Ebury Court Residential Home Limited

Ebury Court Residential Home Limited

Inspection report

438 Rush Green Road
Romford
Essex
RM7 0LX
Tel: 01708 728734
Website: http://www.eburycourt.co.uk

Date of inspection visit: 11 December 2015
Date of publication: 25/02/2016

Ratings

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

Overall summary

The inspection was unannounced and took place on 11 December 2015. The service met all legal requirements we checked at the last inspection in December 2013.

Ebury Court is registered to provide accommodation for 39 people who require personal care, some of whom have dementia. On the day of our visit there were 34 people using the service.

The service had 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.

Summary of findings

The service was well led with strong values and a vision to involve people as much as possible and continually improve people's experience. There were various initiatives such as Namaste (a sensory program aimed at stimulating people with advanced dementia) and cognitive stimulation therapy in order to improve the experience of people living with dementia. We found evidence that these initiatives had a positive impact on people and significantly improved their lives and wellbeing.

People told us they were treated with dignity and respect at all times and there were a wide range of activities that met their needs. They told us staff were always pleasant polite and caring. The service had received awards for its work in ensuring that people received "Gold Standard" (a systematic evidence based approach to optimise care for people approaching end of life) accredited end of life care.

People told us they felt safe at Ebury Court. Staff understood how to safeguard people from harm, ensure medicines were handled safely and adhere to infection control procedures. Staff were aware of the procedures to follow in the event of a fire or a medical emergency.

People told us there were enough staff to meet their needs. There were safe recruitment practices to ensure that only suitable staff were employed to work at the service. Staff were supported by a comprehensive training program, regular supervision and annual appraisals.

Staff were aware of the Mental Capacity Act (MCA) 2005 and how it applied in practice. Deprivation of liberty authorisations were sought where necessary and best interest's decisions were sought when required.

Care plans reflected people's individual preferences and clearly outlined peoples likes and dislikes, past and present interests. People told us they were involved in planning their care and how the service was run. People had been involved in choosing the wall paper in the dining room and some had been involved in the recruitment process. People and their relatives told us they were listened to and knew how to make a complaint.

People were supported to maintain a balanced diet. Where nutritional support was needed referrals were made to the dietitian and other healthcare professionals.

Summary of findings

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. People told us they felt safe and secure living at the service. Medicines were handled, managed, administered, stored and disposed of safely.

The provider had safeguarding processes in place. Staff understood these and were able to recognise and report any witnessed or reported abuse.

There were effective recruitment practices to safeguard people from unsuitable staff. Staffing levels were reviewed and based on the dependency of people who used the service.

Risk to people and the environment were assessed regularly with clear management strategies to mitigate identified risks.

Is the service effective?

Good

The service was very effective. People told us that they were cared for by staff who understood their needs. Staff were supported by monthly supervision, annual appraisal and attended both mandatory and additional training every year.

Staff had attended training on the Mental Capacity Act (MCA) 2005 and were able to demonstrate they applied it in practice. The registered manager had followed appropriate steps to lawfully deprive people of their liberty when it was in their best interests decisions to do so.

People were supported to eat and drink sufficient amounts. Appropriate referrals were made to health care professionals and their advice was followed.

Is the service caring?

Good

The service was very caring. People told us that all staff were considerate and very kind. We observed excellent rapport and positive interactions between staff, people and relatives.

We saw evidence that showed that the service was regarded locally as a 'centre of excellence' for end of life care. This was evidenced by several other homes and hospices arranging visits to come and see how they delivered end of life care and echoed by all the health care professionals we spoke with. We observed staff dealt empathetically with relatives after a death had occurred.

Staff responded to call bells and to people's calls for assistance in a timely manner and addressed people by their preferred name.

Is the service responsive?

Outstanding

The service was responsive. People and their relatives told us they were involved in planning their care. Care was assessed and people's preferences were clearly documented and respected.

Summary of findings

A continuous activities program was in place to ensure people including those living with dementia were kept engaged and stimulated. This resulted in positive outcomes for people such as reduced dependency on pain relief medicines and increased engagement with staff, family and other people.

There was a complaint procedure in place which people and staff were aware of. We looked at the complaints records and found there were no recent complaints. Past complaints had been investigated and resolved promptly.

Is the service well-led?

Outstanding 

The service was well led. People and their relatives told us that they could approach the registered manager or senior staff at any time and were confident any issues raised would be dealt with promptly.

There were clear leadership structures. The registered manager understood the importance of inspiring staff. To this end, new ideas for development, involvement in research programmes, and continually striving to enhance the quality of service delivered to people was evident.

There were regular quality audits and monthly listening forms (forms to gather feedback from people and their relatives) completed in order to improve the quality of care delivered by acting on feedback and results from audits.

The service had received recognition and awards for their work on improving the quality of life of people living with dementia and for people at the end of their lives to have a good death. The service had achieved the highest ranking in the gold standards framework initiative for end of life care. In addition the home had also received an award for being in the top ten recommended care homes in London based on reviews from people and their relatives.

Ebury Court Residential Home 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 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.

The inspection took place on 11 December 2015 and was unannounced.

The inspection team comprised of an inspector 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 gathered information from notifications, previous inspections and the service's website. We also contacted the local authority and the local Healthwatch to find out information about the service. We reviewed information within the Provider Information Return (PIR). A PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

We spoke with 14 people and ten relatives. We observed people during lunch and tea. We spoke to staff including the registered manager, their deputy, the cook, and five staff. We observed care interactions in the main lounge, the conservatory, the quiet lounge and the dining room. We reviewed eight staff files and four care plans. We also reviewed records relating to night checks, analysis of incidents, health and safety risk assessments, after death analysis, cleaning schedules and fire safety checks.

We spoke to a GP who looked after people at the service and a health and social care student who was on a two week work experience placement.

Good

Is the service safe?

Our findings

People and their family told us they felt safe and that they had confidence in the staff who looked after them. A person said, "I feel 100% safe knowing all I have to do is call if I need assistance." One relative said, "I can't say enough about how pleased I am with the home. I can go home knowing my [relative] is being looked after well and is safe and secure." Another person said, "The care gets better and better every day. I know they look after my [relative]." A third relative said, "When I go home, I am glad to know that my [relative] is very happy and looked after well."

People were safeguarded from harm because appropriate guidance was followed. Staff told us that they had attended safeguarding adults training and were able to tell us of the different types of abuse and the procedure they would take if they witnessed any abuse. Staff told us they would report to the registered manager who would in turn report to the local safeguarding team and the Care Quality Commission (CQC). Staff told us and we verified in the records we reviewed that they used incident forms and body maps to highlight any significant harm and how this was handed over to ensure all staff were aware of how to safely care for people.

People told us they received their medicines on time. One person said, "I have no concerns about my tablets. I have them with my food." Another person said, "They do medicines three times a day. They do it properly; they have records for everybody."

Medicines were stored, handled, disposed of and administered safely. We reviewed six medicine administration records (MAR) and found no anomalies with the exception of one MAR where there were no specified times and dosages for as required medicine. We told the registered manager and the deputy about this and they said they would clarify with the pharmacist and rectified it. Only staff who had been assessed as competent were able to administer medicines. The medicine trolley was kept secure in a locked room. Controlled drugs were kept secure in a separate cupboard. Fridge temperature records were monitored to ensure that optimal fridge temperatures were maintained thereby reducing the risk of medicines losing their effectiveness. Staff demonstrated an awareness of side effects and precautions to take before administering certain medicines. For example for one heart regulating medicine they checked and recorded the heart rate and would not administer the medicines if the heart rate was below 60 beats per minute for the person's own safety. There were appropriate measures to ensure that people who required regular blood tests to be taken before dosing their medicine were monitored and reviewed regularly to ensure safe doses were administered. Medicines were handled and administered safely.

Risk assessments were in place for people at risk of developing pressure sores, those with reduced mobility and people at risk of falls. Individual risk assessments relating to end of life care, encouraging independence were in place. These were reviewed regularly to ensure appropriate action was taken to mitigate the risk.

Staff were aware of how to respond in the event of a medical emergency and a fire. They were aware of the fire assembly points and told us they would put a person in recovery position and call for an ambulance in the event of a medical emergency. A business continuity plan was available in the event of a major incident that could disrupt the services. The provider had taken appropriate steps to mitigate risk and keep people safe.

Specialist seating equipment was purchased to ensure people could sit comfortably without pressure damage and serviced regularly to ensure that it was safe for people to use. Staff told us how they cleaned the equipment including the special reclining chairs that were used by people in the Namaste room. Staff had been trained on how to use the hoist safely and told us that they had refresher training. They told us they reported any faulty equipment to a named person and that repairs were carried out immediately by either the person responsible for maintenance or the approved contractor.

Health and safety checks were completed regularly. Fire extinguishers and the lifts were serviced regularly to ensure they were safe for use. Emergency lighting testing was also completed and a recent fire inspection had been completed by the fire safety department who had made no recommendations. Cupboards with substances hazardous to health were kept locked to reduce the risk of people accidentally accessing them. Fire exits were kept clear to ensure easy evacuation in the event of a fire. The provider took appropriate actions to ensure people were kept safe and protected from foreseeable risks.

People and their relatives told us there were enough staff to meet their needs. We reviewed rotas and saw that there

Good

Is the service safe?

was always a senior person on duty during the day and at night. In addition in order to support night staff with taking people to bed there was a night assistant on duty from 8pm to 11pm. Staff absences were covered by a pool of bank staff and no agency staff were used to ensure continuity of care. There was always a staff member around in the communal areas and to check on people who chose to stay in their room.

Safer recruitment practices were in place to ensure that suitable staff were employed. We saw that before staff began to work at Ebury court they underwent a rigorous recruitment process which also involved people who used the service. Among the checks completed, proof of identification, two references, health checks and disclosure and barring service checks (to ensure that staff were suitable to work within health and social care) were completed.

Infection control guidelines were followed in order to protect people from infection. We saw that a cleaning schedule was available and the latest technology was used to keep the premises clean in the form of a machine that sanitised the rooms on a daily basis. Staff told us and we found that staff had access to protective clothing and washed their hands regularly. We observed that soiled laundry and clinical waste was handled appropriately. There was hand gel available and signs to encourage both staff and visitors to use hand gel in order to help stop the spreading of infection.

Good

Is the service effective?

Our findings

People and their relatives thought staff were able to support them effectively and acted quickly when they were not well. This was confirmed by the GP and other health care professionals we spoke with. One relative said, "[My relative] has settled in so well. I don't have to worry about her anymore. She's gained weight since she came and is eating well. She is always clean and tidy when I come." Another relative said. "[My relative] is obviously very content when we come. She is well looked after. She's just had an infection and they were very on the ball." Another visitor said, "[My friend] is very well looked after here. She is kept clean and happy. I would stay here myself, yes."

People were supported to eat sufficient amounts and encouraged to maintain a balanced diet.

Staff, the cook and people told us that people could get food or drink at any time of the day. Staff were trained on food hygiene and could prepare sandwiches and snacks at people's request out of hours. We found that all food was prepared daily at the service and fresh produce was brought in regularly including daily meat deliveries. People were happy with the quality of food served and thought they had enough choice. One person said, "I feel very hungry when I wake up. If I buzz at 7.45 a.m. they will bring my breakfast then. I have my meals in a roundabout way; I've always been used to a big meal in the evening and they arrange that for me." Another said, "The food is good, oh yes; I've put on weight since I've been here." Another person said, "The food is very good and I'm very fussy with my food. I had cottage pie today and they bought me some smoked salmon I asked for." A person explained how the cook had been to visit and to consult on alternative meals when the main choices on offer were not suitable. We observed that people were asked for their food choices a few hours before the meal and those who could not remember were offered pictorial versions of the meals made by the staff in order to make it easier for people to choose.

Staff were aware of people who were on special diets such as diabetes and the registered manager had started having topical discussions during supervision to embed learning on various aspects of care such as diabetes. Staff were able to tell us and we saw evidence of speech and language therapy (SALT) involvement in the care records we reviewed. Staff had attended training recently on swallowing delivered by the local SALT team. In addition the service used a food thickener which did not separate easily when mixed in order to reduce the risk of harm to people with swallowing difficulties as advised by best practice.

People were supported to access health care professionals where required. The dentist and optician visited annually or when required in an emergency. The chiropodist visited every six weeks and the hairdresser visited weekly. The district nurses came daily to administer medicines such as insulin and to change wound dressings where required. GP visits to review people who were sick and medicines were also evident. Staff told us and we saw evidence that people were supported to keep hospital appointments and there was constant communication to ensure that everyone knew if someone was going to be discharged from hospital. On the day of our visit all staff were aware of and were ready for a person who was coming back from hospital that day.

The physical environment facilities were good. There were several sitting areas, two dining rooms, a hairdressing salon, a bathroom with proper pedicure chair, good sized rooms with views that people told us they appreciated and benefitted from. The design of the premises was completed in ways that kept people with dementia oriented and stimulated. Hand rails were painted in bright colours, bathroom doors were bright red with pictorial signs in order to aid people in recognising different rooms within the service. In addition staff wore big bright red badges so people could easily identify them when they needed assistance. The Namaste (a sensory program aimed at stimulating people with advanced dementia) room was decorated in retro-style and equipped with reminiscence and sensory stimulation material in order to help create calm and relaxing environment for people.

Staff were supported by annual appraisals where goals and aspirations were discussed and a plan was made. Most plans included professional development such as gaining qualifications in health and social care. Staff we spoke with were studying for either a level two or level three qualifications in social care. One staff member spent some time being assessed by their assessor on the day of our visit. Staff told us the registered manager confirmed that pay rises were given to staff annually in order to retain and motivate staff on a regular basis. In addition monthly supervision was in place and completed by the registered

Good

Is the service effective?

manager to ensure that staff were up to date with their practice. The registered manager told us that the theme of the month for discussion during supervision and handovers was "diabetes care" and we saw how reflective practice as well as the theme of the month was used to encourage staff to develop.

There was a comprehensive training program which was a mixture of external training, eLearning and training delivered by the registered manager. Staff had a completed the 15 Care Certificate standards modules either as a refresher for existing staff or as part of induction for new staff. The Care Certificate has been introduced nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff members were complimentary about the eight module dementia training and the advanced communication training which was delivered by the registered manager with the support of one of the directors as there was a lot of role-play and scenarios which staff felt were very useful and practical. We saw a training matrix which showed that training had been grouped to specific months in the year and that refresher training was offered in a timely manner. Training included but was not limited to, Namaste care, infection control, dignity, safeguarding vulnerable adults and moving and handling. Staff were trained so that they were able to support people effectively using evidence based practice.

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. Staff were aware of their responsibilities and could outline how best interests decisions could be made in practice.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had taken appropriate steps to apply for authorisations to deprive people of their liberty where necessary. Staff were aware of the people who had applications in place waiting for authorisations to lawfully deprive people of their liberty. Staff told us that before they delivered care they always waited for someone's verbal or implied consent before continuing with the support.

Good

Is the service caring?

Our findings

People told us that staff members were attentive, caring and compassionate. One person said, "They're very good, the [staff] in here; that lady (indicating a particular staff member) is excellent." Another person said, "They look after me very well – you can't say anything else. When you press the buzzer it's like a five star hotel with personal care." Relatives told us that staff were approachable and kind and looked after people very well. One relative said, "I can't praise the staff enough. They're always cheerful." Another relative said, "The staff are all lovely. There are some very phenomenal people here. They are very friendly towards the people and have a way of making people feel special." We observed that care was delivered in a kind and sensitive way.

We observed the way staff interacted with people throughout our inspection and found staff responded to people in a timely manner. We saw that call bells were answered promptly and people were assisted with personal hygiene needs when they needed. Staff spoke in soft tones and acknowledged any questions. Staff members were aware of the needs of the people they looked after and could explain to us people's needs including those of people who could no longer expressed themselves verbally due to their illness. Staff members were good at anticipating people's needs and following both verbal and non-verbal cues from people and immediately attempted to address these and rectify any cause of discomfort.

Advanced care planning was in place for all people from when they first started to live at the home. This enabled people to talk about their health problems and write down and regularly review their preferences around who they would like to make medical decisions on their behalf when they are no longer able to.

People were supported to pass away in a comfortable, dignified and pain free manner. Staff were trained and knowledgeable about how to deliver end of life care in an anticipatory and sensitive manner. They told us how they incorporated symptom control, emotional and spiritual support as well as social participation in order to ensure people with long term conditions were fulfilled and pain-free at the end of their lives. The manager told us that the home had become a local 'centre of excellence' for end of life care. This was evidenced by several other homes and hospices arranging visits to come and see how they delivered end of life care and echoed by all the health care professionals we spoke with. We observed staff deal empathetically with relatives after a death had occurred. We found arrangements were made to certify deaths quickly. One relative told us, "[My relative] just passed away this morning. They've [staff] been absolutely marvellous. [Another relative] was here too. I visit older people all the time, so I knew where I wanted them to come. Purely based on their excellent rapport with people."

People, where possible, had outlined specific funeral arrangements. For example, one person had requested for last rites to be performed by the priest when the time came. In addition the registered manager had developed and compiled a bereavement folder with comforting poems and various informative leaflets that relatives could read while staying with their loved ones during the last days of life. A pull up bed was also made available for relatives who wished to stay overnight during the last few hours of life. Staff told us and we saw that beverages were offered to relatives visiting overnight and during the day. A bereavement questionnaire was sent to relatives. We reviewed some of these and found complimentary statements about the quality of care received. After death there was a memorial book left at the front of the service to remember people who had passed away. An electric candle was placed next to the photograph of the deceased in memory of the person. Staff and the registered manager also confirmed that a member of staff from the service always attended the funerals when invited.

People were treated with privacy, dignity and respect. Before care was delivered, staff explained what they were going to do. Staff knocked and waited for a response before they entered people's rooms. People wore clean clothes and were well groomed. People were assisted to go to the toilet regularly during the day and we observed that staff spoke with people during tasks such as moving people from chair to wheel chair. Staff waited patiently for people who needed a little time and encouraged them to get up and mobilise independently. There was a clear focus on holistic practice with an emphasis on involving people in all aspects of their daily lives via meetings, consultation forms and daily interactions. Dignity and compassion were at the heart of staff approach and was evidenced by the cards and letters from many relatives. Staff members were trained in how to promote dignity, and care plans were written within the context of dignity and promoting choice. For example

Good

Is the service caring?

care plans and annual reviews documented the involvement of the person and people and their relatives (or next of kin) confirmed they had discussions about their care needs and were aware of their current care plans.

People's spiritual or cultural wishes were respected. Staff told us how people's wishes were respected and accommodated. This included whether people wanted personal care to be delivered by same gender staff or how they preferred their food cooked. There was a folder with information about the different faiths and religions including relevant aspects of care including end of life and after death care requirements which staff referred to when they needed guidance as and when people of different faiths moved into the service.

People were given choices and information was made available on the activities and the menu choices for the day. People told us they had been involved in decorating their rooms and other areas within Ebury Court.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and staff told us the care delivered was focused on people's individual needs and preferences. A person said, "Yes, they're very good. I have got to know quite a few of the people here. I'm feeding the birds [through the window]; when it's warmer I go outside to do it." Another person said, "They will come and ask you if you want to go to bed and if you're watching TV or something, I might say: "Not yet." And they say: "Alright." "I'm a real chatterbox and I like to get up early so I can have a chat [with someone]." A relative said, "They can have a meaningful conversation with [my relative]. [Most care homes] are big and impersonal but here it's more like a family. I've never had to complain."

An effort was made to improve the quality of life for people living with dementia. This included two classes per week of cognitive stimulation therapy (CST) for those with mild to moderate dementia as recommended by national guidelines for dementia care. We saw evidence that CST was delivered in groups and there was a noticeable increase in the participation and level of engagement of people who attended. Namaste, a sensory care programme for those with end stage dementia, was provided at Ebury Court in small group sessions twice daily, seven days a week. This helped Ebury Court staff to support people with dementia to have more fulfilling and stimulating lives by engaging with them through various verbal and non-verbal means. This resulted in positive outcomes for people such as reduced dependency on pain relief medicines and increased engagement with staff, family and other people. In addition people on the Namaste program who were initially non tactile (resistant to touch) became tactile through regular loving touch which decreased incidents of people refusing care.

On the day of our visit activities such as newspaper reading, hairdressing, one to one conversations, various games, sing along music and Namaste care took place. Participation was voluntary and there were other lounges available for people who did not want to take part in organised activities. Some people went out for the weekly Friday afternoon lunch at the local pub. One person said when asked where they had been confirmed, "We went to the pub, just down the road, and had fish and chips for lunch. Then we came back here."

The chef and people told us that cake decorating took place weekly and there were a group of people were very interested in this activity. People went out on day trips to the park, Buckingham Palace and the seaside in the Ebury Court mini van which could take up to nine people at a time. We saw portfolios on display of recent outings including information about money raised during the summer fete. All the staff including the chef and housekeeping staff were involved to some extent in ensuring there were activities throughout the day. Staff told us an example which was also mentioned by the registered manager about a person who before they deteriorated used to help fold the laundry as they had always led a busy life and wanted to be kept busy.

People and their relatives told us they were able to complain to the registered manager, their deputy or to any of the staff in duty should the need arise. One person said, "I've no complaints, but I would if unhappy". A relative said, "We've no complaints, but would approach the manager." They were aware of the complaints procedure and the comments and suggestion box. One person said, "The chair I'm sitting in is my own that I brought from home. The TV is my own too. There was a smaller one there, but it was hard for me to see well. I spoke with the manager and she said there was space for a 42" so that is what I got." Another person said "[The manager] did an assessment [with me recently] and there were a few little niggles that I brought up. She's very hot on things. You've only got to tell them; they like to know." People told us that their complaints had been resolved to their satisfaction and that they felt that the complaints process was fair and did not discriminate or penalise anyone who voiced their opinion.

We reviewed care plans and found evidence of involvement of the person and their relatives. One person said, "You sit with them whilst they write your care plan. They ask you when you come in what you want and regularly thereafter." A relative said, "Yes, I am involved in [my relative's] care planning. We did one when she came in four months ago and we reviewed it a few weeks ago. You want people to treat [my relative] like their own, which they do. They're really treated like human beings, not just a task." Advanced care planning was also in place to ensure people's wishes and preferences were respected. These included people's pain relief, religious and last rites preferences.

Care plans reflected people's individual preferences and included "This is Me" and life stories within their care plan

Is the service responsive?

to enable staff to have a holistic view of the person as well as better understand and care for people by using information about them to start conversations. Wake up time and sleep time preferences were noted. For example a person's sleep routine read, "prefers a hot drink before retiring after 10pm." Staff told us that these preferences were noted, however should people wish to wake up earlier or later that their regular time their wishes were respected. Any changes were written in the daily diary and the care plan was updated. A supportive care folder was kept and people's care files were colour coded to indicate the level of care required as people were reaching the end of their life. This made it easy for staff to note at a glance the level of support required especially for people nearing the end of their life and enable them to care for them effectively and commence and wishes outlined during advanced care planning.

Staff told us and we saw documentation to confirm that there was a checklist used and documents photocopied and taken to hospital with people in order to enable the hospital staff to see at a glance the current medicines, and needs of the person being admitted. This also allowed smooth transition between services.

People and relatives said there were no restrictions to visiting. A person said, "My visitors come when they can." Another person said, "One of my sons takes me out every Friday. I prefer to stay in my room unless I'm going out. I have my newspapers and my phone. They are not forcing me, I can do what I like." One relative said, "We can visit at any time". Another relative said, "I come at least once a week and also get an update when I call. Plus I can also call at the pay phone number and my relative will come to the phone if they can." There were meetings for people and their relatives to discuss issues. The residents' meeting was chaired by one of the people who used the service. We reviewed some of these minutes and found that issues such as the menu and cleanliness of the service were discussed.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives made positive comments about the management and the staff. People felt the registered manager was excellent, and that they were visible around the service during the day and approachable. One person said, "[The manager] is always around. You can definitely count on her to put things right." A relative said, "The manager runs a tight ship. She will not let standards slip and that gives me reassurance that my [relative] is looked after." Another relative said, "The manager and her team are all very welcoming, attentive and do their best to keep everyone comfortable." People described the manager and staff as "remarkable", "friendly" and "phenomenal". One person said, "They go above and beyond. It's more than just a job." People thought the service was managed exceptionally well and that the staff worked as a team.

There were clear management structures in place. The registered manager was supported by the deputy manager and senior team leader. Staff were aware of their roles and responsibilities and the reporting structures in place within hours and out of hours. They told us that the registered manager was always available and at the weekends the deputy or the senior team leader were available as senior management. There was a substantive night team with a senior care worker always on duty to ensure that night shifts were coordinated effectively. In addition the deputy manager carried out monthly checks at different times unannounced to ensure that staff followed appropriate procedures to ensure people were safe. Some staff were champions in various aspects of care such as dignity, dementia and end of life care. This gave staff the motivation, recognition and opportunity to learn more and share their knowledge with other staff in order to improve people's experience.

Staff said they felt supported by the management and that there was an open, no blame culture. Open communication was promoted and encouraged by the registered manager. Staff understood the need to be honest and transparent in order to have successful working partnerships with people, colleagues and relatives, particularly when incidents or mistakes occurred. Staff told us and we verified in the records we reviewed they reported all accidents and relatives were always informed. They would not hesitate to whistle blow if they saw any poor practices and were aware of the whistle blowing procedures. Staff had opportunities to feedback or discuss any issues with the registered manager. They told us that appraisals, supervision and meetings were all platforms to feedback as well as any time they saw the registered manager or their deputy. Staff said the management was flexible and understanding during times where staff member's personal circumstances didn't allow them to work their usual shift patterns.

The registered manager ensured staff were kept up to date and were knowledgeable about best practice in the field of end of life care. There was a 'journal club' where the registered manager discussed various topics related to end of life care to ensure staff were kept up to date with the latest developments in end of life care so they could effectively support people. In addition the registered manager had written an article on the positive outcomes of using Namaste approach when caring for people living with dementia. The service had achieved and maintained the investors in people award since 1999 in recognition for their commitment to training and developing staff. Training such as dementia care, Namaste care dignity and palliative care was extended to ancillary staff to ensure that they understood the needs of people using the service.

The service had recently been ranked 10th in the "carehome.co.uk 2015 Top 20 Care Home awards" an independent survey completed on London care homes based on recommendations made by people who used the service and their family and friends. All the people and relatives we spoke with said they highly recommended Ebury Court for its excellent care delivery. In addition the service achieved "Beacon Status" and was awarded the "Gold Standard Framework in Care Homes Quality Hallmark Award" for end of life care. The award is given to homes that demonstrate a continuing improvement in the quality of life as well as reducing hospital deaths and crisis admissions, leading to greater satisfaction for people and their relatives. The registered manager and staff demonstrated a commitment to providing all aspects of end of life care including collaborative working with multiprofessionals, symptom control, anticipatory prescribing, dignity, dementia and spirituality. This was demonstrated by people and their relative's overwhelmingly positive feedback and the positive comments we saw in the bereavement questionnaires completed by people whose relatives had received end of life care support at Ebury Court.

Outstanding ☆

Is the service well-led?

The service had demonstrated partnership working with local colleges. On the day of our visit there was a student on work experience and this was a regular arrangement with the local college in order to support people wanting to work within social care. People went out for a weekly church service where tea was served after. The service had good and open links with the local community, which included local churches, schools and colleges, pub, day centre and community health partners.

The registered manager understood the importance of inspiring staff. To this end, new ideas for development, involvement in research programmes, and continually striving to enhance the quality of service delivered to people was evident. This included the registered manager continuing to be an ambassador for the Gold Standards Framework programme (GSF). GSF ambassadors are representatives from GSF accredited organisations that help increase local and national awareness of the importance of improving end of life care. The registered manager was also involved in forums such as the bi-annual NHS England events in relation to dementia and end of life care, GSF conferences and the annual Alzheimer's show. They had also co-written an internationally-published research paper about the successful implementation of the Namaste Care programme outlining the positive impact of Namaste care such as reduced pain and reduced reliance on medical interventions to resolve agitation. In addition another initiative called “The Club” was set to commence in January 2016 with the room already redecorated and staff folder already set in order to improve people’s engagement and structure their day.

People, relatives and staff told us that they were involved in making decisions about the service and that suggestions were listened to and acted upon where possible. People’s opinions were sought through the monthly listening form, residents’ meetings, participation in reviews and care planning. They were also consulted when new initiatives were being considered. For example, cognitive stimulation therapy and “The Club” where people had been actively involved in choice of names and themes. The Club was set up and ready to start aimed at providing continuous activities. People had also been involved in selection of wallpaper for their dining room and in the recruitment process. Those who could not communicate verbally were encouraged to make choices using pictorial material such as menus and care plans.

Through regular discussions, the registered manager and directors had a shared vision, ethos and clear goals and worked collaboratively to continuously improve the service. This was evident throughout the inspection as we saw that people were involved in what they wanted to do and their dignity was promoted in all aspects of care and support delivered. Staff members told us that “this is their home, we are the visitors here.” A relative commented that their relative, after going out with them for the day, would always refer to Ebury Court as their home.

The service had robust quality monitoring systems which included use of reflective practice evidenced within handover discussions, after death analysis, the journal club, staff meetings and monthly staff supervision records. Quality of food was monitored and people’s views gathered during resident meetings and one to one feedback with the chef. Records were also audited to ensure they were an accurate reflection of people’s current needs.