Ebony Healthcare Services Limited

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Inspection report

Suite G42 Jubilee House
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Essex
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Date of inspection visit:
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29 September 2017
02 October 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Ebony Healthcare Services Limited on the 28 & 29 September 2017 and 02 October 2017. Ebony Healthcare Services Limited provides a supported living service for people living in their own homes who have a mental health condition. At the time of the inspection the service was providing support to seven people in two houses. This was Ebony Healthcare Services Limited first comprehensive inspection since they were registered by CQC.

The service was managed by a registered manager. 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 could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

People's risks were anticipated, identified and monitored. Staff managed risk effectively and actively supported people's decisions, so they had as much control and independence as possible.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the service.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

Staff had completed relevant training for their role and they were well supported by both the registered manager and deputy manager. Healthcare professionals commented on the skills of staff and the effectiveness of the service in meeting people's needs.

The service promoted an environment that encouraged people's independence, supported them to work towards living independently and making their own decisions.

Staff were aware of people's nutritional needs and supported with meal preparation, eating and drinking when needed. People's health needs were identified and where appropriate, staff worked with other professionals to ensure these needs were addressed.

Staff understood the principles of the Mental Capacity Act (2005) and understood that it was not right to make choices for people when they could make choices for themselves.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service. People who used the service were

positive about the staff and told us they had confidence in their abilities.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. People's views were sought through annual surveys, meetings, and the complaints process. Action had been taken, or was planned, where the need for improvement was identified

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 trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals.

The service had procedures and systems in place to ensure staffing was provided as consistently as possible. Effective recruitment procedures were in place.

People were supported to manage their medicines in a safe way.

Is the service effective?

Good

The service was effective.

We found the service had taken measures to ensure the staff provided effective care and were able to meet people's needs. Staff were trained and supported to deliver the care and support people required.

The provider was meeting the requirements of the Mental Capacity Act 2005. People were asked to consent before care was given.

Is the service caring?

Good

The service was caring.

People made positive comments about the staff team. They told us their privacy and dignity was respected.

People were supported in a way which promoted their choices and independence.

Staff knew people well and had developed positive relationships with them that were based on respect.

Is the service responsive?

Good

The service was responsive.

People told us they were involved with the planning and review of their support.

People were encouraged to participate in a range of activities, hobbies and interests.

Processes were in place to manage and respond to complaints and concerns. People were aware of who to speak to and were confident they would be listened to.

Is the service well-led?

Good

The service was well led.

People were positive about the management and leadership arrangements and made complimentary comments about the way in which the service was provided.

There was a positive and open atmosphere.

There were effective systems in place to consult with people on their experiences of the service and to monitor and develop the quality of the service provided.

Ebony Healthcare Services Limited

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.

We inspected Ebony Healthcare Services Limited on 28 September 2017. This was an announced inspection. We informed the provider 48 hours prior to the inspection that we would be visiting. We did this because we wanted to ensure the registered manager was available at the registered location.

The inspection team consisted of two inspectors. We met the registered manager at the location's registered office where we viewed records and we then visited people in both of the supported living houses. This included looking at the support that was given by the staff.

Before the inspection we reviewed all of the information we held about the service. We gathered information during the inspection using different methods. We visited and met with people who used the service in their homes and talked with three support workers. Following the inspection we contacted professionals with experience of using the service. During our visit to the office we talked with the registered manager who was also one of the directors of the company and spoke with the other director who was the deputy manager. We looked at four people's care records and associated medicine records, three staff files, staff training records and reviewed other records related to the management of the service.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff had regular safeguarding training and they had access to information about safeguarding adults and knew who to report any concerns to. One staff member told us, "I would follow our safeguarding policy and report to the manager. If I was concerned I would go to the next level either the local authority or CQC."

Risks associated with daily living, life style choices and health conditions had been assessed and recorded in people's care files, and actions put in place to minimise identified risks. Individual risks to people had been assessed and management plans were put in place to minimise the risk of harm. For example, risks, in relation to people's behavioural or emotional needs were identified and assessed and there was guidance for support workers. This included what might trigger issues, signs to look out for and what might help to resolve the problem. Risk assessments provided clear guidance to staff regarding what help the person needed to stay safe. Risks to people were reviewed every six months or sooner if something changed.

Health and safety checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire safety. In case of people needing to evacuate the property in the event of a fire there was an individual plan for each person and each staff member.

People were supported through appropriate levels of consistent staff support. The registered manager explained how the staffing was arranged to meet the needs of people using the service. In particular the consistency of staff was important for people. Most people using the service were able to go out independently unless they requested staff support for specific appointments. Staff also spent time engaged with people in activities or encouraging their independence through supporting them with cooking. One member of staff commented, "We only have three people here and one of them is out all day, we have two staff which seems plenty. If anyone does need support with appointments or activities the manager and deputy cover."

Safe recruitment processes were in place for the employment of staff. All of the relevant checks had been completed before staff began work. This included taking up references, exploring any gaps in employment history and obtaining a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People's medicines were managed safely. Staff who handled medicines had been provided with training and their practice had been observed to check that they were competent to administer them. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. People told us they were supported with their medicines in line with their needs. One person told us, "I am doing my own meds and it is going really well."

Risk assessments were completed to check if people could safely manage their own medicines and to identify the level of support required. There was guidance for staff about the medicines people were prescribed and how it needed to be administered. Medicines were stored safely in lockable cupboards in people's rooms or in a locked medicines trolley. Audits were carried out on people's medicines on a regular basis. A system was in place to respond to any errors with supporting people to take their medicines. This included a record of any actions taken and lessons learnt.

Good

Is the service effective?

Our findings

New staff were supported through an induction into their role, we found the quality of induction new staff received when they joined the service to be very good. The induction lasted between 12 to 16 weeks and as part of the process, staff were required to complete the Care Certificate. The Care Certificate represents a set of standards that health and social care workers should understand and apply in their daily working life. An excellent feature of the service was the commitment the provider showed to following best practice principles when using the Care Certificate as a means of inducting staff. Staff were required to complete a workbook which they brought with them to supervision sessions so that the registered manager could effectively monitor their knowledge and skills. Care Certificate standards were also discussed in group settings, during team meetings to promote staff learning and development. In addition, observations of staff practice linked to each standard were diligently completed by the management team to assess and monitor staff competence. Where improvements to practice were identified, an action plan was drawn up which detailed areas that staff needed to work on to meet the required standard and staff were then re-assessed.

During the three month induction period, new staff spent four hours of their working day shadowing existing staff members. The rest of their time was spent completing training and familiarising themselves with people's care records and the providers policies and procedures. This provided new workers with the time to observe more experienced staff, ask questions and build positive relationships with the people they would be supporting. This meant new staff had the opportunity to find out about people and how best to meet their needs before they worked unsupervised.

Whilst completing their induction, new staff were supernumerary, which means they were an additional member of staff, rather than being put on the staff rota. This way of working meant staff were closely monitored and continuously assessed by the management team who worked alongside them observing their practice. Aside from their own observations, the management team also asked people who used the service for their feedback on new staff to help them assess staff suitability and any compatibility issues. Any feedback provided was taken on board to ensure people were happy with the service they received. For example, one person had said that they did not want a male support worker so the service only provided females to support this person in their home.

All staff received regular training to ensure their knowledge and skills remained current. Mandatory training in a range of subjects such as safeguarding and first aid was delivered face to face once a year. In the interim, training via E-learning was provided. Staff were also encouraged to undertake further qualifications in health and social care to support them to develop professionally. We saw that the service had helped two staff to access additional qualifications such as the qualification and credit framework (QCF) in both level two and three..

We looked at the provider's training matrix and saw that all staff training was up to date. Whilst we did not find any specialist training on the matrix for example, training in specific mental health conditions, we did find that the manager and deputy manager were qualified to support staff in this area and had completed a range of informal training sessions with staff discussing individual's mental health conditions and best

practice in this area. We found that these sessions were not always recorded as part of staff development and learning. One staff member told us, "We covered general mental health on the care certificate and I studied psychology previously. The manager and deputy are very knowledgeable and we discuss people's mental health conditions and associated risks regularly." We discussed this with the registered manager and deputy manager and they planned to formalise these sessions.

The service operated an on call system whereby staff had access to senior management 24 hours a day if they required additional guidance and support to help them manage people's behaviour.

Staff were supported through regular supervision six times a year and an annual appraisal of their work. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. We looked at staff supervision records and found that staff received regular supervision of a good quality. The notes from supervision sessions were extremely detailed and showed that sessions were used constructively to promote the values of the service, discuss key topics and identify any training needs. Action plans were drawn up which designated a person responsible for each action and a date for completion. This meant staff and management were clear on their roles and responsibilities.

Staff meetings were held every two months. These were used constructively to talk about values such as the importance of confidentiality and practice like good quality note taking.

The Mental Capacity Act 2005 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies and procedures to support people who may not be able to make particular decisions about their care or support. Staff had received training in the MCA. At the time of inspection, none of the people using the service had been identified as having capacity issues and were able to provide informed consent to their care and support.

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. We saw that where a person had lost weight, their food and fluid had been recorded to monitor their health. People could choose to be weighed regularly if they wanted to and the service supported them to make healthy food choices. People told us they shopped for their own food and either cooked independently or with staff support. One person told us, "I do my own shopping, my fridge is full and I cooked my own food today." Another person told us, "I do my shopping, I am diabetic so staff usually say 'Do not have too many chips'."

People were supported to maintain good health and had access to appropriate healthcare services. Written records showed that people had attended regular appointments with health professionals, such as chiropodists, opticians, psychologists and GPs. Staff supported people to attend appointments if requested and people's right to refuse to go to appointments was respected. If people refused to attend an appointment staff completed a form detailing why the person did not go, the risks of not going and any plans that could be put in place to reduce those risks. For example, we saw that where a person had refused to attend a dental appointment, the risks of poor dental health were discussed with the person and a plan was put in place to encourage the person to use mouthwash instead to reduce the risk of tooth decay.

Good

Is the service caring?

Our findings

People told us that they felt well supported by the staff, the registered manager and the deputy. One person told us, "They encourage me to do stuff, I love it here and I am settled." Another person said, "Staff are all lovely, they all know about me and my illness. They do help me and prompt me to do things every day. I am hoping to move into my own place soon."

Transitions in and out of the service were well planned and handled sensitively to ensure that new people as well as people who already used the service were comfortable and happy with the process. The service worked with the relevant health and social care professionals who knew the person well to agree a transition plan that would support the new person to make a smooth transition into the service. The registered manager described to us the process for a person who had recently moved into a shared property and began using the service. The transition took place over several months, whereby the person was introduced gradually to people and staff, first spending a few hours and gradually increasing to spending a day then a week and finally an overnight stay. When new people joined the service there was a probation period to ensure the service was meeting their needs. The service worked collaboratively with the commissioning service, sending them regular progress reports so that the quality and effectiveness of the service could be assessed.

A healthcare professional told us, "Observed staff to involve the service user in conversations and provide appropriate space for us to meet privately. The staff appear respectful and encouraging of my client to work towards their recovery goals and ultimately move on towards more independent living." Another healthcare professional told us, "The staff have a great attitude, all working towards the same aim, it is great to see this service putting in this effort, they have done some really good work in difficult circumstances it has been brilliant."

People were supported and encouraged to be as independent as possible. How to become more independent was discussed during house meetings where people were encouraged to do tasks and meet goals they had set for themselves. One staff member told us, "We are trying to help people to stand alone."

People were listened to and included in all decisions about their care and support through regular house meetings where they could discuss aspects such as activities they would like to do food choices and raise any concerns. The service responded positively to people's comments, for example, a person had purchased some fishing equipment and asked staff for support to go fishing and we saw this had been arranged.

In addition, formal one to one meetings were arranged monthly. These gave people the opportunity to talk to their keyworkers about issues they might not feel comfortable raising in a group setting. For example, a time to talk about feelings, goals, hygiene, eating habits, activities and any concerns. We noted that once these one to one meetings had been recorded people were given the notes to read and agree, we saw where one person had crossed out a sentence they were not happy with.

Staff kept daily notes recording the care and support they provided for people. We saw these were

personalised to each individual and recorded what the person had done and enjoyed and commented on their mood.

People's privacy and dignity was respected. Staff described the actions they would take to preserve people's privacy and dignity such as knocking on doors before entering rooms and only talking about the person away from other people using the service. One person told us, "They don't come in unless I invite them." A staff member told us, "Any issues we make sure people have a safe and private space for discussions, we knock on doors and wait for a response, or call out to people before entering."

Good

Is the service responsive?

Our findings

People had care records which were regularly reviewed and were amended when things changed. For example, we saw that where a person had broken a bone a new care and support plan had been added to provide staff with guidance on any additional help the person would require whilst they were recuperating.

Care plans were thoroughly reviewed twice a year or sooner if necessary. In addition, an evaluation of each aspect of the care and support plan was completed monthly. We were advised that people were consulted and included in all reviews of their care records. We saw care records had been signed indicating that people were including in the process and had given their consent.

The monthly evaluations were shared with health care professionals involved in the person's care and treatment, for example, community psychiatric nurses or the person's care co-ordinator. This type of partnership working meant that any change in need could be quickly identified so the right support or treatment could be made available for people to promote their health and wellbeing.

People had daily structure plans which they had signed which outlined how they liked to spend their day. These were used flexibly as people decided day to day what they wanted to do. Activity charts were kept which detailed how people had spent their time. We reviewed these charts and saw that people had been on days out, used public transport, enjoyed hobbies and fitness classes and attended health appointments. One person told us, "I go out when I want, I work and volunteer, I am out every day." Another person told us, "I hoover and I always cut the grass, it's a nice place." A staff member told us, "We work with people, making suggestions and waiting until they are ready to be involved." Another staff member added, "People have enough to do, we support people to join the gym, go to college or just go for a walk at first."

Staff knew how to support people if they became upset or distressed. One person's support plan identified they could display behaviour that could be classed as challenging. Their support plan advised staff how to identify the triggers for the behaviour so they could prevent or de-escalate this behaviour. For example, in one person's care plan it guided staff to know what to do when a person was unsure about what was real or unreal. One staff member told us, "We know people well so usually know what to do to support them." Another staff member said, "We sit with people one to one and discuss the problem, getting to know them they become like family. It is about co-operation which helps healing." A healthcare professional told us, "They have worked incredibly well with my client who is very complex, they work through all the issues and my client has progressed really well."

There was a complaints procedure and a formal system in place for responding to complaints. People had ready access to information about how to complain and key worker sessions included a check on any concerns or complaints about the service. We looked at the one written complaints made to the service. The complaint had been responded to in a timely manner and thoroughly. Action had been taken and the outcome had been recorded

Good

Is the service well-led?

Our findings

People, staff and other professionals gave very positive feedback about the leadership of the service. One person said, "[Registered manager] is lovely and [deputy manager] is a good person" A member of staff said, "[Registered manager] and the deputy are excellent, I am very happy and very proud of them." They added, "They listen to staff and are committed to providing good care." Another staff member said, "The registered manager and deputy come here every day, they are supportive."

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. The service worked very closely with the Continuing Healthcare Team to ensure that changes in people's needs were responded to quickly.

A healthcare professional said, "[Registered manager] has put an awful lot of effort into supporting my client, above and beyond what I would expect." Another healthcare professional told us, "I am working with the provider for another service user moving to one of their supported living homes. This was a move instigated by my predecessor and on picking up with the provider, I have found them to be professional and approachable. The managers have demonstrated a strengths based approach to supporting the service user and so far demonstrate a good understanding of mental health service user needs. Communication has been very good – providing reports from supported visits and maintaining regular contact." A third healthcare professional said, "We are happy with their service. We have no concerns with them at present and feel that our clients are getting what we have asked for and all happy as well."

Staff received feedback, support and guidance on their work from a manager during individual supervision meetings. This helped them to understand the provider's expectations of them and to check their values. Staff described how they felt supported and listened to. One staff member told us, "I suggested improvements to control of substances hazardous to heath (COSHH) storage and this has been done. "We can write on the agenda before any meetings, the registered manager also asks my opinions about clients and records my views." Another staff member said, "I enjoy working for this company and I am starting my level three training soon."

The registered manager and deputy manager were fully involved in the day to day management and provision of the care service, and had very detailed knowledge of people's needs and explained how they continually aimed to provide people with high quality care that was responsive to people's needs.

The registered manager discussed the process they used for checking if people were happy with the service and showed us their system. We saw monthly one to one meetings held with people to check that the service was meeting their needs. There were annual surveys for both staff and people that used the service to determine whether they were satisfied with the service and whether any changes or improvements could be made. For example, a request for improved lighting in one of the properties was completed, and a new tumble dryer purchased following comments made in surveys. A request for a separate small space for private meetings was also created following feedback by people that used the service.

Systems were in place for monitoring any accidents and incidents and checking they were recorded; outcomes were clearly recorded, to prevent or minimise any re-occurrence. There were effective systems in place to regularly assess and monitor the quality of the service. A quality compliance audit was completed regularly which included checks of the support plans, access to activities, staff training and standard of the environment. A medicine audit was also carried out every three months and a health and safety inspection was completed monthly. There was evidence these systems identified any shortfalls and that improvements had been made. For example, we found a more detailed stock record for a medicine considered high risk.