

Ebenezer Residential Care Limited

Ebenezer Residential Care Home

Inspection report

152 Market Street
East Ham
London
E6 2PU

Tel: 02085866841

Date of inspection visit:
30 March 2017

Date of publication:
28 April 2017

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

Ebenezer Residential Care Home is a care home providing accommodation and support with personal care for up to three people with mental health conditions. At the time of the inspection they were providing personal care and support to three people.

We inspected Ebenezer Residential Care Home on 30 March 2017. This was an announced inspection. The provider was given 48 hours' notice because the location is a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

There was a registered manager 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 experiences of people who lived at the service were positive. People told us they felt the service was safe, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There were enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We saw people were able to choose what they ate and drank.

Support plans were in place and people were involved in planning the care and support they received. However the support plans were not always person centred for people's individual needs.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People had access to a wide variety of activities within the community. The provider had a complaint procedure in place. People knew how to make a complaint.

Staff told us the registered manager was approachable and open. The service had various quality assurance

and monitoring mechanisms in place. These included surveys, audits and staff and residents meetings.

We have made one recommendation about support plans being person centred for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good ●

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good ●

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service. However written support plans were not always person centred.

People had an individual programme of activity in accordance with their needs and preferences.

People were confident on how to make a complaint. The service had a complaints procedure.

Is the service well-led?

Good ●

The service had a registered manager in place and staff told us they found the manager to be approachable and accessible.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Ebenezer Residential Care Home

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 checked 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 30 March 2017 and was announced. We told the provider 48 hours before our visit that we would be coming to allow time for the staff to prepare people who may experience anxiety about unfamiliar visitors.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of one inspector. During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing people's bedrooms with their permission. We spoke with three people who lived in the service on the day of the inspection. We also talked with the provider, the registered manager and a support worker. We talked with another support worker after the inspection. We looked at two care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, quality assurance audits, and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. No one that we spoke with raised any concerns about their safety. One person told us, "I feel safe."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff were aware of the different types of abuse and could tell us the procedure they would follow to report suspected abuse. One staff member told us, "I would speak to the manager." Another staff member told us, "I would have to report to line manager. If they did nothing about it I would whistleblow." Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. Staff were confident in how to raise concerns with their manager and other health and social care professionals if required.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. The registered manager told us there had not been any allegations of abuse since our last inspection. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

The service supported people with their finances. Two people had their own bank accounts. For the other person the court of protection had appointed the local authority as their appointee to manage their finances. The service held money on behalf of all the people that used the service in a locked container. Records and receipts were kept when the service spent monies on behalf of people and these were signed by the staff member and the person.

Individual risk assessments were completed for people who used the service and were reviewed every three months. Records showed risks that were considered included medicines, challenging behaviours, activities, smoking, and daily activities. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. The service took a positive approach to risk taking, and observations showed people were supported and encouraged to take risks in a safe way. For example, people were supported to do housework and engage in the local community with as much independence as possible.

Sufficient numbers of staff were available to support people. People told us there was enough staff available to provide support for people when they needed it. One person when asked about staffing numbers told us there was a, "Right amount." Staff told us they were able to provide the support people needed. One staff member told us, "Enough staff as only a few service users here. If we need someone we get back up." Another staff member said, "We have bank staff if need be. We don't have a problem." The registered manager told us the service had never used agency staff. Staff rotas showed there were sufficient staff on duty.

Observations around the service showed that parts of the building were in need of redecoration and repair. The appearance of the shared bathroom, shared lounge and kitchen were 'tired' looking. For example, people told us the shower had not been working for a period of time. We spoke to the registered manager and the provider about this and they told us it had been reported to be repaired. The registered manager told us she was aware the building needed redecoration and it was planned for June/July 2017. The registered manager also told us people who used the service would be consulted on the planned decorations.

The provider had completed all of the necessary safety checks and audits. Records showed that fire safety checks and drills were done regularly. Fridge temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. Staff files showed that two references were obtained and criminal records checks were carried out to check that staff were suitable to work with vulnerable people. The registered manager told us and records showed that the service obtained criminal records checks every three years. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home.

Medicines were stored securely in a locked cupboard located in the office. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Records showed that the medicines amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training. However on the day of the inspection we saw one medicine stored in the food fridge. The registered manager told us the small medicines fridge had stopped working a few days before. After the inspection the provider sent us confirmation that a new medicines fridge had been ordered.

Is the service effective?

Our findings

People told us the staff were very good and supported them well. One person said, "They [staff] are good at their job."

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training completed included fire safety, first aid, food and hygiene, health and safety, infection control, safeguarding adults, medicines, communication and record keeping, support planning, challenging behaviour, conflict management, equality and diversity, risk assessments, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member told us, "The training is effective. We get it anytime it needs updating." Another staff member said, "The training is good because someone comes to the home and trains us. You can ask for additional training."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I get supervision monthly. Talk about how if I need more training, personal life, and if I need help. It does help." Another staff member said, "I get supervision once a month. Talk about my hours, things I am not sure about and any problems with the clients." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out and records confirmed this.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager told us and records confirmed they had applied for a DoLS authorisation for one person living at the service. Where people had been assessed as not having mental capacity to make decisions, the registered manager and staff were able to explain the process followed in ensuring best interests meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the application. This meant that the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

During the inspection we saw that people made choices about their daily lives such as where they spent their time and the activities they followed. We heard staff offering people choices and gaining consent from

them throughout the day. Observations showed that people could access all shared areas of the home when they wanted to. During the inspection all the people left the service to either attend a day centre, visit friends and go for a walk. We saw that the staff in the home sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. One person told us, "I can do what I want." Another person said, "I can go out when I want."

People told us they liked the food provided at the service. One person said, "They [staff] cook for me. The food is nice." Another person told us, "The food is very nice. They [staff] ask what I want to eat." A third person when asked about the lunch meal they had just eaten said, "I had pork ribs. Was nice." Staff told us and we saw records that confirmed people planned their food menu weekly. The weekly menu was on display in the kitchen.

People said they had support with health appointments. One person told us, "I can see a doctor." Another person said, "I have a CPA meeting every three months." The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. A third person told us, "Staff help me make appointments." Records showed that people had routine access to health care professionals including GPs, dentists, opticians, psychiatrists and occupational therapists.

Is the service caring?

Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "It's nice. I got my own room and TV." The same person said, "They [staff] are caring. They look after me and show me love and affection in a friendly way." Another person told us, "It's very nice. Staff are nice."

Staff knew the people they cared for and supported. Each person using the service had an assigned keyworker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One person said, "My keyworker is [staff member]." One staff member said, "I know they [people who used the service] like me and I like them. We communicate very well. We cook, eat, and clean together." Another staff member told us, "With time I got to know them [people who used the service]. I put them in the centre and whatever the person wants."

People's privacy and dignity was respected. Staff told us they knocked on people's doors before entering their rooms and we saw this during the inspection. One staff member told us, "If I want to go to their room I have to knock." Another staff member said, "I cannot go into the bathroom unless they ask for help." One person said, "When they [staff] come to my room they will knock." Another person told us, "They [staff] ask my permission for housework, taking medication, things like that."

People were supported to live as independently as possible, as the home's aim was to encourage and support people to live independently in the community. One staff member told us, "They [people] are involved with cooking and cleaning. I help them do things themselves." Another staff member said, "What we do is involve them. They have to do things on their own. We don't take away their independence." Staff were available in the communal areas of the home to support people when they wished.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We would support and not discriminate." One staff member said, "I would respect them and their rights." Another staff member told us, "Everyone is individual. We treat their needs."

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions, for example with family photographs.

Is the service responsive?

Our findings

People who used the service told us how they had been involved in their care planning. One person told us, "They [staff] told me about my support plan."

Staff told us support plans were reviewed every three months. These reviews were all signed by the person and a staff member. Records confirmed this. People told us they were happy with their support plans and their involvement in their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities in the local community. On the day of our inspection one person went for a walk, a second person went to visit a friend and a third person attended a day centre. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I'm going to the job centre today." Another person told us, "You can do activities like exercises."

Resident meetings were held and we saw records of these meetings. Topics included fire safety, health and safety, food menu planning, respect and dignity, local college courses, complaints procedure and accessing personal care files. One person told us, "Meetings now and again."

There was a complaints process available to people who used the service. One person said, "I would make a complaint to anyone who works here." Another person told us, "I would speak to [registered manager]." A third person said, "If not happy I speak to anyone." Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The complaints policy showed there was a clear procedure for staff to follow should a concern be raised. The service had no complaints recorded since the last inspection.

Care records showed that people's needs were assessed before they had moved in. All the support plans had been reviewed recently and people using the service had been involved. The support plans identified actions for staff to support people. Some of the areas that were considered were behaviours that challenged, communication, finances, life skills, personal safety and risk, medicines, physical health, family and social contacts, activities, training and employment and cultural and faith needs. However, care plans were not always personalised for people's individual needs. The support plans were written mainly for staff use rather than being person centred. For example, one support plan stated, "To encourage [person] to eat a balanced diet. Staff to involve [person] in the planning of the menu and to respect [person] choice." The support plan did not say what food the person liked or disliked and what a balanced diet involved. Also the support plans gave no personal history of the person. However staff we spoke with knew people's likes and dislikes and personal history.

We recommend that the service seek advice and guidance from a reputable source, about support plans being person centred for people's individual needs.

Is the service well-led?

Our findings

People told us that they liked the home and they thought that it was well-led. One person said about the registered manager, "She is very nice and I like her." Another person told us, "I like [registered manager]. I get on well with her."

There was a registered manager in post and a clear management structure. 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.

Staff told us they found the registered manager to be helpful and supportive. One staff member said, "She's a good person. She's helpful, professional and supportive." Another staff member said, "[Registered manager] knows what she is doing. She is approachable. She makes environment comfortable." From our discussions and observations we found the registered manager had a good knowledge of the people who used the service and of the staff team.

Staff told us the service had regular staff meetings. One staff member said, "Staff meetings every month. They are good. We have a say." Another staff member told us, "Staff meeting once a month. We find out what's going on. Can talk about whatever you feel. We talk about safeguarding, health and safety and everything we do." Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included safeguarding adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, independence for people using the service, keyworking, medicines, daily log recording and policies and procedures.

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of regular quality checks. The quality check included inspecting the premises, medicines and people's finances. The registered manager completed regular audits of care records for people.

The registered manager and records showed the provider did a twice yearly care audit of the service. The audit looked at paperwork completed for people who used the service. This included risk assessments, support plans, and if people's care was being reviewed. The care audit also looked at recording of people's care which included activities, personal care and health. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of annual surveys to people who used the service and staff. Surveys for people who used the service included questions about the home environment, meals, choices of daily living, being able to express their views and if the staff were caring. We viewed completed surveys which contained positive feedback. Overall all the surveys for people who used the

service and staff were positive.