

Ebenezer (Stone of Help) Ltd

# Ebenezer (Stone of Help) Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Ebenezer (Stone of Help) Ltd is a 'domiciliary care service.' People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people and younger adults. This was the first inspection of the service. It was a comprehensive inspection. We were unable to rate the agency as there was not sufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was.

The inspection took place on 17 April 2018. The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. Risk assessments were not comprehensively in place to protect people from risks to their health and welfare.

The person and their relative told us they thought the service ensured safe personal care was provided by staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware these incidents, if they occurred, needed to be reported to us, as legally required.

They also told us that medicines had been prompted so that the person could take their medicine safely and on time, to their health needs, though records had not always evidenced this had happened.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, though training on other relevant issues had not yet been provided.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. A capacity assessment was not in place though this was carried out after the inspection to agree any restrictions on choice in the person's best interests.

The person and their relative told us that staff were friendly, kind, positive and caring. They said they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were individual to the people using the service, which helped to ensure that their needs were met.

The person and their relative were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run.

Staff members said they had been fully supported in their work by the registered manager.

The registered manager had not yet carried out comprehensive audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

## 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 not consistently safe.

Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare. Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff. People had been assisted to take their medicines though it had not always been evidenced that all medicines had been provided.

The person and their relative thought that staff provided safe care and that people felt safe with staff from the service.

**Inspected but not rated**

### Is the service effective?

The service was effective.

The person had received a full assessment of their needs. Staff were trained to meet people's care needs, though some training was needed to comprehensively cover all care needs. The person and their relative thought that staff had been trained to meet the assessed needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Mental capacity assessment at not yet been carried out, though person's consent to care and treatment was sought by staff. The person's nutritional needs had been promoted and their health needs had been met by staff.

**Inspected but not rated**

### Is the service caring?

The service was caring.

The person and the relative told us that staff were kind, friendly and caring and respected rights. They had been involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

The care plan contained information on how staff should

**Inspected but not rated**

respond to the person's assessed needs and preferences. The person and their relative were satisfied that staff provided a service that responded to needs. They were confident that the service would act on any complaints if they had them. The complaints procedure had not included detailed information to help people to take their complaints further if they needed to, though this had been followed up by the registered manager.

### **Is the service well-led?**

The service was not comprehensively well led.

Services had not been audited in order to measure whether a quality service had been provided and to take action where needed. Staff members told us that management provided good support to them. The person and their relative thought it was an organised and well led service.

**Inspected but not rated**

# Ebenezer (Stone of Help) Ltd

## **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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service. We were not able to provide a rating for the service under the Care Act 2014 as, on the day of the inspection, the provider informed us that only one person was receiving personal care from the service. This meant we could not properly assess whether the service would provide a quality service in the future with increased numbers of people receiving personal care.

Ebenezer (Stone of Help) Ltd provides personal care for people living in their own homes. This inspection took place on 17 April 2018. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

The provider completed a Provider Information Return. This is information we require providers to send us a least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information was held about the current provision of personal care to people using the service.

During the inspection we spoke with one person and their relative. We also spoke with the registered

manager and two staff members employed by the service.

We looked in detail at the care and support provided to the person who used the service, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

# Is the service safe?

## Our findings

Safeguarding systems had not kept people comprehensively safe.

Care plans did not always contain risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, the risk assessment for a person with behaviour that challenged the service included what triggered the behaviour and stated that the person needed to be distracted when they displayed this behaviour. The staff we spoke with described how they would employ techniques to calm the situation. However, there was little specific information in the risk assessment to help staff reduce risk to the safety of the person and staff. The registered manager sent us an amended risk assessment including these issues after the inspection.

The care plan identified that a person had continence issues and was therefore a risk of developing pressure sores. The risk assessment stated that the person needed to be checked twice a day to assist them with this condition. The registered manager acknowledged this frequency of checking the condition may not be sufficient to avoid this condition developing. They said this would be followed up to ensure the person received safe personal care from staff.

Absence of detailed information in care plans and risk assessments meant a risk of people not receiving safe care.

The staff members spoken with told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards. There was a system to risk assess some facilities in people's homes but this was confined to tripping hazards. There was no system to assess other factors such as issues with heating and lighting systems and equipment. The registered manager said a more comprehensive system would be put in place and a template including these issues after the inspection.

The relative told us that there had been no issues regarding medicines. Staff said they supplied painkilling medicine when needed. There was a medicine sheet in place for staff to record when they prompted or supplied people with their medicines. However, there were gaps on this record. This did not prove that prescribed medicines were always supplied. There was no information for when as needed medicines needed to be supplied to the person. This could mean inconsistent practice and some staff supplying at times when medicine was not needed. The registered manager said that a policy would be put in place for staff to consistently supply medicines when they were needed. This was sent to us after the inspection.

Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Staff records showed that before new members of staff

were allowed to start, checks had been made with previous persons' known to the respective staff member. The registered manager said that a risk assessment form was in place to assess whether there had been any risk in employing staff with previous issues. However, this could not be located for one staff member with a previous issue. This meant there was a risk that staff had been employed who may have been unsuitable to provide personal care. The registered manager took action to ensure a protection was put in place until the situation was resolved.

The person and their relative told us that personal care had been delivered safely. A relative told us, "I am confident that staff work safely."

The relative told us there were no missed calls and that the proper number of staff turned up. They told us that there had been enough staff in place to meet their family member's needs.

Staff members had been trained in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if they had not been acted on by the management of the service.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy did not include different types of abuse that staff could encounter or contact details for CQC as a relevant agency to report abuse or suspicion of abuse to. The registered manager sent us this information after the inspection visit.

The whistleblowing policy stated that staff could go to agencies outside the service but only when it was "exceptionally serious." However, this phrase had not been defined and could have acted as a deterrent to staff to report valid concerns. The safeguarding agency had not been included as a relevant contact the whistleblower could go to. The full policy was not available in the staff handbook. The registered manager said this procedure would be amended and inserted into the staff handbook and this was carried out after the inspection. This meant that staff had ready access to clear information of how to whistle blow to ensure their safety.

The relative told us that staff protected their family members from infection. They said that staff had worn personal protective equipment when supplying personal care to people and that they had washed their hands between tasks. Staff members were aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The registered manager said that only one incident had happened since the service had started operating. They were aware of the need to analyse these situations when they took place to learn and prevent them from occurring again.

## Is the service effective?

### Our findings

A person had an assessment of their needs including included relevant details of the support people needed, such as information relating to their mobility.

The person and their relative said that the care and support their family member received from staff effectively met their needs. They thought that staff had been trained to provide effective care. The relative told us; "They seem to be well trained and know how to do things."

Staff members told us that they thought they had received enough training so that they were able to meet people's needs. They said that the registered manager reminded them to complete training. One staff member said the registered manager had arranged further training on issues of importance to do with people's care. This made them feel supported in being able to meet the person's needs.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse.

Staff had not received training in a number of people's specific long-term health conditions such as cerebral palsy and learning disabilities. The registered manager stated that this training would be provided to ensure that staff had all the skills and knowledge to meet people's needs.

Staff supervision had not taken place for one staff member who had commenced their employment over four months previously. The registered manager said that a system would be put in place so that new staff members had supervision within a short period after commencing employment. This would then provide staff with more effective support to discuss any issues they were unsure of.

The registered manager said that it was the intention that Care Certificate training, which is nationally recognised induction training for staff, to be introduced for new staff without relevant experience.

A staff member told us that when new staff began work, they were shadowed by an experienced staff member on a number of shifts. Because of their previous experience, they felt this was a sufficient shadowing period to gain experience to meet people's needs. The registered manager said that additional shadowing would be supplied if new staff were not confident. This would ensure that they knew how to provide effective care to people.

Staff felt communication and support amongst the staff team was good.

Staff members told us they always felt supported through being able to contact the management of the service if they had any queries.

The relative said that their family member received assistance with food and fluids and they had no concerns about this. Care plans included information about meeting the person's needs such as providing support to carry hot drinks and plates to the dining table. There was also detail about what the person liked

to eat and drink. This indicated that the service took account of people's food and drink preferences and needs.

The person and their relative told us that staff were effective in responding to health concerns. The relative told us that if staff had any concerns about the health of their relative, they would report this to them. Records showed that if the person was ill, staff members referred them to the GP. The person confirmed that this had been done on one occasion when they had been taken to hospital due to having pain. There was evidence of the person attending GP appointments and the dentist. This indicated that staff knew how to ensure that people received proper healthcare and ongoing support.

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.

We checked whether the service was working within the principles of the MCA. There was no assessment in place to evidence this and how staff should work with people. A staff member did not have awareness of this legislation, although they stated they always supplied choices to people even though they lacked capacity. This meant there was a risk that staff lacked knowledge on how to provide effective care within the legal framework. The registered manager said that training would be provided to staff about the implications of the Act. After the inspection evidence was produced of liaising with the appropriate agency to ensure such decisions were put in place.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. Staff members told us that they asked people their permission before they supplied care. The relative confirmed that staff explained what they were doing and asked for their family members consent when people were provided with personal care.

## Is the service caring?

### Our findings

The person and their relative said that staff were caring in their approach. The relative told us; "They are really friendly and kind." According to the relative, this meant that the person was now becoming more confident and relaxed.

The staff handbook emphasised that people should be treated with respect, with their dignity and privacy protected. This helped to orientate staff in their approach towards people receiving a service.

The handbook included a statement about antidiscrimination on the basis of relevant issues such as religion, sexual orientation and cultural needs. Care plans recorded the person's religious practice and choice. Staff told us they respected the person's choice in, for example, what food and drink they wanted and the clothes that they wanted to wear. One staff member told us that the person chose to have two baths every day and this choice was respected. Another staff member told us that if the person changed their mind about what activities they wanted to do that day, this was always respected.

The service's information stated people would be involved in reviews and assessments of their care. The relative told us their family member's care plan had been developed and agreed with them.

There was information in care plans about the service providing information about advocacy services should people need help in expressing their views about the service.

The relative told us their family member's dignity and privacy had been maintained and staff gave choices such as with regard to the food they wanted to eat and the clothes they wanted to wear.

A staff member explained that they would always protect people's dignity and privacy by doing things such as leaving the person when they were using the bathroom, and closing doors when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the person and the relative.

The person and their relative told us that staff tried to encourage independence so they could do as much as possible for themselves. A staff member told us that the person was learning new things and becoming more independent such as being able to run their own bath and to dress themselves.

Staff also gave us examples of how they promoted people's independence. For example, if people could wash certain areas of their body, this was encouraged and respected. This presented as an indication that staff were caring and that people and their rights were respected.

## Is the service responsive?

### Our findings

The person and their relative told us that staff responded to any needs. The relative told us; "Staff do everything they should do." They were satisfied with the care provided.

There was information in care plans about the person's needs. Information about the person's personal history, likes and dislikes, goals and aspirations and preferences were included to help staff ensure that the person's individual needs were responded to. This meant staff had the opportunity to be aware of the person's preferences and lifestyle, to work with them to achieve a service that responded to the person's individual needs. For example, the person wanted to learn how to cook. However, whether this was being achieved was not recorded. The registered manager said this issue would be followed up.

One of the issues in the care plan was the aim to be part of the community. This detailed what outside activities the person wanted to do. The care record showed that the person participated in lots of activities. This meant that the service had responded to their needs. The person confirmed this when we spoke with them.

Staff members told us that they always read people's care plans so they could provide individual care that met the person's needs. They said that care plans were updated if the person's needs had changed so that they could respond to these changes. The relative confirmed that staff always passed on information if their family member's needs had changed.

The person and their relative said that they had not had any complaints about the service. Any issues mentioned were quickly acted on and both were confident they would be taken seriously if they ever had a complaint.

The provider's complaints procedure gave some information on how people could complain about the service. However, this did not contain details about the complaints authority or the local government ombudsman as agencies who would handle complaints. This was amended and information was sent to us after the inspection visit by the registered manager.

The service user handbook did not include this information. The registered manager said the service user handbook would include this information. The procedure set out that that the complainant should contact the service for their complaint to be investigated. The procedure also implied that complainants could contact CQC if they were not satisfied, to have their complaint investigated. CQC does not have the legal power to investigate complaints. The registered manager amended this procedure and sent it to us after the inspection visit.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. This was not currently needed and

the relative confirmed that staff communicated well with their family member.

## Is the service well-led?

### Our findings

The provider said that the service had not yet properly embedded a quality system to ensure that people were always provided with a quality service.

A template of an audit form was in place which included relevant issues such as reviews of care plans and health and safety issues. However, this had not yet been carried out. There were no audits undertaken on important quality issues such as staff recruitment, the supply of medicine, staff training and incidents. The registered manager said this would be carried out and provided evidence that this had been carried out after the inspection visit..

The person and their relative thought they had received a good service. They said that they felt that the service was well led and they would recommend it to family and friends if they needed this care. The relative told us, "The staff are very good and thoughtful. I would recommend the company."

The service had a registered manager, which is a condition of registration.

A staff handbook set out information about the governance structure of the company. This showed information which ensured that the responsibilities of managing the service were clear so that everyone was aware of what they had to do.

Staff members told us that the registered manager expected them to provide friendly and professional care to people, and always to meet the individual needs of people. They told us that they were well supported by the registered manager. The staff spoken with were very complimentary about the way the service was run. One staff member told us, "I feel well supported by the manager, she is brilliant."

Staff meeting minutes included asking staff how they were feeling and inviting them to discuss any issue. This helped to ensure that staff are engaged and involved in providing a quality service. Relevant issues were discussed including care needs and record-keeping.

The person and their relative did not have a full input into how the service was run. Surveys had not yet been sent out to gain the views of the person and their relative about the standard of service provided. The registered manager said it was her intention this would be carried out. This would mean interested parties would have a further opportunity to be involved in how care was provided to them.

Staff members had not had spot checks to see whether they provided a quality service to people. The registered manager said it was her intention to do this.

The registered manager was aware of their responsibility to notify CQC of incidents. They were also aware of the legal requirement to display their rating from comprehensive inspections, once a rating had been issued from CQC.

Staff members confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people.