

# Essex Care Consortium (Fordham) Limited

## The Conifers

### Inspection report

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Date of inspection visit:  
09 January 2023  
17 January 2023  
28 January 2023  
31 January 2023

Date of publication:  
10 March 2023

### 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

### About the service

The Conifers is a residential care home providing personal care providing support for up to 6 people with a learning disability and autistic people. At the time of the inspection there were 6 people living in the service. The Conifers is a large family bungalow, set in large gardens.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People had a choice about their living environment and were able to personalise their rooms. One relative described the service as, "Very welcoming, very accommodating, more like a home. As a parent we hunted high and low to find a place like this."

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Staff knew how people preferred to take their medicines to achieve best possible health outcomes. People were encouraged to play an active role in maintaining their own health and wellbeing and supported to have access to specialist health and social care support in the community.

We have made a recommendation about weekend staffing levels.

### Right Care:

People received kind and compassionate care by staff who knew them well. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. A relative told us, "It is clear to see to anyone who visits that the utmost care is taken and everything is done, above and beyond to make the home a loving and warm place to live."

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People took part in a range of activities and pursued interests that were tailored to them. Staff provided people with opportunities to try new activities that enhanced and enriched their lives. Where appropriate,

staff encouraged and enabled people to take positive risks.

#### Right Culture:

The provider and management had a strong visible presence within the service and placed people's wishes, needs and rights at the heart of everything they did. They had created a culture of learning, opportunity and reflection.

The management enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Relatives spoke about the open and positive culture of the service. One relative wrote to us saying, 'The Conifers management has always shown a professional attitude and responsibility for the [people] and demonstrates a significant empathy and caring attitude towards them.'

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 4 September 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 18 October 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

## 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Conifers

## 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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 team consisted of 1 inspector.

#### Service and service type

The Conifers is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Conifers is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had started in post and had applied to register. We are currently assessing this application.

#### Notice of inspection

The first day of the inspection was announced, however the second and third visits were unannounced. This

was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 9 January 2023 and ended on 31 January 2023. We visited the service on 9, 16 and 28 January 2023.

What we did before the inspection

We reviewed information we had received about the service. This included 5 positive feedback forms received from relatives via our website and feedback from 2 social care professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of a CQC monitoring activity that took place on 28 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We visited at different times of the day, including the weekend, to gain a view of the service's routines, and to spend time with people living in the service. We met all the people living at the service and spoke with 3 people's relatives. One person showed us around and introduced us to other people living there. We observed staff interactions with people in the communal areas. We spoke with the provider and 5 members of staff including the manager, deputy manager and support workers.

We reviewed a range of records. This included 3 people's care records, medicines records, and risk assessments. We also reviewed 2 staff recruitment records, staff rosters, staff training records and records relating to the quality assurance of the service, including audits, and minutes of meetings.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. This included supporting people to be aware of the risks associated when visiting the community or using social media.
- Relatives felt people were safe. One person's relative gained reassurance from being able "to turn up and pop in at any time". They told us, "I get a gut feeling when things are wrong – I have never had those feelings here." Another told us the person was "happy and safe."
- People had their own copy of the service's easy read, 'Keeping safe from abuse booklet', which covered different types of abuse and who to speak to if they had a concern. To aid understanding, staff had individually gone through the booklet, using language appropriate to the person's individual communication needs.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us as they knew people well, and picked up quickly if they were unhappy or worried about something. They explained how they would, "Sit and have a chat and ask if they were all right," reporting any concerns to the management, and felt confident they would be dealt with.

Assessing risk, safety monitoring and management

- Staff took a proactive approach to anticipating and managing risks which ensured people lived safely and free from unnecessary restrictions. This ensured people were supported to have as much freedom, choice and control over their lives as possible.
- Where a person showed signs of becoming anxious, a staff member picked up on it quickly, and took effective action, which ensured the person's wellbeing was maintained.
- Fire risk assessments were in place along with individual evacuation plans for each person living in the service. People also took part in 'fire drills' so they knew what action to take if they heard the fire alarm.

Staffing and recruitment

- One relative told us the management were "good at finding the right staff." Staff were recruited safely. This included proof of identity and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions.
- Every person's record contained a one-page profile with essential information and do's and don'ts to ensure new or temporary staff could see quickly how best to support them.
- The service did not use a staffing tool to assist them in reviewing if they had enough staff to safely support people and meet their needs. The weekend staffing levels did not provide people with the same flexibility in visiting the community as it did during the week. When we spoke about this with the provider, they acted

straight away to put in extra weekend cover.

We recommend the provider uses a staffing tool from a reputable source to support them in consistently monitoring their staffing levels.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Only staff who had completed their training and had their competency checked could administer people's medicines.
- We observed staff following safe practice when giving a person their medicine in their bedroom. Each person had their own locked cabinet in their bedroom, which enabled them to take their medicine in private.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). A relative told us, "Every time [person] goes to see their GP," it will include a review of their medicines."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Although cleaning schedules and checks were in place, they had not picked up a person's plastic bathmat, which was ripped and unhygienic. As soon as it was pointed out, action was taken to replace it.

#### Visiting in care homes

- People were able to visit the service when they wanted. One relative told us, "We can call or pop in at any time if we need to have a chat."
- The manager had systems in place to facilitate visits in a way that allowed them to minimise people's anxieties and manage the risk of people bringing infection into the service.

#### Learning lessons when things go wrong

- Systems were in place to record any accidents, incidents, concerns and safeguarding to look for learning, and take action to reduce the risk of a recurrence. Team meetings included sharing information about any concerns and actions taken with staff.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, including their physical, emotional, communication, and relationship needs had been assessed, and their care and support was being delivered in line with current recommended best practice.
- Relatives felt the management had thought carefully to ensure people were compatible in living with each other and got on well. One relative told us the service had, "a good mix of people," living there. Another told us it was, "The right fit for [name], from the beginning, and still feels the same."
- Staff told us about people's future goals and plans, and actions they were taking to achieve them. However, this was not always reflected in people's care plans to demonstrate the progress people had made towards them. The manager said they would take action to ensure the information was recorded.

Staff support: induction, training, skills and experience

- Staff had received relevant training appropriate to their role. The induction for new staff included two-weeks shadowing experienced members of staff and getting to know the people they will be supporting.
- One staff member had commented in the provider's September 2022 staff feedback survey, "I have been well supported since starting at The Conifers by my Director and Senior Management. There is always someone available to me if I have the need to contact anyone."
- Updated training and refresher courses helped staff continuously apply best practice. During the inspection staff were completing the Oliver McGowan Mandatory Training on Learning Disability and Autism. This training aims to ensure the health and care workforce have the right skills and knowledge to provide the best care to autistic people and people with a learning disability.
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns and they felt listened to.

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

- People were involved in choosing their food, shopping, and planning their meals. During the inspection people were gathered around the kitchen table with a selection of healthy eating recipe books. People were communicating their meal choices by picking from the recipes and pictures in the books.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Special plates have been purchased to help people identify the correct ratio of protein, vegetables, and carbohydrates to support a balanced diet.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. One person helped themselves to a pear from the fruit bowl from the kitchen table. Another person made themselves a hot drink which they took into the lounge.
- The large kitchen table supported a good social dining experience, with people sitting and eating

together, chatting away and laughing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health action plans/health passports which were used by health and social care professionals to support them in the way they needed. People played an active role in maintaining their own health and wellbeing.
- Records showed people were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff recorded any contact made with health professionals in people's daily notes to ensure all staff were kept updated.
- Relatives told us staff were good at keeping them informed on any health issues that occurred.

Adapting service, design, decoration to meet people's needs

- The environment was homely, stimulating, well maintained and furnished. The half-acre garden area provided a good outside space. This included an allotment, heated swimming pool and a bar people had set up during the COVID-19 pandemic; named, 'The COVID Arms.'
- Throughout the inspection we saw the large rustic kitchen/dining room was a constant hive of activity. It provided people with a welcoming place to socially engage with staff and each other.
- People had personalised their bedrooms and were included in decisions relating to the interior decoration and design of their home. During the inspection people showed us their newly decorated bedrooms, with their chosen colour schemes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met).

- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. They knew about people's capacity to make decisions through verbal or non-verbal means and supported them to make decisions about day to day living. This included what they wanted to eat, drink, and what activities they wanted to do.
- Staff empowered people to make their own decisions about their care and support. We observed people taking the lead on what they wanted to do.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and nurturing. They showed warmth and respect when interacting with people and as a result we saw people were at ease, happy, engaged and stimulated. A relative told us staff's, "Enthusiasm and warmth is absolutely wonderful."
- Where a person showed staff some craftwork they had been working on, the staff member praised the work, saying, "[name] we are proud of you." Discussions with staff demonstrated how proud they were of people's different achievements.
- Staff were patient and used positive and respectful language which people understood and responded to well. A relative's written feedback to the CQC included, "[Name] clearly enjoys living there, gets on well with other residents and staff. Staff are always polite."
- The provider's brochure informed people, "We aim to challenge any prejudice. Stereotyping or misconception that results in individuals being prevented from reaching their full potential." During the inspection we observed staff applying this principle to their daily practice through their use of language and interactions with people.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's individual communication styles and we saw they had developed a good rapport with them. Staff were observed communicating with people and helping them to process information to make decisions, about how they spent their day.
- Staff respected people's choices and wherever possible, accommodated their wishes.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative told us "it reflected, the level of support they wanted for the person."
- Staff supported people to maintain links with those who were important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was encouraged and respected. Staff knew when people needed their space and privacy which they respected.
- People had freedom to move around their home, the opportunity to try new experiences, develop new skills and gain independence. One relative's written feedback described the improvements they had seen in the person's, "Social skills, practical skills (helping with housework and cooking) communication skills", which had supported the person's independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to meet people's individual care needs. People, their families and social workers were involved in the development of their care plans.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Staff understood how to support people without them feeling overwhelmed.
- Care plans provided staff with guidance on the person's preferred daily routines, known anxieties and areas they needed support with, without taking away their independence. For example, people's oral hygiene plans reflected how people brushed their teeth and where staff assisted through prompting.
- People learnt everyday living skills/ understood the importance of personal care/ developed new interests. One person told us they liked cooking, "I'm an expert." Staff showed us the chutney people had made and given as Christmas presents, using the tomatoes they had grown themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to have regular contact with family and friends and interact with others. The support given was individual to the person and their communication needs. People had developed friendships within the service, especially where they had the same interests.
- We observed people were relaxed in their home, spending time taking part in activities which they enjoyed. This included craft work, looking at books, playing with sensory equipment, and watching DVDs.
- The Conifers is sited on a very busy road. There were no shops or pubs within walking distance, therefore people were reliant on using the service's minibus/car. However, this did not impact on people being able to get out, individually or as a group.
- People showed us photographs of them taking part in different activities such as horse riding, holidays, and visiting local places of interest.
- One relative said staff were 'proactive' in supporting people to try different experiences. Saying the week leading up to Christmas had included, a trip to the zoo, dining out to celebrate a person's birthday, as well as visiting other places.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- Each person had their own 'communication file' which held useful information, produced in an easy read format, which they could refer to. Easy Read documents are designed to make written information easier for people with learning disabilities and autistic people to understand. They contain short simple sentences and pictures.
- During the inspection we saw people looking at the information board in the kitchen, which provided photographs of staff /visual clues/symbols. This supported people to know what was likely to happen during the day and who would be supporting them.
- Staff used social story books, individually created using words and images to support people to understand a situation and reduce stress and anxiety.

#### Improving care quality in response to complaints or concerns

- People, and those important to them were provided with information on how to raise concerns and complaints easily and staff supported them to do so. The complaints procedure had been developed in an easy read and/or pictorial format to ensure it was accessible to the people using the service.
- Relatives told us if they had a concern, they felt confident to raise it directly with the management, in the knowledge it would be acted on.
- The service treated all concerns and complaints seriously, investigated them and learnt lessons from the results. The outcomes were shared with the whole team to mitigate future risk and ensure people needs were met.

#### End of life care and support

- The service did not currently have anyone living at the service who required end of life care. The manager confirmed, should a person require end of life support, staff would work with families and health professionals to ensure they were supported to die in a dignified way.
- Sadly, during the inspection, the manager told us how they had been supporting people, to prepare and deal with the death of a person who they had got to know from another service. Discussion with the manager showed this had been dealt with in a sensitive, supportive manner, considering people's individual communication needs, and level of understanding.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Governance processes were mainly effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. However, the systems in place did not always question practices that had developed. For example, having people's room keys attached to a long chain by their bedroom door, which did not fit in with the homely ethos of the service. Action was taken during the inspection to remove them.
- Discussion with the provider, identified they had already contracted a consultant to carry out a review of their governance systems, and during the inspection they were proactive in addressing any identified concerns.
- The provider, who was the sole director, and management were visible in the service. They were approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff felt able to raise concerns without fear of what might happen as a result.
- A staff member told us the provider had a positive attitude and was "actively involved in the home." Comments from staff in the provider's September 2022 staff feedback survey, included, "All suggestions or changes I have been keen to undertake have either been acted on or been considered. I am always listened to".
- Management and staff put people's needs and wishes at the heart of everything they did. A relative, praised the dedication of staff, who enjoyed their work, "I can't fault it," and would "absolutely" recommend the service to others. Another told us they were "very pleased," with the care and support and, "I would not want [name] to be anywhere else."

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 provider and management had established a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The provider was aware of their registration requirements with CQC and of their duty of candour.
- Relatives told us management and staff communicated well. One relative told us, "Staff are always very honest" and kept them informed of any incidents/changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- At the time of the inspection, the new manager who had taken over in May 2022 had just submitted their

application to be registered with the CQC.

- Relatives were positive about the new manager. One relative said they were pleased in what they had seen already. They told us how the new manager "communicates well" and had already come up with ideas to drive continued improvements "which I feel will be good".
- Staff knew and understood the provider's vision and values and applied them in their daily work. One staff member told us they ensured they put the person at the centre of what they do. For example by asking, "What you want to do today?" and "involve them, listen to them."

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

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- We observed the provider chairing a meeting with people to gain their feedback and update them about what was happening in the service. They engaged with people and ensured everyone was involved in the meeting. People were given a copy of the provider's new brochure, which they took an interest in, especially pointing out the photographs of them taking part in activities.
- One relative told us they "quite often get surveys," to complete, and had recently received a copy of, "The Conifers News," which gave an update on what had been happening over Christmas. It also included photographs of the staff team, as there had been some changes.
- Relatives said they enjoyed the family events organised by the provider. It enabled them to meet other families, and if they haven't met them already, be introduced to new staff.
- The provider invested sufficiently in the service, embracing change and delivering improvements. One staff member said, "Anything we want for people, [Director] will provide."
- Staff had regular team meetings and supervision and felt listened to. They told us they enjoyed working at the service and felt supported. One staff member told us they had recommended the service to others as a good place to work.

Working in partnership with others

- The management and staff had established effective working relationships with other professionals involved in people's care. This included GP, Learning Disability team, hospital specialists, dentist, chiropodist, and social workers.
- A social care professional told us management were responsive to their requests for information to support a person's care review. 'The documentation was easily accessible and clearly laid out, making it straightforward to read and to find the information required.'