

# 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected Ebony House on 24 March 2015. This was an unannounced inspection.

Ebony House is a care home providing personal care and support for people with learning disabilities. The service is registered for nine people. The service is a large property arranged over two floors. All bedrooms are single occupancy. At the time of the inspection they were providing personal care and support to six people.

There was a registered manager at the service at the time of our inspection. 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.

People were supported to make their own decisions where they had capacity. Where people

lacked capacity, proper procedures were followed in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

# Summary of findings

People were provided with a choice of food and drinks ensuring their nutritional needs were met.

A safe environment was provided for people who used the service and staff supporting them. The staff were knowledgeable in recognising signs of abuse and knew how to report concerns. We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely and incidents were reported and managed in an appropriate way.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained information setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. Risk assessments addressed the risks to people using the service.

Staff had good relationships with people living at the service. We observed interactions between staff and people living in the service and staff were caring and respectful to people when supporting them.

Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service. We found that people using the service pursued their own individual activities and interests, with the support of staff.

There was a clear management structure at the service. People who lived at the service, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

# 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?

The service was safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well. Care plans and risk assessments provided clear information and guidance for staff.

People were given their prescribed medicines safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



### Is the service effective?

The service was not always effective. People did not always have access to drinks.

The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

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

We have made a recommendation about hydration for people using the service.

Requires Improvement



### Is the service caring?

The service was caring. People were happy at the service 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 and their representatives were involved in planning and making decisions about the care and support provided at the service.

Good



### Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or their relative.

People's plans had been updated regularly and when there were any changes in their care and/or support needs.

Good



# Summary of findings

People had an individual programme of activity in accordance with their needs and preferences.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service.

There was a complaints process. Relatives of people using the service said they knew how to complain if they needed to.

## Is the service well-led?

The service was well led. There was a registered manager in place and staff told us they found the manager to be approachable and accessible.

The service had a process for reviewing incidents and notified the Care Quality Commission as required.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

**Good**



# 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.

The inspection was undertaken by one inspector and a specialist advisor. The specialist advisor had experience of learning disability and mental health services.

Before we visited the service we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place in October 2013. We reviewed the

information we held about the service which included any notifications and safeguarding alerts. We also contacted the local authority contracts and commissioning team that have placements at the service and the local authority safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection. We spoke with two people who lived in the service as the others were out for the day attending activities. We spoke with a director, the registered manager and three support workers. We also spoke with three relatives of people using the service after the inspection. We looked at five care records, staff duty rosters, five staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, staff training log, accidents & incidents, safeguarding folder, health and safety folder, and policies and procedures for the service.

# Is the service safe?

## Our findings

We asked one person living at the service if they felt safe and they told us, “Yes.” One relative when asked if their relative was safe said, “I feel [relative] is safe and secure there.” Another relative said, “I know they are 100% safe there.” Another relative explained that the service was very safety and security conscious and checked the names of visitors coming into the service and asked them to sign in.

The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and the procedure for reporting abuse. They told us they would report any concerns to the manager of the service or the local authority safeguarding team. We looked at the training log and noted that staff working at Ebony House had received up to date safeguarding training. All staff said they felt safe working in the service and that their colleagues were supportive. The service had a whistleblowing policy in place. Staff were able to explain whistleblowing and knew how they could report concerns. Staff told us they would feel comfortable and confident to whistle blow and would contact the local authority or CQC to report any concerns.

Records we saw showed there had been three safeguarding incidents since our last inspection. The manager was able to describe the actions they had taken when the incidents had occurred, which included reporting to the Care Quality Commission (CQC) and the local authority and actions taken to prevent reoccurrence of incidents. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

Individual risk assessments were completed to identify the risks presented to people who used the service and others. Staff were provided with information about how to manage these risks and ensure people were protected. The assessments included information received at the time of referral to the service and observations undertaken by staff at the service. Care records examined showed clear and comprehensive risk assessments. These were up to date and reviewed regularly. Risks considered included both to the person and to others with detailed plans on how staff should react. Staff we spoke with were familiar with the risks that people presented and knew the steps needed to

be taken to manage them. Staff told us they managed each person’s behaviour differently according to their individual needs. One staff member said, “You have to read and know the person’s risk assessments to work correctly with them and understand what their personal needs are.”

People using the service and their relatives had been involved in the development of their risk assessments. These were reviewed annually or sooner in response to any incidents that had occurred. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. We saw examples in records where staff had de-escalated situations with behaviours that challenged. Staff we spoke with stressed that physical restraint was not used. De-escalation techniques, conflict resolution and behaviour techniques were used instead. Relatives told us people were not restrained by staff. One relative said, “My [relative] will tell me, and I always ask them about this kind of thing and it doesn’t happen.”

There were enough staff to meet the needs of people. Relatives of people using the service told us they felt there were enough staff available. One relative said, “They give one to one support.” Another relative told us, “There’s always enough staff, [relative] needs support from two staff and there’s never a problem.” We saw there were support workers available to provide personal care and support to people when they needed it. Staff we spoke with said they felt there were enough staff available which gave them enough time to spend with each person using the service.

There were sufficient staff employed to cover annual leave and sickness. The service had a bank of staff available from the providers other services to cover staff sickness, holidays and study leave. We looked at staffing rotas which reflected this. On the day of our inspection, a member of staff was off sick and the manager explained that alternative arrangements had been made to ensure that people were still able to go out to planned activities.

The service had a Recruitment and Selection Policy. We looked at staff files and saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

## Is the service safe?

Medicines were managed safely. We looked at the Medicines Administration Record (MAR) sheets for all of the people living in the service. We saw they had all been appropriately completed, with clear records of what medicines people had been given and at what time. We checked the stocks of medicines and homely remedies and saw that all of them corresponded with the MAR sheets with no errors. Staff told us they were trained in medicines management and training records confirmed this. The manager told us they carried out a monthly audit of the medicines and showed us the process for returning any unused medicines. We saw records which confirmed this.

The service had an infection control procedure and carried out monthly audits. These included cleanliness of the service and food hygiene. We saw staff wearing personal protective clothing when cleaning or preparing food.

The premises were well maintained. We looked at records of maintenance carried out at the service. The manager had completed all of the necessary safety checks and audits. We saw that fire safety checks were done regularly and fire drills completed every two months. Fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

# Is the service effective?

## Our findings

People did not always have access to drinks. We observed there were no drinks easily accessible for people using the service. Staff told us people asked when they wanted a drink. During our visit we observed one person who had limited mobility on the kitchen floor trying to get a drink from a cupboard. A member of staff soon provided assistance and prepared a drink for the person. We recommend that the service refers to current guidance about supporting people to have sufficient access to drinks.

We checked the fridge and freezers and noted that the fridge was virtually empty while the freezer had lots of frozen pizza, chips, sausages and other processed foods. We asked a staff member about this and they explained that a grocery delivery was expected from a supermarket that afternoon and we saw this arrive during our visit. They also explained that the foods in the freezer were not eaten often as people were usually out all day, it was for lunch on the occasions when people were at home. We asked about the choice of foods available and staff told us this was chosen by people using the service and that only two people liked fruit and vegetables, "Most people only want this food, it's their choice, they do not like fruit and vegetables." They told us fruit was bought daily for people and we observed the manager arriving with fresh fruit which was placed in a fruit bowl. We later saw one person living at the service eating their lunch which included a salad and saw them eating fruit during the day. One relative told us, "I would like my [relative] to have more fruit and vegetables but it's hard to maintain that at the service. I do try to bring in healthy foods when I visit as I think it's important but I am not sure if [relative] bothers to have it when I'm not there."

The service had a nutrition and hydration protocol. We saw food and fluid intake was recorded daily for people using the service. We saw a weekly menu available in pictorial form for people to choose their meals. There were two choices at meal times and various items at breakfast. People using the service were involved in planning the menu during house meetings at the weekend. We saw records of this in meeting minutes. Procedures were in place for the safe storage and preparation of food. We observed one person having a meal and it looked well

cooked and of a good quality. We saw staff preparing the evening meals. They told us it was chosen by people using the service. We saw that this was reflected on the menu for the day.

One person when asked if they liked the staff told us, "Yes." One relative told us, "They are very friendly and you get to know them well."

Staff told us they received regular training to support them in their role. One staff member told us, "The training is excellent. There are so many opportunities to learn both formally and informally." Staff received regular formal supervision and we saw records to confirm this. This gave them the opportunity to raise any concerns about the service, identify what had gone well, new things they had learnt and any areas of development. We looked at records of staff supervision confirming that supervisions were carried out monthly. Staff told us they had an annual appraisal and we saw records of this. One staff member said, "I get supervision every month. I get a lot of support to do my job and we talk about my development needs and how I'm doing in the job." The manager told us there was good support from senior managers and from her peers in other homes. We looked at the training log which covered training completed. The core training included safeguarding of vulnerable adults, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), food hygiene, medicines, manual handling, health and safety, infection control and first aid. We saw records of completed training logs which showed that staff had received up to date training as required.

Induction processes were available to support newly recruited staff and we saw records of this. The induction period was over three months. This included reviewing the services policies and procedures and shadowing more experienced staff. New staff met with their line manager weekly for the first month and then monthly.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the manager. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

The manager knew how to make an application for consideration to deprive a person of their liberty. At the time of our inspection one person had DoLS authorisation



## Is the service effective?

in place. A further five applications had been submitted to the local authority for people at the service who required the use of DoLS. We saw records of the applications and follow up requests made to the local authority requesting authorisation. We saw records of staff training completed. Staff told us they had completed training courses and were able to explain MCA and DoLS. Staff had a good understanding of the MCA and its guiding principles and how to work in the Best Interests of people using the service. One staff member told us, "It's about not restricting anyone from doing what they want to do outside their home, but to keep them safe and have support."

People's health needs were identified through needs assessments and care planning. We saw records in peoples care records of attendance to various appointments including GP, dental and hospital appointments. We spoke to relatives about the access to health services. One relative told us, "My [relative] can see the GP or get medical care when they need it." During our visit we saw one person living at the service being accompanied to a medical appointment by staff.

We observed that most people were able to make choices about their daily lives, such as if they wished to go out to the cinema or swimming and which household chores they would do in the service and how often. If people were unable to make their own choices their relatives were involved. One relative told us, "I have been involved in making choices about activities that are more stimulating and challenging for my [relative]." We saw records of this in meeting notes and care records.

We saw in the care records we reviewed that consent for care was sought. Staff told us about how they would always ask permission before carrying out any tasks and ensured that people who used the service were supported to do as much for themselves as possible. One staff member said, "If a person can consent on a specific issue that is good, or we ask the next of kin, but we always get consent first."

# Is the service caring?

## Our findings

A relative told us, “The staff are very caring.” Another relative said, “The staff really care. They speak with us and also find out what we need. They care about us as well as [relative].” We observed care being provided and saw that people were treated with kindness and compassion. For example, we saw a member of staff sitting and speaking to person and laughing with them. We later saw another member of staff speaking with the person and explaining what they were cooking for the evening meal and chatting about their day.

The requests of people using the service was listened to and acted on. For example, we saw records of house meetings which took place at the weekend. People using the service were busy during the week doing activities and preferred this. People preferred to have a late breakfast and then have the meeting at a relaxed pace. People’s choices were recorded in the house meeting minutes and in their personal care records.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. For example, one staff member described what a person liked to do when going to bed for the night. Another staff member told us, “You build a relationship and treat them as individuals. That way you get to know them.”

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed plan of care. The care records were written in an individual way and included peoples likes and dislikes, how they liked to communicate, activities and family information. They

were able to say how they wanted to spend their day and what care and support they needed. We saw people were able to express their views and were involved in making decisions about their care and support.

The registered manager and staff knew the people using the service well and told us how care was tailored to each person individually and that care was delivered according to people’s wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, if someone had specific dietary needs due to religion or culture or wanted to attend a religious service this was documented in their care and activity files and we saw records that their request was carried out. One relative of a person living at the service told us, “Staff at Ebony House make sure that my [relative] can have the foods they are used to and one staff member even speaks my [relatives] language. It’s so nice.”

Relatives of people using the service told us they felt their relative’s privacy was respected. One relative said, “My [relative] wants female carers to do personal care and the staff have always respected that.” Another relative said, “I would know if this (privacy) was an issue but it hasn’t been.” Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity

and respected their wishes. One staff member said, “We maintain dignity at all times. We keep personal care private and ask if we can enter their rooms. It’s very important.” Another member of staff said, “It’s about listening to them and treating and speaking to them respectfully.”

We saw plans in people’s care records regarding their wishes for end of life care. All End of life planning was up to date and a best interest meeting had taken place to put this plan in place.

# Is the service responsive?

## Our findings

Relatives we spoke with told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. One relative said, "My [relative] is very settled in the service. They really understand what my [relative] needs." Another relative said, "My [relative] is the boss, it's all about what [relative] likes and needs or wants to do. Everything is planned around my [relatives] needs."

People who used the service and their relatives were involved in decisions about their care and got the support they needed. We saw that care records contained comprehensive assessments of people's needs, which looked at all aspects of the person. All care records were reviewed every six months, or sooner if people's needs changed. The care records were up to date and it was easy to find information in them. All care records contained details of health and wellbeing, mobility, nutrition, mental health, cultural and religious needs, and hobbies and interests. The care records enabled staff to have a good understanding of each person's needs and how they wanted to receive their care. For example, one person's care record contained information that they liked to be up and showered before they would eat their breakfast. The manager told us "it's all about looking after an individual's personal care needs and how they wish them to be carried out. Everyone is an individual and depending on their needs, diagnosis, likes and dislikes that's how a plan is formed to make sure their needs are met."

Staff told us they read care records and updated them as necessary to ensure they were kept up to date. Any changes to people's needs or preferences were documented and updated. Staff told us, "We act on this information and meet their needs." One staff member said, "We spend time getting to know people and how they behave, if they are possibly unhappy or in pain or if they need something."

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Weekly support sessions were held with the keyworker and we saw records of this. Staff told us people could speak to any member of staff and did not need to wait for their support session. Staff then shared the information with the person's keyworker and updated the

care record with any actions taken. Staff told us they developed good relationships with people living in the service. One relative told us, "I can't praise them enough, it's so clear to see they have a great relationship with my [relative] and they get on well." Another relative said, "I can always talk to the main person looking after my [relative]. They know what's going on."

Staff told us people living in the service were offered a range of social activities. The provider had a day centre called The Pavilion, which had a programme of activities and could be accessed by people living in all their services. Each person had two activity plans. One plan was for at the service, which included household chores and at what time breakfast, lunch, and the evening meal were for the person.. The other plan was for the Pavilion or other activities outside the service. Most people living in Ebony House attended a full day of various activities on most week days. The service had its own driver and transport. Weekend trips and outings also took place. People were able to make their own choices regarding what activities they wanted to do. This was evident as each care plan was very different and the activities varied. Some people took part in more physical activities such as football, swimming, cinema and watching films. There were relaxing activities available such as shopping, reflexology, manicure and hairdressing. The service had its own relaxation room on the premises. The activity care records were full and concise, even planning rest breaks and wellbeing sessions. One staff member told us that at weekends, "It's the people using the service time to choose if they want to lie in bed and have breakfast late or get up early and go out." One staff member said, "Family visits and trips out can be planned and arranged but watching films seems to be most popular." The service had two lounges and people chose which lounge they preferred to use depending on the activity they chose or where they wanted to be.

House meetings were held weekly and we saw records of these meetings. One member of staff told us, "People using the service can say if they are not happy at any time, but time is set aside in the house meetings at the weekends for anyone to say if they are not happy about anything as it can be addressed quickly then."

There was a complaints process available. Relatives of people using the service told us they knew there was a complaints process and knew how to complain. One relative said, "I've never needed to complain but I know that I can inform the

## Is the service responsive?

manager and if I'm still not happy after that I can go to more senior people." Another relative told us they had a book that they could complete with their comments or concerns but they had never needed to use it. Staff we spoke with knew how to respond to complaints and

understood the complaints procedure. We looked at the complaints log and saw complaints that had been received and had been dealt with in line with the provider's policy and procedure.

# Is the service well-led?

## Our findings

The service had a registered manager. Staff we spoke with were aware of the lines of accountability within the service and who they reported to. Staff told us the manager was approachable and supportive. They said there were opportunities to speak with the manager formally as well as informally. One staff member said, "I enjoy working here. I've stayed here so long because it's a great place to work and so supportive." We saw during our visit that staff were relaxed and at ease discussing issues with the manager who made themselves available to staff as required throughout the day. One relative told us, "The manager is very approachable. I can talk to her about anything." Another relative said, "The manager is really friendly and very calm. The service is well managed."

We spoke with one of the directors who had line management responsibility for the manager of the service. They told us they felt the organisation and the service was well led and all managers and staff reflected on the good practice and there was a "top-down approach" to care, learning and management of the service. They told us quality was maintained in the service and organisation through process of quality assurance which included annual internal audits, improvements and action plans, monthly premises audit, stakeholders survey, relatives surveys, annual directors meetings, monthly management meeting, spot checks and regular visits to the service by company directors. We saw records that confirmed these audits and meetings took place.

Internal audits were carried out daily or weekly at the service and included, medicines, infection control, maintenance and repairs, health and safety audits, and daily premises checks. We saw records of these checks.

The manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. For example, the service issued a survey to relatives annually and had a comments and complaints book relatives could use to give their views. People using the service were able to give their views during weekly meetings held at the service and through annual surveys. We looked at the survey results for October 2014 and noted that overall people rated the service as excellent in areas of staff support, dignity, personal care, staff attitude and premises. We looked at the results of the stakeholder survey carried out in November 2014. The stakeholder feedback rated the service as good in areas of physical environment, level of information shared, involvement in care planning and care.

Discussions recorded at staff meetings included recording and learning from incidents, shopping budgets, staffing, managing behaviour that challenges the service, learning and development, updates on policies and procedures and discussions about health and social care regulations.

The service had policies and procedures in place to guide practice. The service files and care records of people using the service were up to date and information and records were easy to locate.

Monitoring visits were carried out at the service by the provider. The most recent visit was carried out on 3 September 2014 and we saw the record of this visit. Records showed the provider looked at care records, activities, risk assessments, medicines, maintenance, policies, referral and clinical support for people using the service and accidents and incidents. The monitoring visit found that the service did not have an up to date electrical certificate. Records showed that this was addressed immediately after the monitoring visit.