

Connifers Care Limited

Ebony House

Inspection report

104-106 James Lane
Leyton
London
E10 6HL

Tel: 02082576887
Website: www.conniferscare.co.uk

Date of inspection visit:
21 June 2017

Date of publication:
15 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ebony House is a care home providing accommodation and support with personal care for adults with learning disabilities. The service is registered to provide support to a maximum of nine people. Seven people were using the service at the time of our inspection.

At the last inspection on 12 and 18 October 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.. We issued two warning notices following the inspection.

This was because people were not safe at the service. There were poor arrangements for managing and administering medicines. Staff did not always receive up to date training. Records were not always fully completed and quality checks did not identify some of the issues we found during the inspection.

We inspected Ebony House on 21 June 2017. This was an unannounced inspection. At this inspection we found the service had made the required improvements.

At the last inspection on 12 and 18 October 2016 the service did not have a registered manager. At this inspection the service had appointed 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.

Relatives of people using the service told us they thought it was safe. Staff knew how to report safeguarding concerns. Risk assessments were completed and management plans put in place to enable people to receive safe care and support. There were systems in place to maintain the safety of the premises and equipment. We found there were enough staff working at the service and recruitment checks were in place to ensure new staff were suitable to work at the service. Medicines were administered safely.

Staff received supervision and appraisals and training in line with the provider's policies and procedures. Staff had a clear understanding of application of the Mental Capacity Act 2005. Appropriate applications for Deprivation of Liberty Safeguards authorisations had been made. People using the service had access to healthcare professionals as required to meet their needs. People were offered a choice of nutritious food and drink.

Personalised support plans were in place for people using the service. Staff knew people they were supporting including their preferences to ensure personalised support was delivered. People using the service told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People using the service knew how to make a complaint.

Regular meetings took place for staff and people using the service. The provider sought the views of people and their relatives. The provider had quality assurance systems in place to identify areas of improvement. Staff told us they felt part of a team and that the registered manager was supportive and approachable.

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. There were robust safeguarding and whistleblowing procedures in place. Staff understood what abuse was and knew how to report it. Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People had risk assessments in place to ensure risks were minimised and managed.

The registered manager carried out regular equipment and building checks.

There were appropriate arrangements in place for the safe administration of medicines. We have made a recommendation about the management of medicines.

Is the service effective?

Good ●

The service was effective. Staff received up to date training and appropriate support through supervision and appraisal meetings.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 to practice.

People's care and support needs were assessed and reflected in support records. People were supported to maintain good health and to access health care services and professionals when they needed them. People had access to enough food and drink.

Is the service caring?

Good ●

The service was caring. People told us the service was caring and staff treated them with respect and dignity. Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making decisions about the care and support provided at the service.

The service enabled people to maintain links with their culture

and religious practices.

Is the service responsive?

Good ●

The service was responsive. People's care and support needs were assessed and individual choices and preferences were discussed with people who used the service and their relatives. People's support plans were regularly reviewed.

People were able to take part in a programme of activities in accordance with their needs and preferences.

People were encouraged and supported to provide feedback about the service. There was a complaints process and people using the service knew how to complain.

Is the service well-led?

Good ●

The service was well led and had a registered manager. People using the service and staff told us they found the registered manager to be approachable.

Records were accurate and kept up to date. Effective systems were in place to monitor the quality of the service.

Ebony House

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 21 June 2017 and was unannounced. The inspection was carried out by one inspector. Before the inspection we looked at information we already held about this service. This included details of its registration, previous inspection reports, action plans and information the provider had sent us. We contacted the host local authority to gain their views about the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people and one relative of people who used the service. We spoke with four members of staff. This included the registered manager, a senior manager and two support workers.

We examined various documents. This included four sets of care records and risk assessments relating to people who used the service, staff recruitment, training and supervision records, minutes of staff meetings, seven medicines records, audits and various policies and procedures including adult safeguarding procedures.

Is the service safe?

Our findings

At the last inspection in October 2016 we found the management and administration of medicines at the service was not always safe. We found gaps in the MAR charts for three people and staff were unable to confirm if people had received their medicines. Records were not always completed when people using the service refused regularly prescribed medicines. Systems were not in place to ensure balances of prescribed medicines were correct. Unused medicines were not safely stored. Non-prescription and over the counter medicines (homely remedies) were not managed appropriately. At this inspection we found these concerns had been addressed and medicines were administered safely.

We looked at seven medicine administration records (MAR) charts of people using the service. There were no gaps in administration and all records were up to date. The systems in place for ordering of medicines were appropriate and utilised local pharmacy provision. Medicines received from the pharmacy for each person were recorded in their medicine administration records (MAR) charts. We saw records that medicines were prescribed and ordered in a timely manner to enable people to have their medicines when they needed them.

Non-prescription and over the counter medicines (homely remedies) were stored, administered and managed appropriately including the reason for administration and the effectiveness of the medicine. However, we noted one error in the recording of the balance of one homely remedy. We spoke with the registered manager about this. They said they would update staff regarding recording homely remedies.

We looked at the provider's protocol for giving PRN medicines. These are medicines which are prescribed to be given as required. PRN medicines given were appropriately recorded in people's MAR charts and behaviour monitoring charts. Risk assessments detailed any use of PRN medicines and the daily log for each person identified what measures had been taken by staff including behaviour techniques prior to the administration of PRN medicines. We found one error in the recording of the balance of PRN medicines. We discussed this with the registered manager who was able to demonstrate that the error was in the recording rather than the balance of the medicines.

We recommend the service seeks and follows best practice guidance in the management of medicines in care homes.

Relatives of people living at Ebony House told us the service was safe. They told us, "I'm not concerned." I feel [relative] is really safe." The service had safeguarding policies and procedures in place to guide practice. Staff at the service received up to date training in safeguarding of vulnerable adults and we saw records of this. The service had a whistleblowing policy and staff knew who to contact to report any concerns.

Individual risk assessments were completed to identify the risks presented to people using the service and others. Risk assessments addressed the risk associated with certain medical conditions for some people using the service which put people at risk of harm. Risk assessments covered people's specific medical conditions and any additional risk and provided staff with information detailing how to manage these risks

and ensure people were protected. Some of the risks that were considered included environmental hazards such as tendency to store litter, behavioural risks, medicines and choking. For example we looked at risk assessments for one person relating to risk of aggression towards others and staff. We saw guidance was in place about warning signs staff should be aware of and the tone of voice and body language staff should use when interacting with the person. Staff were familiar with the risks that people presented and knew what steps needed to be taken to manage the risk. One staff member explained how they managed one person's behavioural risk by ensuring their morning routine was calm and any information about unforeseen changes to their daily schedule was given in stages with clear explanations and reasons given.

The service had various monitoring processes in place to ensure the safety and well-being of people living at Ebony House. Two hourly monitoring records were completed to monitor the well-being of people using the service during the night. We saw staff clearly recorded each time a person had been monitored.

Enough staff were available to meet the needs of people living at Ebony House. Relatives told us, "There's always staff around and my [relative] is not left without help." We saw staff available to provide support when people needed it. Staff told us they felt staffing levels were appropriate on each shift. We looked at staffing rotas and noted that staff were available to cover staff sickness, annual leave and training. We saw records of staff allocation and changes made to the rota in these situations. The service had a bank of staff working at the providers other services who were available to cover staff absence as needed.

The service had a recruitment and selection policy. The provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced. We looked at staff files for staff who had been recruited since our last inspection and saw there was a robust process in place for recruiting staff. Relevant checks were carried out before someone was employed by the service which included criminal record checks, written references and proof of identity to confirm newly recruited staff were suitable to work with people. Records showed that staff's visa status where relevant had been monitored to ensure they were eligible to work.

The service had an infection control policy and procedure to prevent cross infection. The service was clean and free from odours. Records of staff cleaning rotas were signed by staff after cleaning tasks were completed and the service carried out monthly audits to monitor this. We observed staff wearing personal protection equipment when carrying out personal care or preparing meals. Staff gently reminded people about food hygiene and hand washing. We observed one staff member encouraging a person to help themselves to a snack and gently reminding them to wash their hands as they had been in the garden.

Accidents and incidents were managed safely. The service had an incident reporting protocol which included conducting post incident meetings. Staff were able to explain the protocol for reporting incidents. The service recorded incidents and identified changes that could be made following accidents or incidents to prevent harm to people using the service. Records showed that in line with the providers' protocol they had notified relevant agencies of incidents that had occurred at the service.

Premises checks were carried out and repairs identified however, no dates were recorded when repairs had been completed. This meant we could not see if repairs were completed by the service in a timely manner. We spoke with the registered manager about this. They said this would be addressed.

Records of safety checks at the service included a weekly fire safety check and fire drills which were carried out every two months. Portable appliance testing, gas safety, boiler inspections and legionella testing were carried out at the service at appropriate intervals to ensure peoples safety.

Is the service effective?

Our findings

At the last inspection in October 2016 we found people using the service may be at risk of receiving care from staff who had not completed the relevant training to support them with their needs. Some staff had not completed statutory training for eating and drinking, communication training and end of life training. At this inspection we found the provider had addressed this concern.

Staff completed a programme of training. The training programme included medicines, infection control, safeguarding of vulnerable adults, moving and positioning, health and safety, food hygiene, fire safety, equality and inclusion, mental health awareness, autism, epilepsy, challenging behaviour, breakaway techniques and eating and drinking. Records showed staff training was up to date and future refresher courses had been pre-booked as appropriate.

Staff told us the service offered opportunities to attend training and to progress in their role. They said training was "Very good" and "We are encouraged to work towards promotion and get lots of training." Staff told us the outcome of training was assessed during supervision meetings and there were opportunities to "Go through anything we don't understand fully." We saw records of this in staff supervision files.

Staff had regular formal supervision meetings with their line manager and we saw records confirming this. Staff told us, "Supervisions are helpful and you get guidance from our manager. It helps me improve." These meetings were an opportunity to raise any concerns about the service and individual areas of development and training. Supervision records confirmed monthly meetings and annual appraisals were conducted. The service had robust disciplinary and capability procedures to ensure staff performance was monitored and performance issues were addressed.

Induction processes were in place to support newly recruited staff and we saw records of this. The process included shadowing more experienced staff, reading policies and procedures and regular meetings with line managers. Staff said, "The induction training lasts six weeks and we have a weekly meeting with the manager. It's challenging but I gain confidence every week and learn so much and get a lot of support." Staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting.

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 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 are called the Deprivation of Liberty Safeguards (DoLS).

The staff were knowledgeable about the MCA, how to obtain consent before giving care and about

completing mental capacity assessments for people using the service. Records showed staff had attended MCA and DoLS training. Staff were aware of the MCA and were able to explain its application in practice. 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. At the time of inspection six people using the service had DoLS authorisation in place and the service had notified the Care Quality Commission of this. At the time of the inspection the service was awaiting the outcome of a further application.

People signed consent to care forms where they were able to do so. Where they were unable, relatives signed on their behalf. Staff understood how to enable each person using the service to give consent and gave clear examples of how they sought consent before carrying out personal care or giving support. These methods were documented in peoples support files. For example, one person's support plan gave guidance about the way staff should raise the subject of personal care. During the inspection we observed staff asking for consent prior to providing care or support to people using the service. Peoples support plans and risk assessment records clearly outlined where decisions were taken in their best interest and the relevant documents were available relating to these best interest decisions.

People were supported to access healthcare services and received support to maintain their health. Staff told us and records confirmed people were supported to attend medical appointments. We saw people's support files included records of all appointments with health care professionals such as GPs, dentists, learning disability teams, chiropodists and speech and language therapists. Records showed outcomes and actions to be taken following health professional visits. People's support records contained information relating to various appointment letters following up from referrals. Each person had a care passport detailing how they would like to be communicated with and included their medical conditions and past medical history. This meant people were supported to maintain their health.

People and their relatives were positive about the meals at the service. People living at Ebony House had access to nutritious food and drinks. We looked at the menu plans for the week. People were involved in planning the menu and we saw records of this. The service used pictorial menus to enable people to choose their meals. There were two meal choices available for evening meals and a variety of breakfast and lunch choices.

The service encouraged people to prepare their own drinks and snacks and take part in meal preparation. A variety of drinks and fresh fruit was readily available for people to help themselves. Procedures were in place for the storage and preparation of food. Records showed food temperature were checked and meals were cooked to the minimum temperature.

The service had a nutrition and hydration protocol and recorded daily food and fluid intake for people living at the service. People's weight was recorded monthly to monitor any weight loss or gain and to ensure people were receiving adequate nutrition to maintain their healthy weight. Risk assessments were in place for people who had identified risks associated with eating and drinking. People who had an identified risk of choking were supported to have appropriate meals with measures put in place to minimise the risk.

We saw records in people's support plans regarding the types of food they preferred and guidance for staff to ensure people had a balanced diet. People were able to choose the foods they liked and could change their meal choices if they wished. For example, during our visit one person was having a take away meal in the garden with their family member who was visiting.

Is the service caring?

Our findings

People using the service told us, "They [staff] are nice." When asked if they enjoyed living at Ebony House, one person said, "It's nice, it's quiet." Another person said, "It's going well here." People had developed friendships and we saw people interacting with each other in a friendly and caring manner.

One relative told us they felt the service was caring, they said, "I'm 100% happy with the care my [relative] is getting. They take good care of him and I couldn't wish for anything better."

We observed staff speaking with people patiently and respectfully and support was given with kindness and compassion. We observed laughter and positive exchanges between staff and people using the service. People using the service had a trusting relationship with support staff who demonstrated understanding of their communication and ability to meet their needs. We observed skilled use of understanding when a person using the service was being supported to speak with the inspection team about their holiday plans and the foods they liked to eat.

Staff knew what privacy and dignity meant in relation to supporting people with all aspects of personal care. We observed staff speaking with one person about their hygiene needs discretely. Staff gave examples of how they maintained people's dignity and respected their wishes.

Care and support was delivered according to people's individual needs. Care and support records were written in a personalised way and staff members knew people using the service well. They were able to tell us about the personal preferences of people using the service. Support plans included providing cultural and spiritual activities and access to their specific community when they wished. We saw records of people's choices and preferences in their personal support plans and events they had attended.

We saw up to date advanced care plans in people's care records regarding their wishes for end of life care. The registered manager had identified that some family members found end of life care difficult to discuss and had raised this with the senior management team to look at ways the service could liaise with relatives regarding this. Training records showed staff had attended end of life training in February 2017.

People living at Ebony House were involved in the service. We saw records of monthly meetings which took place and gave people the opportunity to give feedback about the service as well as planning activities and events.

Is the service responsive?

Our findings

People living at Ebony House had a member of staff who acted as their keyworker and worked closely with them and their families as well as other professionals involved in their care and support. A keyworker is a staff member who is responsible for overseeing the care and support a person receives. Staff were knowledgeable about people's individual care and support needs and had a good understanding of personal histories and preferences. Staff told us how they used the support plans and risk assessments to ensure appropriate support was given to meet people's needs. Changes to people's needs or preferences were documented and updated by staff.

Before people came to live at the service an initial assessment was carried out and each person had a support plan. People who used the service and their relatives were involved in decisions about their care and received the support they needed. Support plans were personalised and contained comprehensive assessments of people's needs, which looked at all aspects of the person and were reviewed monthly, or sooner if people's needs changed. Support plans detailed preferences regarding morning and evening routines, meals, activities, health and well-being, mental health, mobility, personal care and sleeping. We looked at four support plans for people using the service which were up to date and enabled staff to have a good understanding of each person's needs and how they wanted to receive their care and support. One person's support plan contained information about their morning routine and that they liked to be prompted to attend to their personal care before they had breakfast. This meant their support was personalised.

Staff described how people using the service were supported to maintain meaningful relationships with their friends and relatives through visits and telephone calls. Staff supported people using the service to have a safe and varied activity programme when at home and when accessing other services. People using the service attended daily activities outside the home during the week. The provider had a day centre called The Pavilion, which had a program of activities and could be accessed by people living in their services. The service had a minibus which was used at the weekend to assist people visit relatives and take part in activities and outings. People told us they liked the various activities available including use of a sensory room at Ebony House. Each person had a comprehensive activity plan which detailed all activities people liked to participate in. We saw photographs of recent events attended and people using the service told us about activities such as swimming, football and camping trips. We saw records of this in people's support plans. During the inspection people attended activities at the Pavilion and on their return, were positive about the events they had attended.

The service had a complaints policy and procedure. Relatives of people using the service said they knew about the complaints procedure and how to complain but had not needed to do so. Staff knew how to respond to complaints and understood the complaints procedure. The service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

At the last inspection in October 2016 we found the service was not always well led. Improvements were required regarding audits carried out by the service which did not always identify the issues we found during inspection such as poor medicines management. The quality of information in the handover records remained inconsistent and were not always fully completed. We were concerned that in some instances staff may not always be aware of important information to minimise reoccurrence of incidents and to keep people safe. The service did not have a handover policy or procedure to guide staff. At this inspection we found the service had addressed these issues. A handover policy and procedure were in place to guide staff and handover records reviewed were fully completed and up to date.

The service had quality monitoring systems in place which included quarterly quality assurance and compliance audit. Internal audits were carried out daily, weekly or monthly at the service. These included medicines, infection control, premises and maintenance checks, accidents and incidents, fire safety and emergency light checks and fire drills. Quality assurance systems included seeking the views of people that used the service and their relatives. People using the service were able to give their views during monthly meetings held at the service and annual surveys about the quality of the service. The most recent survey carried out in September 2016 showed people rated the service as good in areas of personal care and support, catering and food, daily living and management. Relatives also completed annual surveys the most recent being September 2016 which was positive.

Services that provide health and social care services to people are required to inform the Care Quality Commission (CQC) of important events that happen at the service. At the last inspection we found the service had not informed the CQC about an event in July 2016 that stopped the service running safely or properly and to inform us that the same incident was investigated by police. This meant that the CQC were unable to monitor that appropriate action had been taken. At this inspection we found the provider was meeting this requirement. Since the last inspection the service had submitted notifications in line with the requirements.

Staff working told us they enjoyed working at the service and found the registered manager supportive and approachable. One staff member said, "I honestly feel supported and that means it's not stressful. Our manager is really respectful." Another member of staff said, "He [registered manager] explains everything. He's very helpful and supportive. All the team are." They said, "Staff are really supportive to each other and helpful, it's a nice place to work."

Staff told us and records showed monthly staff meetings took place. Discussions recorded included keyworker feedback about each person using the service, confidentiality, medicines, recording information, budgets, learning and development, activities and menu planning. Staff said these meetings were, "An opportunity to talk about any issues, be more involved and take responsibility in the home." Staff were updated daily through entries in the communication book which detailed appointments and any updates or changes to working practice.

The service worked in partnership with other agencies and health professionals. The registered manager worked closely with local positive behavioural support team to analyse the behaviours of people living at Ebony House that may challenge the service and to develop strategies to minimise these occurrences. We saw records of the outcomes of partnership working which had positive results. We looked at feedback of the most recent monitoring visit carried out by the host local authority which included a recommendation for more personalisation to people's rooms. The service had begun to make changes in accordance with this and we saw one person who had recently moved in had personalised their bedroom. Findings of the most recent stakeholder survey conducted by the service in September 2016 rated the service as good in areas of dealing with staff, management, feedback, information and involvement in support planning for people at the service.

Throughout the inspection we requested records and information from the registered manager and staff, which was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.