

Ebury Court Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Ebury Court is a residential care home providing care for up to 39 older people, many of whom have dementia. At the time of our inspection there were 37 people using the service.

At the last inspection in December 2015 the service was rated Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ebury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ebury Court has 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.'

There were excellent training and development opportunities for staff that were often bespoke and tailored to staff's individual learning needs. Staff could develop their learning at a journal club by bringing social care articles for discussion and reflection with other staff, people or residents. Staff had monthly supervision where reflection on development was emphasised.

People were extremely complimentary about the food stating it was "great" and we observed exquisite meal presentation for those with dietary requirements. Staff support of healthcare professionals was exemplary with said professionals highlighting the service was better than others in the local area.

People's care plans were personalised and these were used to provide tailored individual activities. There were excellent activities that engaged, included and involved people, particularly those with dementia. The provider had created bespoke care programs that they were able to evidence benefitted people in multiple ways. The service provided excellent end of life care that was viewed by professional bodies as gold and/or platinum standard. The service was visited by healthcare professionals, nationally and internationally, due to the recognition of high standards of care provided by trade bodies and academic institutions.

People, relatives and staff all thought the service was extremely well led and that the management team cared deeply about people. Staff felt the provider invested in them and were able to tell us how they felt the service had gone above and beyond the remit of just an employer. People and staff all participated in, and had involvement in the running of service through meetings and transparent relationships with management. People and staff told us they had a voice within the service and that they trusted the provider

to listen. The provider had forged beneficial links with community partners, academic institutions and professional bodies that enhanced and enriched the lives of people completely remote from the service as well as those in their local community. The service had won numerous awards and accolades demonstrating their excellence in staff development, dementia and end of life care.

People told us they felt safe at Ebury Court. Staff understood how to safeguard people from harm and knew what to do if they suspected abuse. Staff knew how to administer and store medicines safely. There were robust infection control procedures in place. People and staff told us there were enough staff to meet their needs. The provider had safe recruitment practices that meant only suitable staff were employed.

People told us they were treated with kindness and compassion. People could express their views and had choices with their treatment. Staff knew how to respect people's privacy and dignity.

People told us their complaints were listened to. The service's building had been adapted to meet people's needs. The service was compliant with the Mental Capacity Act (MCA) 2005 principles and had applied Deprivation of Liberty Safeguards correctly.

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 remains Good.

Is the service effective?

Outstanding ☆

The service has improved to Outstanding.

The training development opportunities for staff were excellent and tailored to individual training needs.

There was opportunity for staff to develop through reflection on topics relevant to them and people they worked with.

People's needs were assessed and assessments were rich in detail meaning that staff knew who people were and what they liked and disliked.

Staff were received regular supervision and appraisal and felt supported by the management team.

People were supported to eat and drink healthily and the service went the extra mile when assisting people with dietary requirements.

People's access to healthcare was extremely good and healthcare professionals thought highly of the service.

The service was compliant with the Mental Capacity Act (2005) and sought people's consent before supporting them.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Outstanding ☆

The service remains Outstanding.

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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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5 and 6 September 2018 and was unannounced on the first day and announced on the second day. This inspection was carried out by an inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of serious incidents the provider had sent us. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with twelve people and seven visitors (friends and relatives). We also spoke with three students (on work experience) and twelve staff; six carers, one senior carer, one administrator, one housekeeper, the deputy manager, the registered manager and the nominated individual for the provider who was a director of the company. The nominated individual is responsible for supervising the management of the regulated activity provided. We also spoke with two visiting health care professionals. We observed how staff interacted with people. We looked at five people's care plans and we checked ten people's medicines records. We looked at quality assurance and monitoring systems and checked some of the policies and procedures. We also examined staff recruitment, training and supervision records for six staff.

Is the service safe?

Our findings

People were safeguarded from abuse and the service had systems in place to protect people and keep them safe. One person told us "I like living here, the carers look after me, I don't worry anymore, like I did when I was at home." A visitor told us, "It's very safe here."

Staff received regular safeguarding training, knew how to identify abuse and were aware of their responsibilities in regard to reporting abuse. One staff member told us, "Safety is paramount. Anything you think is abusive, report it." The provider maintained a record of potential safeguarding issues were recorded which was shared with the local authority and the Care Quality Commission (CQC) where necessary. We were assured that the provider took safeguarding extremely seriously and were open to improving the service wherever they could.

The provider completed risk assessments and risk management plans of people and the environment to keep people living at the service as safe as possible. One staff member told us, "We have forms for risk assessments." Records supported this and we saw personalised and environmental risk assessments that ensured the premises was monitored for risks and hazards. Risk assessments were reviewed regularly to keep people safe and make the service safe for people to live in.

People and staff told us there was enough staff. One staff member said, "We have enough staff. We always cover each other. We don't use agency." The provider maintained a dependency tool to ensure they had the right mix of staff to meet people's needs. Records of the tool showed that the provider regularly had more staff working than identified as necessary by the dependency tool.

Recruitment practices were robust and people were involved in the recruitment of new staff. Staff files showed various pre-employment checks were carried out on staff including employment references, criminal records checks, previous employment histories and proof of identification. This meant the service employed staff who were suitable to work at the home.

We observed staff providing medication and saw they did so in a professional and caring manner. One person told us, "If I feel unwell or need something for pain, I ask one of the carers, who will arrange this for me." Staff received training in administration of medicines and were knowledgeable about what action to take if they made a mistake about medicines. Medicines were stored securely and medicine administration record (MAR) charts were kept and provided information on medicines and people's health conditions.

People were protected from infection through robust infection control measures. One staff member told us, "We have a lot of safety measures." Housekeeping checklists were in place to demonstrate that regular cleaning was carried out. Issues or concerns could be noted on these documents and the registered manager told us they reviewed them daily.

Accident and incidents were recorded and actions taken in response and these were reviewed by the manager. Accidents and incidents were collated on a six-monthly basis and trend/patterns shown by graphs

and the lessons learnt were shared with staff members.

Is the service effective?

Our findings

Staff at the service delivered excellent, effective care and support. One person told us, "Staff are excellent!" We witnessed one example when one person with dementia became agitated whilst in a communal area sitting amongst others during an activity session. Within seconds a member of staff attended to the person calming them and reassuring them whilst the activity continued without being interrupted. They were able to do so as they had the relevant skills knowledge and experience to provide to people's needs. Their actions meant the individual was reassured and other people were left undisturbed and unaware of any one person's anxiety.

Staff training needs were tailored individually with the registered manager using time in one to one supervision to explore needs and reinforce learning. Staff learned in a style that was comfortable to them and at their own pace. Staff could learn in groups, one to one or alone using different methods (audio, visual or written). One staff member told us, "We have plenty of training. I did level two, three and I am currently doing level five [NVQ] in health and social care. Anything we can do to support residents they [management] would be keen to provide to us." This meant that the provider ensured staff understood training delivered and were aware that one size does not fit all in regard to learning style – this impacted positively on people as staff knew why people had the needs they had and how to work with them.

Bespoke training, with particular regard to end of life care and dementia, was offered to staff and relatives. Having bespoke and focused training meant that the provider ensured staff excelled in fields that related to the specific needs of people using their service. Staff also received training directly from healthcare professionals particularly for supporting those with complex needs. We saw evidence of training from dieticians and of joint working between services to provide better care for people.

We saw the provider offered a journal club (a club where relevant academic journals, papers and magazine articles can be read in a group setting) to explore topics relevant to people living in a care home so staff had better understanding of what life was like for people living there. People and their relatives could participate, lead or be involved in this club. Topics we noted included, 'Do we live for the moment or put our energy into planning for the future' where funeral planning was discussed and 'Preferred place of death. Determining factors and the role of advance care planning' where discussion focused on dying free from pain.

The journal club offered a place for reflective practice for the staff whilst for people and their relatives it provided a forum for deeper understanding of some of the themes faced in care homes. The provider had recently won the Skills for Care (recognised charity that works with social care employers to set care standards and qualifications) 'Best employer of under 50 staff' award. This was in recognition of their investment and progressive approach to developing their employees. The judges specifically noted their drive for excellence. Providing a reflective learning space for staff reinforced the provider's commitment to not leaving any staff behind with their development and promoted the concept of the service being more than just a care home, but a place where advances in care could be put into practice.

All new staff received an induction into the service where policies and procedures were read, mandatory training such as safeguarding and moving handling completed and experienced staff were shadowed in their role. This meant that new staff knew what to do and how to work with people before working alone in their roles.

People's needs were assessed before they moved into the service. The provider did this to ensure people's needs could be met by the service. Whilst we were inspecting the service we saw the registered manager arranging to assess someone whilst they were still in hospital. The person's relatives had dropped into the service to see what it was like. They were provided with a tour and information and later that same day the registered manager visited the prospective admission in hospital to assess them.

Records showed that assessments covered people's needs relating to their physical and mental health, their sensory perception, communication, mobility, their views about residential care as well as their hobbies and interests. The assessments we saw were rich in detail and personalised. The assessments were holistic in their approach to capture the right information to understand not only a person's needs but also their likes, dislikes, views and history.

The registered manager completed supervision and appraisals for all staff. These sessions were completed regularly with staff and offered the opportunity for staff to share any concerns, explore training needs and provide a safe space to focus on one to one learning. One staff member we spoke with said, "We do [receive enough support]. I am supported. We have supervision once a month and I can say anything I want." Another staff member said, "They have really supported me on a personal level and are very accommodating. They're flexible and are a lovely family to work for."

The appraisal system, coupled with supervisions, recognised and commended the care and support staff provided whilst attempting to improve on that care by developing individuals at the pace that was right for them.

People were supported to eat, drink and maintain a balanced diet. All people and relatives we spoke with thought extremely highly of the food at the service. One person said, "I had pork chop, mash, swede, broccoli and curry sauce. It was delicious... It really was a lovely meal." Another person said, ""It's really nice here, the food is nice, and we get to make choices, the best part is we can leave the dishes on the table and walk away!" A relative told us, ""The food's absolutely wonderful." We observed the menu changed daily and saw people choosing different meals than what was on the menu. This meant people could eat what they wanted to eat, not just what was on that day's menu.

Care plans showed that people's nutrition was monitored and allergies and preferences were recorded. We saw that the chef also kept copies of this information in the kitchen. We also saw the chef and kitchen staff visiting people outside of meal times to find out what menu choices they wanted, using a pictorial menu where people had communication difficulties.

We saw that pureed meals had food pureed separately and was made to look decorative. This benefited people on soft food diets by ensuring they could distinguish tastes of different food and see that effort was made to improve the look of their meals. A staff member said, "Some [people] are on a soft diet, pureed diet – we work with SALT [Speech and Language Therapists]. Some like special food in the morning – prunes in the morning. Fruit if they want. Kitchen is 24 hours open." This meant people could get the food they wanted when they wanted.

Staff at the service communicated effectively to support each other to provide care and support. We saw

that the service maintained daily reports on each person and we observed the staff complete a shift handover. Staff due to start their shift were provided information by the senior staff member on duty. Detailed information about each resident was provided so staff knew whether people's needs had changed since they had last worked and they were updated as to how people were feeling.

The support people were given to access healthcare services was extremely good. The service had a healthcare lead who would champion people's healthcare and act as primary liaison with the healthcare services, however all staff were involved in the promotion of better health. Staff told us they had good links with healthcare services. One staff member said, "We have a good contact with the GP...Same with SALT team or continency team. Respiratory, optician, chiropodist."

We met with two healthcare professionals visiting the service as part of their regular duties. Both of them spoke highly of the service. One of them said, "If my mother or father had issues I would use this home." They both told us they were supported by staff to provide treatment to people and where necessary had notes or information ready and or accessible when they visited. One said, "They escort us to the patient and they will stay when we're with the patients. We used to have folders now it's all on computer – the staff write down our instructions." Care plans recorded interactions with health professionals and directed all staff as to ongoing health needs.

The service sought to meet people's needs through design of the service. Communal toilets we saw had coloured features to assist the depth perception for those with dementia. We noted that there were hand rails in corridors to assist those who needed them. This meant that provider had made adaptations to the service to promote people's independence and had planned building extensions with people in mind.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found the service was compliant.

The registered manager had sought appropriate authorisation from the local authority to deprive people of their liberty where necessary. Staff knew who was being deprived of their liberties and why. Staff understood the principles of the MCA and sought consent before supporting people. One staff member told us, "If they understand info they have capacity. Everyday we're checking people's capacity. We make decisions for them in their best interests." One person told us, "I make choices for myself I choose the clothes I want to wear, I have a shower when I want one, they just help me...They are so kind, always."

Consent was sought from people by staff before they did anything. We observed this on numerous occasions and also saw that people's care plans required signatures to ensure people or their relatives consented to and agreed with care plans.

Is the service caring?

Our findings

People were treated compassionately by the staff who worked with them. We observed staff treating people with kindness and respect. Staff knew people and called them by the name they preferred. We saw on more than one occasion where a person appeared to be anxious, staff would talk to them, reassure them and ensure they were settled and comfortable. A person told us, "The care staff are amazing." Whilst a visitor told us, "Mum always looks nice and clean, well-cared for and whenever she [relative] turns up to visit, her mum is in the lounge with other residents." A staff member said, "I love the residents, they are really lovely."

The provider knew people were treated compassionately as they had received numerous compliments from people and their relatives. One compliment we read stated, "When Dad went to live in Ebury Court we all found it extremely difficult. We were offered support continuously from all members of staff...We cannot thank you enough for the kindness and consideration we were given and loving our Dad/husband as we did."

We saw numerous compliments received by the service, often but not restricted to, after a person had died. During the inspection a family member of a recently deceased person attended the service and thanked the staff and management, for the work they had done at the end of their relative's life.

There were numerous staff in communal areas providing the opportunity for staff to interact with people and engage them in conversation and provide emotional support if necessary. The registered manager and director both advocated this. The registered manager told us the service made sure they had, "Happy staff with enough time to do their jobs ensure that our residents can be provided with the right support."

People and their relatives were actively encouraged to express their views. Care plans were signed by the person using the service or by one of their relatives indicating their involvement and choice in their treatment. Relatives and people were also invited to complete customer satisfaction surveys, which the service called listening forms. Listening forms we read were positive. One said, "Everything is perfect. Love the pub lunch."

People's privacy and dignity were respected and their independence was promoted. Staff we spoke with were reverent about people and spoke about them in respectful and dignified way. We observed staff caring for people in a way which indicated that their dignity was paramount. One relative told us, "They treat him with respect and dignity. They go out of their way to do nice things, they make the effort." One staff member told us they ensured people's privacy and dignity by, "Closing the door when doing personal care, info that belongs to residents don't bring outside – give them choice – their choice is there for them and we don't have to do things -the timing too is important. Another added in regard of promotion of independence, "By allowing them to do as much they possibly can for themselves. We won't feed people who can feed themselves – if they can walk we encourage it."

Is the service responsive?

Our findings

The service prided itself on its work with people with dementia. It provided the 'Namaste' sensory care programme, that improved the quality of life for residents with advanced dementia and in some cases had decreased people's pain without increasing medication. Audits evidenced reduced pain, falls, incidents and need for medicines. A visiting health and social care professional spoke highly of the service's work with advanced dementia and people at the end of their lives. They said, "I think it's brilliant – I go into lots of places and the [dementia] care here is amazing."

The provider not only provided outstanding care for people with dementia but also through another care programme, the Lavender club, that was suitable for all people. The provider had worked with two London Universities to provide a programme of activities based around cognitive stimulation therapy. This meant the provider had sought academic support to provide an evidence based programme to improve people's lives and wellbeing. We observed people thoroughly engaged in activities in the Lavender room and interacting with each other and staff. Activities we saw were singing and dancing and memory games being played in an answer and response manner. People were smiling and laughing throughout the activities. The registered manager provided us with evidence that the therapy improved people's sense of wellbeing and better quality of life.

People were provided with excellent end of life care and support. A staff member told us in regard of end of life care, "After prognosis we're monitoring and recording and we discuss with the family... We work with family and GPs and the Palliative End of Life Care team."

People had advanced care plans in their care files and great import was placed on what people wanted at the end of life from room furnishings and ambience to funeral wishes to who should be informed of their death. Their relatives were provided with information and support both before and after the death of the person using the service. This meant that people and their families had time to process end of life and death, their wishes were recorded and they were supported at a difficult time.

Every year staff completed advance communication training, which included how to speak with family members and tell them that a loved one had passed away. This meant that staff were prepared to work with people that were dying and trained appropriately to provide support to grieving relatives. Questionnaires were given out to families after somebody had passed away. One questionnaire stated: "We are particularly grateful that we were advised to think about mum's last wishes and our last wishes for her well in advance." The end of life process for each person was reviewed and evaluated in an 'after death analysis'. This meant lessons could be learned and improvements made to the process for others.

People received exceptional personalised care that was particular to them and responsive to their needs. A person told us they were very happy as the service respected their cultural identity, telling us, "They recognise my diversity, they support my religion, and especially provide me with the foods which I like to eat." Another added, "I am very happy here, I am looked after... the carers are very good. I get taken out by staff once a week to a local pub in Hornchurch." A relative said, "Staff know her medical needs, they know what she likes to eat and I do not have any worries when I am not here."

Care plans were very detailed and gave staff an excellent understanding of people's history and background. The information was then used to create tailored care programmes for people. The information provided assisted the staff furnish the service's activity rooms with items that comforted people. We saw albums of photos made up for one person and an antique phone in place for another person to use, these things put in place to alleviate individuals stress. We saw an activity tailored to one person where the provider had arranged for them to attend the 100 year RAF flypast which they thoroughly enjoyed. This meant the service was responsive to people's wishes as well as their needs and prepared to go the extra mile for them.

People and their relatives told us they had no complaints, however they felt their concerns and complaints would be listened to and action taken when necessary. A relative told us, "If I were concerned with any aspects of my family member's care I would speak to [Registered Manager], I feel confident they would resolve any issues for me". A visitor told us "It's a fantastic home, there is nothing to complain about."

There was a complaints procedure in place and people told us they knew who to talk to if they wanted to complain. We noted there was no recent complaints but saw that previous complaints had been dealt with appropriately and people had been satisfied with the outcome of their complaints.

Is the service well-led?

Our findings

People, relatives and staff thought Ebury court was outstanding. All spoke highly of the management and thought the service was managed extremely well. A relative told us, "It deserves its outstanding [previous CQC rating]." One staff member told us, "The residents are at the forefront of [directors] and [registered manager] minds." Another said, "[Registered Manager] strives for the best."

The nominated individual (one of the directors and family members owning the service) was known by people and staff and had a clear understanding of the service. They demonstrated a clear passion for delivering high quality care which moved with the times. They said, "We buy the best equipment because we know that quality is an investment and [we] want the best for people using the service." We saw that they were going to great lengths to build an orangery with various sensory focused technology. Investing in this space and technology meant that people and relatives would have a beautiful space to spend time together and people would be assisted by technology to move more freely and act more independently. A staff member told us, "They are constantly updating and upgrading the home." This meant people were provided with the best amenities and space possible within their own home.

Staff felt supported, were happy working for the provider and proud of their work. A staff member said, "People feel part of something worthwhile." Another said, "I have worked here for several years, I would not want to work anywhere else." Staff told us they were motivated to work as they were empowered in their roles and they felt training and development opportunities were abundant. Staff told us they felt they had a voice in the service and that they could effect change should they want to. One staff member said, "Definitely. [I am listened to]." We saw detailed records of meetings held and noted they were held on a monthly basis. This motivation impacted positively on people's experience through their interaction with dedicated and happy staff.

People, relatives and staff were all engaged and involved with the service. The registered manager told us, "We involve the service users, they're number one" when discussing improvements made to the service. People told us they provided regular feedback to the service through monthly surveys, which we saw in people's care plans. They also told us they were involved with the service in a variety of different ways; through resident meetings, being involved in special events such as the summer fete, creating the bi-annual newsletter, participating in the recruitment of staff, taking part in training events and when special visitors attended. We saw photos of events, records of visits, and minutes from resident meetings. Relatives and professionals were invited to complete surveys at annual reviews (people were also involved in this). This involvement enriched people's lives and led to an improved sense of community.

The service completed regular audits. These included service user file audits, staff file audits, individual Namaste audits, accidents and incidents audits and monthly hand washing audits. Medicine counts were completed regularly and external pharmacy audits were completed annually. We noted no issues had been raised recently but there was evidence that past recommendations had been implemented. Completion of these audits meant that the provider sought to continually analyse the service they provided in the hope of improving people's experience of living at the home.

The service worked in partnership with others and was acclaimed for the work it had done, receiving numerous awards and commendations. The service was part of the Gold Standards Framework (GSF) and in September 2017 were awarded the Platinum Quality Hallmark for their work in terms of end of life care. The Registered Manager was a local, regional and national ambassador for GSF and the service was a finalist at the GSF awards in 2017.

The service won the 'Best employer of under 50 staff' award at the Skills for Care Accolades 2018 for their support, training and development of staff. There was a certificate showing that the Registered Manager was a finalist at the national care awards and had been nominated for other awards within the last five years, including Best Dementia Care Manager in the Dementia Care Awards. These awards and commendations demonstrated that the provider was recognised and respected in the field of health and social care, by both peers and institutions, for the care they provided.

The service was actively engaged in the pursuit of improving care for the elderly through academic research. The service was involved in the Enrich programme (operated by the NHS Institute for Health Research) which meant that the service was part of the 'Research ready care home network.' The service was also part of the Kings College Care Home Research Network. These networks met on a regular basis to discuss developments in health and social care. The Registered Manager used information gathered through the networks to help drive best practice at the service and was also asked to speak about the work they were doing at network meetings. By participating in such research the provider sought to improve the lives of people not only in the service but also in other health and social care settings.