

Connifers Care Limited

Ebony House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Ebony House is a residential care home that was providing personal care to eight people with a learning disability or autistic spectrum disorder at the time of the inspection.

People's experience of using this service:

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, lack of choice and control, limited independence and limited inclusion.

The provider did not follow appropriate safeguarding procedures to ensure people were safeguarded from abuse and unlawful deprivation of liberty.

There were several health, safety and infection control issues which put people at risk of potential harm.

The provider did not deploy staff suitably to ensure their needs were met safely.

Risks to people's health, care and mobility needs were appropriately assessed and mitigated.

People were supported by staff who knew how to provide safe care.

Staff recruitment checks were carried out to ensure they were safe to work with people.

The provider lacked robust and effective systems and processes to ensure the quality and safety of service.

People and relatives told us they felt safe with staff. Staff knew how to safeguard people against harm and abuse.

People, relatives and staff told us the management was approachable.

Rating at last inspection:

Good (report published 15 August 2017)

Why we inspected:

The inspection was brought forward due to information of risk or concern.

Enforcement:

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment, safeguarding service users from abuse and improper treatment, and good governance. Details of action we have asked the provider to take can be found at the end of this report.

We made a recommendation in our inspection report, which we will follow up at our next inspection.

You can see what action we told the provider to take at the back of the full version of the report.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Care Quality Commission (CQC) recently received two whistleblowing in relation to safeguarding concerns about people who used the service and staff, and governance. As a result of these recent, safeguarding concerns we undertook this responsive focused inspection. At our last inspection, this service was rated 'good'. At this inspection, Safe and Well-led has been rated as 'requires improvement'. The overall rating for this service has changed to 'requires improvement'. The inspection was prompted in part by notifications of safeguarding concerns in relation to a person who used the service and an ex staff member. These incidents are subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incidents. However, the information shared with CQC about the safeguarding cases indicated potential concerns about the management of safeguarding cases. This inspection examined those risks.

Inspection team:

This inspection was carried out by two inspectors and an inspection manager.

Service and service type:

Ebony House 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.

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:

This was an unannounced inspection.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. The provider had completed a 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 spoke with two people who used the service. We observed interactions between people and staff.

We spoke with two care staff, two senior care staff and the registered manager.

We reviewed three people's care records, four staff records including recruitment, training and supervision, and other records about the management of the service.

Following the inspection, we spoke with two relatives, two healthcare professionals and the local authority.

We also reviewed documents sent to us by the provider following the inspection.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- The provider did not always follow their safeguarding policy and robust safeguarding procedures to respond to suspicions and allegations of abuse.
- During the inspection, we were informed by the registered manager that a safeguarding concern had been raised by the local authority in relation to a person who used the service. However, there were no records of the safeguarding investigation and outcome to demonstrate the actions they had taken to ensure the person's safety.
- We also found that the actions suggested by the director of removing the alleged staff member from the night duty till the investigation was concluded had not been followed by the registered manager.
- This showed the registered manager did not follow the provider's safeguarding policy and the inconsistent approach between them and the director may have placed people at potential risk of harm and abuse.
- We observed one person's bedroom door had a glass window which was not covered, and this gave full view of their bed and most of their room.
- We asked the registered manager about this. They told us that the bedroom door with a glass window had been in place before the person moved to the service. The registered manager further said staff carried out two hourly checks at night and to avoid waking the person up by opening the door, having a glass window on the door met their needs.
- However, this person's care plan did not have records to show how the decision was reached to restrict the person's privacy for the purpose of receiving care and treatment. This meant the person was not safeguarded from improper treatment.

The above issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following the inspection, the registered manager sent us an email confirming the actions they had taken in relation to reinstating the person's right to privacy. They told us they had spoken to the person's social worker to request a care review and a best interest decision meeting in relation to the window on the person's bedroom door. In the meantime, they had decided to put a curtain on the window.
- One person and relatives told us they were safe in the home.
- Staff were trained in safeguarding and whistleblowing procedures and demonstrated a good understanding of their role in safeguarding people against harm and abuse.

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

- We received mixed feedback from relatives in relation to the service's cleanliness.

- On the day of inspection, we noticed the upstairs shower room did not have paper towels, hand wash or hand sanitiser. This shower room was shared by two people who did not have ensuite facilities in their bedrooms.
- We asked the registered manager about this and they told us due to one person's behavioural needs they could not store hand wash and paper towels in the shower room. They further said that the staff would assist people to use hand wash facilities in the next-door staff toilet.
- This meant people and staff were at risk of cross infection as they did not have access to appropriate hand washing facilities in the shower room.
- There was malodour in this shower room, the shower cubicle and the toilet were dirty, and the shower room floor was sticky. The shower cubicle door handle was broken, and the wall had a hole in it that was drilled for ventilation purpose but not yet completed.
- The ceiling on the landing had a hole in it. Some parts of the staircase carpet were ripped off the floor and frayed. This was a trip hazard and a safety concern.
- Maintenance records showed the registered manager had identified and reported some of these risks, but no action had been taken.
- The provider had not appropriately maintained the premises and there were cleanliness, safety and security issues that put people who used the service and staff at risk of avoidable harm.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following the inspection, the provider sent us an email that showed they had removed the staircase carpets to mitigate the risk of falls and had temporarily filled in the hole in the wall.
- Risk assessments were comprehensive and regularly reviewed. They showed risks to people's individual physical, emotional and behavioural needs were identified, assessed and mitigated.
- Staff had a good understanding of risks to people and how to provide safe care.
- The provider carried out regular health and safety, and maintenance checks. There were records of water, fire and electrical equipment, and building checks. These were all in date.

Staffing and recruitment

- The provider used a dependency tool to identify people's dependency in relation to activities of daily living and behavioural needs. This information was used to establish staffing needs.
- Seven people living at the service were on one to one staffing. However, on the inspection day, we observed that these people were not always supervised by a staff member. For example, a person who was on one to one staffing, we saw they were left on their own in a living room for over 20 minutes. During that period staff did not approach them to check if they were safe and needed assistance.
- Most staff told us there were enough staff on duty. However, one staff member commented, "Yes, sometimes short [staffed] but not very often. If [staff member] calls in sick [the management] don't cover the [staff member], we have to do it. We manage it."
- We discussed this with the registered manager who told us that mostly they were able to cover staff absences but there were times when they couldn't. During those times the registered manager would help.
- This meant sufficient staff were not always deployed to meet people's needs safely.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to safe staff deployment.

- One person and relatives told us that there were enough staff on duty. A person said, "Always someone here [to help]." One relative commented, "Yes, there are enough staff. There are staff always around looking

after [person who used the service]."

- The provider followed appropriate recruitment procedures to ensure people were supported by staff who were safe and of good character. Staff files had records of application form, interview notes, identity, reference and criminal records checks to ensure people who were vulnerable were supported by suitable staff.

Using medicines safely

- One person and relatives told us staff provided safe medicines support.
- Staff received training in safe medicines administration, their competency was assessed and were able to demonstrate how they would administer medicines safely.
- People's care folders had a comprehensive medicines management plan including 'as and when required' medicines and covert medicines protocols. The medicines management plan gave staff instructions on how to safely administer people's prescribed medicines.
- People's medicine administration records were appropriately completed by staff and the registered manager checked them daily to ensure people received medicines safely.

Learning lessons when things go wrong

- There were processes in place to report, record, investigate and learn lessons when things went wrong. Accidents and incidents records confirmed this.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had monitoring and auditing systems in place to enable them to ensure the quality and safety of the service. However, we found these systems were not always effective in identifying and addressing issues in a prompt manner.
- The provider did not always maintain clear, accurate and complete records in relation to people's care.
- For example, there were a lack of records in relation to recent safeguarding cases, there were no records supporting the decision to restrict a person's right to privacy. People's care plans and risk assessments stated they were 'unable to sign' but did not indicate the reason was they lacked capacity to give consent to care and treatment.
- We found several health and safety issues with the premises. The registered manager told us and the staff meeting minutes for April 2019 confirmed that the provider had refurbishment plans in place to improve the living environment for people. However, during and following the inspection, the registered manager did not provide us with the refurbishment plans.
- There were no pictures on any walls and the living environment did not provide any stimulation to people who lived there. The registered manager told us that they could not put any frames on the walls due to one person's behavioural needs. However, they had not sought an alternative method of providing stimulation to other people who lived at the service.
- People who used the service did not like changes in staffing, and staff changes triggered behaviour that challenged the service. During the inspection, staff and the registered manager told us, and the staff meeting minutes for April 2019 stated that the provider was in the process of moving care staff to provider's other services. This could potentially disrupt the care delivery and negatively affect people's behaviour.
- We found the management did not fully understand their responsibilities in relation to delivering care that met Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager told us their responsibilities in ensuring duty of care and their duty of candour responsibility. 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. However, we found they had failed to take appropriate action in line with the provider's safeguarding policy to respond to allegations and suspicions of abuse.
- The provider had temporarily converted a bedroom to a communal living room so that people had more choice of communal areas. However, the provider had not notified us of this change. The provider is required to notify us of any changes that are made to their registration requirements.

- This showed the service did not have robust systems and process to ensure the care delivery and the service lacked effective governance.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following the inspection, the provider told us they had purchased sticker posters to brighten the home.
- People and relatives told us they found the registered manager approachable. Relatives' comments included, "I am pretty happy with the service. Yes, I would recommend it. Definitely would speak to [registered manager] if not happy about something" and "[Registered manager] is a good guy, I cannot say anything bad about him."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people who used the service, relatives and staff to improve the care delivery whilst taking into account their diversity needs.
- Relatives told us their feedback was sought. A relative said, "Yes, they always ask me for my feedback, they send me letters to ask me what I think about the service and how they can improve."
- People attended monthly service users' meetings. Meetings minutes showed they were asked for their views about areas such as activities, menus, were reminded of the complaints process and how to raise safeguarding concerns and were asked if they had any concerns.
- The registered manager carried out monthly staff meetings where they discussed people's care, updated staff on any changes, aspects of care delivery, record keeping and improvement plans. Records confirmed this.
- Staff told us they felt supported and had opportunities to develop. Their comments included, "I honestly do [feel supported]. I have learnt a lot from [registered manager]", "[Registered manager] understands and is approachable if you have problems. He is ready to listen" and "[Registered manager] is fantastic. He gives you opportunity to learn."
- The provider carried out annual surveys to formally seek feedback from people, their relatives and staff. The last annual survey results showed people and relatives were happy with the service and staff felt supported and liked working with the provider.

Working in partnership with others

- The provider worked in partnership with local authorities and healthcare professionals to improve people's health and wellbeing, and care delivery.
- Healthcare professionals told us the management and staff worked with them to improve people's care. One healthcare professional told us, "When I have visited the service, I noticed that staff are always attentive to people." A second healthcare professional told us that the management was approachable however there was a lack of consistency of care. They said, "Some [staff] are more able and skilled, and others less so. There is an issue of consistency of care. That is something we will have to address with the management."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. This included failure to ensure that the premises and equipment were safe to use for their intended purpose, and to assess and prevent the risk of, and controlling the spread of, infections.</p> <p>Regulation 12(1)(2)(d)(e)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered persons failed to follow systems and processes effectively to prevent abuse of service users, and investigate, immediately upon becoming aware of, any allegation or evidence of such abuse; and ensuring that a person was not deprived of their liberty for the purpose of receiving care and treatment without lawful authority.</p> <p>Regulation 13(2)(3)(5)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated</p>

activity; accurately and completely maintain records in respect of each service user; and maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.

Regulation 17(1)(2)(a)(c)(d)(ii)