I take [name] shopping I show them a healthier option and explain the nutritional benefits like it might have less fat or sugar."
- Staff received training safe food handling and were aware of people's dietary needs and preferences such as vegetarian meals and the support people needed.

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

- People accessed health care services and attended health appointments as needed.
- Support plans and health action plans had information about people's medical conditions and ongoing treatment and how best to support them with their communication and anxieties, if they required any medical treatment.

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

- A person said, "I have review meetings with [commissioner's name] and I would tell them if I'm not happy."
- A staff member said, "All need help with medical appointments and treatments; they have individual plans which say how to talk to them; like with [name] we have to say – we need to go to the doctor now and then we can go shopping."
- Records showed people were supported to attend health appointments with the GP and nurses.
- People were supported by a team of staff who they were comfortable with. Staff communicated well to ensure people they supported received continuity of care.

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

- People's homes were adapted to meet their needs.
- A relative told us that "I never thought [name] would have [their] own flat but [they] does now and [staff] help [them] to keep it clean and tidy."

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.

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

- People told us staff treated them well and listened to them. One person said, "I like [staff names] they respect me and I like that."
- People told us the staff were "Excellent" "Staff are good" and "They care about me."
- A relative said, "It's going really well; [staff] have always been there for [person's name]."
- People spoke positively about their relationships with the staff and said they trusted them.
- A staff member said, "I was introduced to [person's name] before I started to support them. They can say if they like you otherwise the [registered] manager will get another staff."

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

- People felt involved in their care, felt they were listened to and they made day to day decisions and choices. One person's weekly activity plan and records showed they went to an activity club regularly.
- Support plans included pictures and key words so that people could easily understand it.
- A staff member said, "If [name] likes to write so you give [them] a pen and a piece of paper. It's how [they] expresses [themselves]."
- One person said, "I have a review meeting with [registered manager] every month and sometimes with [commissioner name]."
- People and where appropriate, their relatives were involved in reviewing their care and the support plans. Decisions made were recorded in people's support plans so that staff could provide the correct level of care and support, whilst promoting people's independence.
- Staff knew people's likes, dislikes and what was important to people such as cultural and religious needs. A staff member said, "If [name] wants to go to church then I'll take [them]."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted by staff. One person said, "[Staff] take me to the bus stop in the morning and wait for me in evening – then we walk home."
- Staff had a good understanding of how to promote people's dignity and privacy. A staff member said, "[Name] needs help to wash [their] hair, so you have to make sure the door is closed, draw the curtains. Only female staff help [name] with personal [their] care needs."
- Staff understood their responsibility for keeping people's personal information confidential. All records with confidential personal information including electronic records were stored securely in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

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

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

- People were involved in writing and updating their support plans so their needs and interests were reflected.
- People received care that was planned and provided by staff who knew people's individual preferences and routines. A staff member said, "When speaking with [name], if you say no to [name] then will get annoyed." A staff member told us the support plan was kept up to date and any changes to people's needs was communicated in a timely way.
- Commissioners involved in people's care spoke positively about the registered manager being responsive to feedback and had addressed issues promptly. They told us the registered manager and the staff team learnt about the needs of people including how their early life experiences had resulted in some difficulties such as issues around trusting people, communication and behaviours that challenges services. They added that staff received specialist training provided by the commissioners to meet the needs of a person.

Improving care quality in response to complaints or concerns

- People felt confident to complain or raise concerns. One person said, "When I told [registered manager] that I didn't like [staff] charging their phone without permission – they don't come to me anymore."
- A relative said, "No complaints about Ebenezer's staff or the support provided."
- Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
- The complaint procedure was given to people informing them how they could make a complaint. This included information about advocacy support if people need help to complain.
- The registered manager knew how to respond to complaints in a timely manner.

End of life care and support

- There was a policy in place about how people would be supported at the end of their lives.
- People had the opportunity to express how they wished to be cared for at the end of life.
- There was no one in receipt of end of life care at the time of our inspection.

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.

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

- In our April 2018 inspection the provider had not fully developed a system to monitor the quality of service provided.
- At this inspection the provider had put monitoring systems in place to check the quality and safety of the service provided. Audits covers areas such as people's care and medicines, incidents and unannounced spot checks to ensure staff provided care in line with people's support plans. The results were analysed and any shortfalls had been addressed.
- The registered manager understood their responsibility and had submitted statutory notifications as required and completed their Provider Information Return (PIR). This information given in the PIR reflected what we found on the inspection.
- The last CQC inspection report was available at the office and the rating displayed.

Leadership and management

- People and staff spoke positively about the leadership at the service. One person said, "[Registered manager] is excellent, she listens and helps me." A relative said, "You can always speak with [registered manager]."
- The registered manager had taken time to employ a team of staff who had the qualities to provide people compassionate care and support to improve people's quality of life.
- There was an open culture where staff felt supported by the registered manager. A staff member said, "It's one of the best places to work; [registered manager] really cares for all of us."

Provider plans and promotes person-centred, high-quality care and support; and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and staff demonstrated how they place people receiving care and support at the heart of the service.
- There was clear and consistent vision of providing high quality care that was person centred. A staff member said, "Everyone [using the service] is unique and different; we work with them so they can be independent and enjoy life."
- People, and where appropriate their relatives were involved the planning and review of their care and supported plans had been updated.

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

- People had the opportunity to make comment about the service. There was a suggestion box at the office. A satisfaction survey had recently been sent to gather feedback from people, their families and professionals. One person said, "I've nearly completed the survey; it's got different faces like smiley and sad faces, which I can choose."
- People's support plans and other information was produced so that it was easy for people to understand.
- Staff were positive about the registered manager and said they were approachable, professional and supportive. A staff member said, "[Registered manager] is a good manager, she is supportive and gives the right advice. If she's not seen you in the week, she will call you to see if you're ok."
- Staff received regular training and any learning needs identified by staff had been catered for.
- Staff could give their views on how to develop the service through supervisions, staff meeting and day to day conversations with the registered manager. Staff told us any issues raised with the registered manager had been acted on.

Continuous learning and improving care

- The registered manager had a good knowledge of national good practice guidance to support people with learning disabilities and behaviour that challenges.
- The registered manager acts on internal audits, reviews complaints and feedback from people, their relatives, staff and professionals including external inspections.
- Lessons learnt from feedback, complaints and incidents were shared with the staff team and where possible incorporated into the policies and procedures. For example, a new conflict of interest policy was being developed to people using the service and staff were protected.
- People, their relatives and staff nominated staff for the 'Employee of the Month' awards; recognising the value and achievements staff made to people's lives.

Working in partnership with others

- The registered manager worked with other organisations such as voluntary community services, housing and health and social care professionals.
- We received positive feedback from the local authority commissioners about the quality of care provided to people. They found the registered manager was responsive and had people at the heart of service provided.