

Connifers Care Limited

Ebony House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ebony House is a residential care home providing personal care to eight people at the time of the inspection. The service can support up to eight people.

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

People told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

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

People were supported by enough staff who had been recruited safely. The provider supported people safely with medicines.

The service was clean and odour free and staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic. The service had been refurbished and personalised for people.

People's dietary needs were met effectively. People had access to and a choice of fresh food and drinks.

Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People and staff told us the management of the service were supportive. Staff told us they felt well supported by the registered manager. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement. (Report published on 4 June 2019).

Why we inspected

We carried out an unannounced focused inspection of this service on 8 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to all the key questions which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last comprehensive inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ebony House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was also a targeted inspection on a specific concern we had received from a member of the public regarding people's access to fresh and nutritious food.

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since the last inspection.

During the inspection

We spoke with two people who used the service. We spoke with four members of staff which included the registered manager, the team leader, a senior support worker and a support worker.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided including one person's care records. We also spoke with one relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the provider had failed ensure that the premises and equipment were safe to use and assess and prevent the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed.
- The home was clean and without malodour. At the last inspection we saw the shower cubicle and the toilet was dirty. The shower did not work, and the shower cubicle door was broken. At this inspection we saw the bathroom had been refurbished and was of a good standard.
- Staff demonstrated good infection control practices. Staff were seen to wear Personal Protective Equipment (PPE) such as gloves and aprons where needed. One staff member told us, "I have to wear all the protective equipment when giving personal care. They have PPE available every time." One person said, "[Staff] do wear [PPE]."
- The provider's infection prevention and control policy were in date and included reference to COVID-19.
- The service was following safe guidance to ensure visitors were not at risk of catching and spreading infections. The service had PPE and hand sanitizer available in the front entrance of the people's home with information about COVID-19. Visitors were given lateral flow testing for COVID-19. The lateral flow testing can provide results in 30 minutes.
- The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and regular health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home.
- Fire systems and equipment were monitored and checked to ensure they were in good working order.
- People's care records included risk assessments which had been compiled in relation to their support needs. Risk assessments covered areas such as behaviours that challenge, medicines, choking, environment, personal hygiene, sexuality, and safety in the community.
- Risk assessments were personalised and regularly reviewed. For example, one person's risk assessment for behaviours that challenge stated, "Staff to remain calm. Staff to speak evenly without changing the pitch of their [voice] too much. Keep any speech simple."
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst

maintaining their freedom. One staff member said, "If I notice a change, I would have to raise concerns with management. They act upon it. They would sit down and do a risk assessment looking at the problem." This showed staff met people's needs safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to follow systems and processes effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding services from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and a relative told us the service was safe. One person said, "Yeah I do [feel safe]. I have a problem or needed anything I can ask the staff and they will respond to me." Another person told us, "Yes safe. It is safe here." A relative commented, "[Staff] take good care of [relative]."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would have to raise concerns to the team leader. If nothing is done, I can go to the manager. If nothing is done, I would tell the local authorities and CQC." Another staff member told us, "I would need to report it to my team leader and my manager. If they didn't do anything, I would whistle blow to the CQC."
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority. Records confirmed this.

Using medicines safely

- Medicines were managed safely. The service had suitable arrangements for ordering, receiving, and storing of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- People who were supported with medicines had a medication administration record. We found these were accurately completed and showed that people received their medicines as prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. Staff confirmed this.
- There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly. The service completed a monthly audit of medicines. A senior staff member told us they checked medicines daily however this was not recorded. After the inspection the provider sent us a daily recording form to be checked by staff which included medicines.

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Through our discussions with the registered manager, staff, and people, we found there were enough staff to meet the needs of people who used the service. One person said, "I think there is enough [staff]." Another person told us, "Enough staff." One staff member told us, "There is enough staff. We also senior staff around."

We have a lot of support workers."

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents and safeguarding, so any trends or patterns could be highlighted. The registered manager told us, "We have a post incident meeting and that is where the learning point will take place. We focus talking about [learning] supervision and in staff meetings."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about people accessing fresh and nutritious food. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People received good support with eating and drinking. There were written guidelines for staff on how to support each person with their eating and drinking. People's food choices were recorded, and these were known by staff. Information for staff also included peoples likes and dislikes.
- People were supported to have a balanced diet that promoted healthy living. People had access to snacks and drinks throughout the day and fresh fruits were available for them. We saw the fridge was stocked with fresh vegetables, meat and fruit. Culturally specific food was available for people.
- People told us they liked the food. One person said, "In the morning I make my own breakfast. At night [staff] make dinner for you. If you have an allergy, [staff] won't make you that food. There is plenty of food." Another person told us, "You have bread, toast and cereals for breakfast. Staff cook rice and chicken."
- Staff recorded what people ate to enable them to monitor their food intake.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

At our last inspection, the provider had failed ensure that the premises and equipment were safe to use and assess and prevent the risk of the spread of infection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had improved the living environment for people living at the service. This included making communal areas and people's bedrooms more personalised. Also, the service had been refurbished and modernised which included a new shared bathroom.
- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People and a relative said they liked the service provided. One person told us, "I like [living at the service]." A relative said, "When I go there everything seems to be neat and tidy. The [staff] are taking good care of [relative]. That is what I observe. I don't have any complaints."
- People and a relative were positive about the registered manager. One person said, "[Registered manager] arranged to go see the doctor about my arm." Another person told us, "[Registered manager] takes me out in his car. He is nice."
- The registered manager told us they felt well supported by the provider. The registered manager told us, "I do have regular supervision with my manager. We regularly attend external training. We have service development meetings between the provider and the managers."
- Staff spoke positively of the registered manager and working for the service. One staff member said, "It is nice working here because the staff are very supportive. [Registered manager] is lovely. He encourages staff every day. He teaches you the job and corrects you when you go wrong. He visits everyone on duty before he even puts his bag down." Another staff member told us, "[Registered manager] listens. I would say he is good. If you have any concerns, he will work on it. He is a very good manager."
- The provider and the registered manager undertook regular audits to monitor the quality and the safety of the service. Records showed this included checking training, accidents and incidents, premises, fire safety, food menu, supervision, staff meetings, medicines, support plans and risk assessments. Areas of concern

from audits were identified and acted upon so that changes could be made to improve the quality of care.

- The provider kept clear, accurate and complete records in relation to people's care.

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

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- The registered manager and the staff team knew people well which enabled positive relationships to develop and good outcomes for people using the service.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, staff meetings were held on regular basis. One staff member said, "We get meetings every month. We are updated what is going on in the company and how we support our clients. We can raise any concerns in the home."
- The quality of the service was also monitored through the use of annual surveys to get the views of people who used the service and their relatives. The last annual survey was conducted in 2020. Overall, the results were positive.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. One staff member told us, "I treat everyone equally." The registered manager said, "We don't discriminate against anyone."

Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.