

# Dignus Healthcare Limited

# Ebenezer House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ebenezer House is a residential care home providing personal care for up to five people with a learning disability and autistic people. At the time of the inspection four people were using the service.

The home is made up of four single bedrooms and a separate, fully contained, one bedroomed bungalow. There are communal areas in the main home, including the dining and lounge areas, kitchen and garden.

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

There was no registered manager in post at the time of the inspection. Staff told us there had been some inconsistency with the home's leadership. Although this had not impacted on the service delivery, some staff felt this had led to confusion over consistent working practices. The provider carried out audits of the service to monitor and review the quality of the care provided to people. Competency checks were completed to monitor staff practice to ensure they were working to current best practice. The provider and staff worked in partnership with people, relatives and appropriate health and social care professionals, to ensure people's support needs were met.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Systems were in place to keep people safe from risk of avoidable harm and abuse. Staff were aware of their responsibilities to keep people safe from abuse. Risks had been appropriately assessed with enough staff members on duty to support people safely. People's medicines were managed safely and the home environment was clean and hygienic. There were processes in place to investigate any incidents to reduce risk of reoccurrences.

A detailed pre-assessment was completed before people moved into the home. People were supported by trained staff who were knowledgeable about people's individual needs. Staff encouraged people to try healthy food options. Staff sought people's consent and encouraged people make their own decisions.

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

People were supported by kind and caring staff who knew people well. People's individual needs were respected and staff supported people with dignity and respect. People and relatives were involved in the

planning of their support.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

#### Right support

The model of care and the accommodation maximised people's choice and control, independence. The environment was spacious and homely. From the outside, it did not give the impression of being a care home. People were encouraged to bring in their own belongings to personalise their own bedroom. People were encouraged by staff to develop their independence.

#### Right care

Care is person-centred and promotes people's dignity, privacy and human rights. People were supported by staff that knew them well and understood their needs. Staff told us about the relationships they had built up with people which had increased people's confidence and enabled them to provide the appropriate support to people even when they were anxious or upset.

#### Right culture

There was a positive, person-centred culture amongst the staff team. The new manager and staff members worked in partnership with people. There was a culture of listening to people and working in their best interest.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was good (published 10 January 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect. We found no evidence during this inspection that people were at risk of harm.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Ebenezer House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Ebenezer House 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and commissioners. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and two members of staff, the home manager and the area manager. We looked at the management of one person's medication.

#### After the inspection

We spoke with three staff members. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. At this inspection the rating 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 we spoke with told us the service was safe. One person said, "When I go out, I have to tell the staff where I'm going and I ring them when I'm coming back. If the bus is late, they [staff] will ring me to make sure I'm ok."
- Staff spoken with knew how to recognise and report any suspicions of abuse. One staff member told us, "The people living here would be able to tell us but if they couldn't we know them very well, we'd be able to tell by their behaviours, if they became quiet or withdrawn." Another staff member said, "We'd go straight to the manager if there was any abuse."
- The provider had appropriate processes in place to safeguard people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments showed the actions taken to manage and reduce risks to people. For example, where people required two staff to support them when they went out, appropriate measures were in place to support the person safely. One staff member said, "[Person] has to have two people with them when they go outside. We always make sure there are staff available so [person] can do what they enjoy. Everything is written down in their support plan and on (electronic system name)."
- Risk assessments we looked at reflected people's current needs.
- People had personal evacuation plans (PEEP) detailing how they would be supported safely in the event of a fire.
- A fire risk assessment of the home had been completed and we found the minor repairs identified during the assessment had been repaired.

Staffing and recruitment

- The provider followed safe recruitment processes to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff on duty during our visit to support people.

Using medicines safely

- One person told us, "The staff make sure I take my medicine when I need to, they count them (tablets) to check I've not missed any."
- People were supported by staff as much as possible to administer their own medication. We found processes were in place to manage this practice safely.

- Staff had completed medication training and their competencies had been assessed to ensure they were administering medicines safely.
- Detailed protocols were in place for medication prescribed to be taken on an 'as required basis'.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On the day of inspection one staff member was seen to be wearing their mask under their chin. Another two staff had their face masks under their noses. This practice was discussed at the time with the manager and area manager who gave us their assurances the staff members would be spoken with to improve safety.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was accessing testing for people living in the home and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the manager to monitor for any patterns or trends and appropriate action was taken to mitigate future risk.



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

### 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards. We saw information supported appropriate DoLS applications had been submitted to keep people safe.
- Staff we spoke with understood the principles of MCA and how to support people in their best interests.

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

- People's needs were assessed by the manager prior their admission to the home. The pre-admission process was person-centred, fully involving the person and their family members to make sure the service could meet the person's needs.
- Staff we spoke with were knowledgeable about people's support needs.

### Staff support: induction, training, skills and experience

- People we spoke with and our observations demonstrated staff had the appropriate skills and training to support people. Staff training was up to date and relevant to their role. One staff member said, "The training is very good. We used to have a lot of face to face training but COVID stopped all that, but we have carried on with our training on-line which has also been very good."
- New staff completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completion of the care certificate. The care certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- People's dietary needs were considered and appropriately assessed. We saw people chose what they wanted to eat.

- People were encouraged to be involved in preparing and cooking meals for themselves and other people living in the home. One person told us they enjoyed cooking for themselves and people.
- People made their own drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider and staff worked in partnership with people, their relatives and health and social care professionals.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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

- People were accommodated in their own private bedroom in a homely environment. We were invited into one person's bedroom and it was very personalised. The person told us, "I do like my room I have all my own things in here."
- The general home environment was spacious and bright. From the outside, it did not give the appearance of being a care home. Areas were available within the home for people who might want some 'quiet time' to relax.
- There was a spacious, fenced garden and a separate, self-contained bungalow with wheelchair access.

# 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 our last inspection we rated this key question good. At this inspection the rating 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; respecting equality and diversity

- People we spoke with told us about the caring attitude of the staff and they were treated with respect and kindness. Our observations demonstrated staff were kind and enjoyed the company of the people they supported.
- Staff spoke with kindness about the people they supported and told us they enjoyed their jobs. One staff member said, "I like coming to work because I like the people."
- Support plans were person centred and documented people's wishes and choices on how they wanted to be supported.

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

- People were supported to make choices about how to spend their time and what activities they wanted to do.
- People had access to advocacy services. Advocacy means getting support from another person or organisation to help people express their views and wishes. An advocate helps people to stand up for their rights and gives them a voice to be heard.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with clearly understood people's support needs.
- People were being supported by staff to administer their own medicines to help promote and maintain their independence.
- People had their own bedrooms that were personalised.
- People told us staff supported their independence and treated them with dignity. One person told us, "The staff never just walk into my room, they always knock my door and ask if it's okay they come in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received support that was personalised to their individual needs and preferences.
- Information we looked at such as feedback surveys and compliments showed people were happy with their support and they felt staff were responsive to their individual needs.
- People had been involved in the reviews of their support needs.

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.

- The manager was aware of the Accessible Information Standard and explained the different methods used to effectively communicate with people.
- We saw easy read and pictorial documentation was available for people who required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do things they enjoyed. One person told us about their visits to a local gym and how much they enjoyed going.
- Staff encouraged and supported people to maintain relationships with family members important to them. One person told us how staff helped them to stay in contact with their family.
- There was a snooker table in the home used by people to relax.

Improving care quality in response to complaints or concerns

- People we spoke with told us they had no concerns about raising issues or complaints with the manager.
- We saw there was a process in place to record and monitor complaints. Where there had been issues raised with the manager, we saw they had been fully investigated and resolved to the complainant's satisfaction.

End of life care and support

- Nobody was receiving end of life support at the time of this 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. At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent.

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

- The service did not have a registered manager in post at the time of this inspection as required by the regulations. There had been no registered manager for 12 months. The area manager told us the new manager would submit their application to become the registered manager.
- Staff spoken with told us there had been some inconsistency with managers. One staff member said, "[Current manager name], what she has been doing as deputy is good but we get used to one (manager) then they have gone. If they (provider) could get the manager (post) sorted it would be good. We are seeing a different manager and the messages do not always get through (to staff)."
- We saw regular audits were carried out by the provider to check the quality of the service being delivered to people.
- Competency checks of staff practice were completed to ensure they were providing good quality care to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service focused on providing person-centred care that took in account people's individual needs and preferences.
- One person told us how living at Ebenezer House and the staff had helped them to become more independent and confident. It was their intention to relocate to their own property to be closer to their family members. The person said, "I do like living here but I want my own flat and they [staff] have been brilliant. They have helped me a lot."
- Staff knew people well. One staff member said, "I like it (working at Ebenezer House) as we [staff] know what we are doing and we work well together to support the residents."
- Staff spoken with told us they felt well supported by the manager, received supervision and had attended team meetings.
- The home displayed their current CQC rating as legally required to do so to inform people and visitors of our judgements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest when things went wrong. For example, when there had been complaints raised, these had been followed up with appropriate actions taken and apologies made.
- Notifications had been submitted to the CQC as legally required to do so.

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

- The feedback surveys completed by people showed they felt supported by staff and listened to.
- One person told us about the regular coffee mornings held at the home. This was an opportunity for people to talk about the home, interests, hobbies and if there was anything people needed.

Continuous learning and improving care; working in partnership with others

- The management team and staff received continuous training to ensure their learning, skills and knowledge were up to date to support people.
- The manager and staff understood the importance and benefits of working alongside people, their relatives and health and social care professionals.