

Esther Care Homes Limited

Esther Care Home

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

This unannounced inspection took place on 12 October 2017. We last inspected this service on 4 August 2015 and rated the service as Good.

Esther Care Home is a privately operated residential and respite service that provides personal care and accommodation for up to 11 adults with learning disabilities. At the time of the inspection there were 11 people using the service.

The service had a registered manager in place. 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.

Although staff confirmed they received a comprehensive induction programme upon commencement of employment; and they were given competencies to complete and have signed off by senior staff, the service did not have clear records of this that were easily accessible. We shared our concerns with the administration manager who confirmed this was being addressed.

Care plans were not always easy to navigate as records were not always kept in one format. The service had an electronic care planning system in place since November 2016, however had not ensured all information was transferred. This meant it was difficult for staff to navigate and ensure they were delivering up to date care.

People were safe, staff had sufficient knowledge of the providers safeguarding policy and procedures to identify and report suspected abuse. Staff received on-going training in safeguarding and whistleblowing to keep people safe.

People were protected against identified risks. The service had robust risk management plans in place that gave staff clear guidance on how to keep people safe.

The service deployed sufficient numbers of staff to keep people safe. The service had systems and processes in place to ensure suitable staff were employed. Staff reflected on their working practices through supervisions and appraisals.

People's medicines were managed in line with good practice. Staff were aware of the correct action to take in response to any errors and how to seek guidance on minimising the impact on people. The service carried out daily medicine audits to identify any errors.

Staff reflected on their working practices through supervisions and appraisals. Staff were supported to undergo regular training to effectively meet people's needs. Staff told us they received sufficient training and

could request additional training if required.

People are 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 confirmed their consent was sought prior to care being delivered.

People were encouraged to make healthy choices and had access to sufficient amounts of food and drink that met their dietary needs and requirements. The service supported people to access a wide range of healthcare services to ensure their health and well-being was maintained and monitored.

The service encouraged people to maintain relationships with people that were important to them. People were supported to make decisions about their care and had their decisions respected by staff.

Staff treated people with respect and encouraged their dignity. People confirmed staff respected their privacy. Staff understood the importance of maintaining people's confidentiality and embracing people's diversity and promoting their equality.

The service had developed comprehensive care plans in place that were person centred, reviewed regularly and where possible people were supported to develop their care plans.

People were supported and encouraged to participate in a wide range of in-house and community based activities. People told us they knew how to raise concerns and complaints.

The service carried out audits of the premises, care plans, medicines and other records to assess the quality of the service provision.

People were encouraged to give feedback on the service to drive improvements. Issues identified were then acted on in a timely manner and implemented into the care provided.

The registered manager actively sought partnership working with other healthcare professionals and their services, to enhance people's lives.

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.

The service developed risk management plans that identified risks and gave staff clear guidance on how to support people when faced with those risks.

Staff were aware of how to raise concerns of suspected abuse. Staff received on-going training in safeguarding and knew the providers policy on whistleblowing.

The service employed sufficient numbers of suitable staff to ensure people were safe. Staff records confirmed people's suitability for the role was assessed prior to employment being offered.

People had their medicines managed safely. Stocks and balances showed people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff did not always receive training to enhance their skills and knowledge.

Staff received inductions to familiarise themselves with people and the provider's policies. However records of inductions and assessed competencies were not in place.

People were supported to access sufficient food and drink to meet their needs. Specialist dietary requirements were documented and catered for.

The service adhered to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that treated them with kindness,

respect and maintained their privacy and dignity.

People were encouraged to express their views and make decisions about their care.

People were supported to maintain relationships with people that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

Care plans were not always easy to navigate as the electronic care planning system was not complete. However, staff confirmed they were aware of where information was held. Care plans reviewed were detailed and regularly updated.

People were encouraged to participate in activities that met their needs and preferences. Activities were coordinated so that people could go out with staff or with their peers as they chose.

People were supported to raise concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service wasn't as well-led as it could be.

Records were not easily accessible, which meant that staff were not able to readily locate up-to-date information swiftly.

People and staff spoke positively about the registered manager, and told us she was approachable and available to them at their request.

The service conducted regular audits of the service to monitor the provision and drive improvements.

People were encouraged to share their views and the service actively sought feedback from people and involvement from partnership working.

Esther 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 comprehensive inspection took place on 12 October 2017 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example, information received from members of the public and healthcare professionals. We also reviewed the Provider Information Return (PIR). A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people, two care staff, the admin manager and briefly to the registered manager on the telephone. We reviewed records relating to the management of the service for example, four care plans, four medicine records, four staff records, quality assurance questionnaires, three people's finance records and petty cash and the maintenance records.

After the inspection we contacted one relative and two healthcare professional to gather their feedback of the service.

Is the service safe?

Our findings

People confirmed they felt safe living at the service. One person told us, "I have been here a while now and I do feel safe." A healthcare professional told us, "Yes as far as I'm aware, people are safe."

People were protected against the risk of harm and abuse because the provider had systems and processes in place to keep people safe. One staff told us, "If I suspected abuse, I'd go straight to the registered manager. If she didn't do something about it, I would whistleblow. There's a number on the noticeboard that staff can ring." Records confirmed some staff received on-going training in safeguarding, which provided the staff with the skills and knowledge to identify, respond and report suspected abuse. The provider alerted the relevant organisations to safeguarding alerts.

The service had developed comprehensive risk management plans that identified the risk and gave staff clear guidance on how to keep people safe. One staff member told us, "I read them [risk assessments] regularly to make sure I'm aware of the changes." Another staff member said, "The risk assessments are there to make sure people are safe." We reviewed the risk management plans and found these covered, for example, medicines, mobility and leaving the service without direct staff support. Where appropriate, risk management plans were shared with people, their relatives and healthcare professionals and were reviewed regularly.

People were supported in the event of an emergency as the provider had developed Personal Emergency Evacuation Plans (PEEP)s. PEEPS are person centred records that give staff clear guidance on how to support someone to evacuate the building in the event of an emergency. For example, whether people required verbal prompts or physical assistance to evacuate.

The service had systems and processes in place to ensure only suitable staff were employed. We reviewed staff files and found these contained, photographic identification, proof of address, application forms, two returned references and an up to date Disclosure and Barring Services (DBS) check. A DBS is a criminal records check providers undertaken to enable them to make safer recruitment decisions.

People were supported by sufficient numbers of staff on duty to ensure they were safe. A healthcare professional told us, "When I visited there were staff available to talk to me and receive me, I had no concerns." People told us there were enough staff to enable them to do what they wanted, when they wanted. One staff member told us, "There's enough staff on shift, we do have a lot of new staff so there's plenty of us. There's never a time when staff won't offer to cover staff absence." Records showed the provider had assessed people's support and dependency needs, to ascertain the level of support required. During the inspection we observed there were sufficient staffing levels to enable people to access the community and spend unhurried time speaking with staff.

People were supported to receive their medicines safely and in line with good practice. One person told us, "Staff send out for [my medicines]." A healthcare professional told us, "Medicines I observed were up to date and administered correctly." We looked at the records for people and found all medicine administration

records (MAR) were completed correctly with no errors or omissions. Stock and balances indicated people received their medicines as prescribed. Staff were aware of the correct process for recording and reporting medicines errors and confirmed they would seek a healthcare professional's guidance should errors indicate people had either not received their medicine or had received more than prescribed.

Is the service effective?

Our findings

People received support from staff that underwent regular training to effectively meet their needs. Staff spoke positively about the training they received and confirmed they could request additional training if required. During the inspection records indicated training was out of date. During the inspection we requested the provider send us a copy of the up-to-date training for staff, we received this on the 16 October 2017. A subsequent up-to-date copy of the training undertaken by staff was submitted on 2 November 2017 which indicated staff received training in Deprivation of Liberty Safeguards (DoLS) training, Mental Capacity Act 2005 (MCA), medicines management, moving and handling and safeguarding. We identified where there were gaps in training that had expired, this has been rescheduled.

Staff confirmed they received a comprehensive induction upon employment. One staff member told us, "When I joined I had an induction. All new staff have an induction and it covers everything. How to care for people, their dietary needs and how to support them when they're anxious. Shadowing lasts a couple of weeks and it's always done by a senior staff member." Another staff member said, "I have had an induction. I had shadowing to get to know and see how the care was being delivered. Yes, the induction was very helpful." Despite these comments, we were unable to confirm this as the provider did not maintain accessible records of the induction programme and competencies assessed. We shared our concerns with the administration manager, who told us, "One staff member has her induction, but it has now been archived. [Registered manager] is in the process of completing this." After the inspection the registered manager informed us that the induction training was done via e-learning and submitted a copy of staff who had undertaken induction training. We identified all staff had received induction training.

People received care and support from staff that reflected on their working practices through regular supervisions and appraisals. Staff confirmed they received supervisions and found these beneficial in reviewing their work performance and enhancing their skills. Records confirmed that staff supervisions covered performance against tasks, time keeping and attendance, interaction with people and peers and attitude towards role. Appraisals set out goals for future development and gave feedback on staff performance. Staff confirmed they could request additional supervisions if required. Although supervisions and appraisals were not personalised, staff confirmed they could raise any topic or concern during their supervision.

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). We checked whether the provider's policy supported this practice, which it did.

Staff were aware of their responsibilities in line with the MCA and DoLS. One staff member told us, "I've had MCA training. It assess if people can make decisions for themselves or if they aren't able to." Although not all staff had received training in MCA and DoLS, staff had sufficient knowledge to follow legislation. At the time of the inspection one person was subject to a DoLS authorisation and the provider had submitted 8 further

general DoLS to the local authority and was awaiting their decision. Records were in place and showed the provider had taken reasonable steps to ensure they complied with legislation.

People confirmed that staff sought their consent to care and treatment. One person told us, "Yes, [staff seek my consent], it's important." A healthcare professional told us, "Yes, I saw examples of staff seeking people's consent." Staff were aware of the importance of seeking consent. One staff member told us, "We ask people if they would like to do things." Throughout the inspection we observed staff awaiting consent to be given prior to care being delivered. For example, one staff member asked if they could support someone with their mobility, waited for the person to give their consent and then supported them.

People were supported to access a wide range of healthcare professional services to monitor and maintain their health. Records confirmed people were supported to see the G.P, dentist, chiropodist and the learning disability services. Where advice from healthcare professionals had been given, this was then implemented in the delivery of care.

The service encouraged and supported people to make healthy choices. When we asked people about the food provided, people told us it was, 'good' and 'tasty'. One person said, "They [staff members] do dinners here." People were supported to access a wide range of foods that met their dietary needs. One staff member told us, "There's always a lot of food in the house, we always have nice food and [the provider] does not scrimp on the quality of food." We looked in the kitchen and found the fridge was well stocked with a variety of food including health food choices. Records confirmed where people had specific dietary requirements these were catered for.

Is the service caring?

Our findings

People spoke positively of the staff that supported them. One person told us, "The staff are good and they help me." Another person said, "It's alright here, they [staff members] help me."

The service had a culture that was open and transparent, enabling people to live their lives in a way they chose. People confirmed they were supported to maintain positive relationships with people that were important to them. With one person saying, "Yes [relatives] visit me when they have time." The service was warm and welcoming and people could be seen engaging positively with staff that supported them. Staff knew people well and were able to meet their needs whilst delivering compassionate and empowering support.

People were encouraged to express their views and make decisions and have them respected. One staff member told us, "By knowing the people we support and how they engage, we [staff members] can understand what people are trying to say and their decisions." During the inspection we observed staff asking people if they wanted to access the community, staff spoke to people in a manner they preferred and were patient when waiting for a response. Staff were consistently observed supporting people to make decisions and respecting those decisions.

The service embraced diversity and encouraged equality. One staff member told us, "Details of people's cultural needs are recorded in their care plans. We have to make sure we are meeting their cultural needs. [For example] one person cannot eat beef, so we make sure alternatives are offered." Another staff member told us, "We [staff members] support people to attend religious venues at their request. For example, to the temple or to the church. We will take people where they want to go."

People had their privacy and dignity maintained and respected by staff. During the inspection, we observed staff supporting people to ensure their dignity wasn't compromised. One healthcare professional told us, "Yes, my client's privacy and dignity was maintained." Staff were aware of the importance of maintaining people's privacy and dignity. We observed staff speaking to people respectfully and knocking on people's bedroom doors awaiting permission prior to gaining entry.

The service encouraged people wherever possible to maintain and enhance their independence. One staff member told us, "We [staff members] prompt people to do what they can for themselves. Sometimes you'll need to show them how to do things, then encourage them to try." Care plans documented the level of support people required and gave staff guidance on how to encourage their independence. During the inspection we observed staff prompting people to help prepare meals and enhance their daily living skills.

People were supported to access healthcare services to ensure their well-being was monitored and maintained. A healthcare professional told us, "Yes, [person] has access to healthcare services. They [staff] are quick to seek guidance and support." People confirmed they were seen by a G.P, nurse and dentist recently. Records confirmed what people told us.

People had their confidentiality maintained and respected. Staff were aware of the importance of confidentiality within the service. One staff member told us, "Confidentiality means keeping things private. Don't breach people's privacy and confidentiality. You can't just share information with anyone." People's confidential records were kept securely, in locked cabinets with only authorised personnel having access to them.

Is the service responsive?

Our findings

People received care and support that was person centred and tailored to their individual needs. A healthcare professional told us, "A care plan was in place and we make sure that the service keep it up to date which it is." Care plans are detailed documents that contain information about people's medical, health, social needs and history. We reviewed the care plans and found that these contained a people's preferences, personal profile, risk assessments, reviews, diagnosis, medical correspondence and other areas that gave staff information on how best to support people. Records confirmed care plans were reviewed regularly and where possible people were encouraged to develop their care plans. Care plans highlighted people's needs, the objective and intervention required to meet that need.

Staff confirmed they read people's care plans regularly to ensure they were aware of any changes and that they delivered up-to-date care in line with people's changing needs. One staff member told us, "The care plans contain people's likes and dislikes and everything else about them." The service had moved to an electronic system for recording and reviewing care plans, however we found this was still had not been completed, despite the move to electronic care planning taking place in November 2016. Although the transfer had not been completed, staff confirmed they could locate information on how best to support people readily.

People were supported to engage in activities of their choice both in the service or in the community. One person told us, "Yes, [lots of activities], I go out and I go abroad." Another person said, "We [people] get to go out and I go out in a group and for a walk." Records confirmed people were supported to go shopping, for walks, meals out, cooking, to the day centre and to religious and cultural venues. One staff member told us, "People can and do go out a lot, there's a lot of things for people do to." At the time of the inspection three people were supported to attend a day centre and three people went out for a local walk. One person was supported to attend a local farm where they had gainful employment.

People were encouraged to make choices about their lives and were supported by staff to do so. Regular house meetings, supported people to raise any suggestions and ideas that the service then implemented if possible. During the inspection we observed staff offering people choices and affording them time to consider the options before making a decision.

The service had a complaints policy in place that gave people, their relatives and staff guidance on how to raise a concern or complaint and what to expect. We were unable to review the complaints file during the inspection, as this was kept in a locked cabinet with only the registered manager having access to this. Although staff were aware of the procedure in responding to concerns and complaints, we were unable to access the complaints file to ensure the registered manager responded to complaints in line with the provider's policy. We requested the provider submit a copy of the complaints received within the last 12 months and we received this on 16 October 2017. The service had not received any complaints within the last 12 months.

Is the service well-led?

Our findings

People's records were not always easily accessible or clear. The service used an electronic system to record and store people's care plans since November 2016. However, during the inspection we identified a large portion of the information had not been inputted into the electronic system. We found it difficult to navigate what information had been stored electronically and what information was still in folders, thus making the information often hard to locate. We shared our concerns with the administration manager and the registered manager, who informed us this was being looked into and that this would be completed soon. Despite staff stating they were able to locate information, any new members of staff may find this difficult and therefore not deliver care that was up-to-date.

We recommend the service seek advice and guidance from a reputable source, on records management and update their practices.

People and staff were positive when speaking of the registered manager, for example, one person told us, "[Registered manager] is good and spends time with me." Staff told us the registered manager was approachable and gave them support when requested. One staff member told us, "I wouldn't be here so long if the registered manager wasn't any good. We [staff members] are all treated equally, are listened to and she takes action." Another staff member said, "Anyone can go to her at any time. You can pick up the phone during the night and she will be there for you." Although the registered manager was not present during the inspection, staff were observed contacting her to gather guidance and advice.

The service was welcoming and had a relaxed atmosphere where people were encouraged and empowered. One staff told us, "Staff morale is very good here. No one's afraid to approach the registered manager, she's just like one of the care staff. The service was clean and people were able to walk around the service as they wished.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service completed regular audits to drive improvements. Audits including the safety of the premises, medicines management and finances. Where issues had been identified by staff, action was then taken to address the issues. For example, an entry in the maintenance book stated that a door required fixing. The maintenance personnel then carried out the work within a couple of days.

People and their relatives were encouraged to share their views of the service. Quality assurance questionnaires were sent to people and their relatives annually. The 2017 quality assurance questionnaires were being prepared to be sent out at the time of the inspection. We looked at the feedback received in the 2016 questionnaires and found these to be positive. 12 questionnaires had been returned and contained comments such as, 'Relative's behaviour has settled. They include me in meetings and keep me up to date on what my relative is doing.' Another comment was, 'I feel happy for the wellbeing of my relative.'

The registered manager encouraged partnership working to develop the service and enhance people's care and support. Records confirmed people were supported to meet with healthcare professionals and had access to their services as and when required. A healthcare professional we spoke with confirmed staff supported their client in line with their guidance.