Connifers Care Limited

Ebony House

Inspection report

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Date of inspection visit:
11 October 2022

Date of publication:
20 December 2022

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
Ebony House is a residential care home providing personal care up to a maximum of 8 people. The service provides support to adults with a learning disability and autism. At the time of our inspection there were 8 people using the service. The home was spread across two houses next door to each other, bedrooms were located on the ground and 1st floor. There was outside space available with a seating area. Both kitchens and shared bathrooms were spacious.

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.

People's experience of using this service and what we found
Right Support:
The home was suitable for people, people's bedrooms were personalised and people told us they had been able to choose their own decorations, however some areas needed attention, the communal areas had worn or old furniture which needed replacing. The registered manager had an action plan in place to address this area. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. The provider had an effective system in place to ensure people's consent was obtained in line with legislation.

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.

Right Care:
Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People using the service were protected from abuse because staff had a good understanding of safeguarding and how to report concerns. People told us they were safe living at the service. Care records contained risk assessments with clear guidance for staff to follow. Medicines were managed safely, however staff had not recorded reasons for administering 'as and when needed' medicine. The registered manager had put additional checks in place following our inspection. Staff were recruited safely. People had individual activity plans in place that reflected people's interests and preferences.

Right Culture:
The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead

confident, inclusive and empowered lives. People received good quality care and support because trained staff and specialists could meet their needs and wishes. People's needs had been assessed before using the service. Care plans reflected these assessments. Some relatives told us they were involved in people's care planning and reviews. Staff were competent in their roles as they had the skills, experience and knowledge to provide quality care. Staff understood people's needs and worked well with healthcare professionals. The provider had effective auditing systems in place to monitor the quality of care. The service was well-led because the registered manager was knowledgeable and had good oversight of the service and the needs of people.

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

Rating at last inspection
The last rating for this service was good (published 22 June 2021)

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ebony House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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	**Good**
Is the service effective? The service was Effective	**Good**
Is the service caring? The service was Caring	**Good**
Is the service responsive? The service was Responsive	**Good**
Is the service well-led? The service was well-led	**Good**

Ebony House

Detailed findings

Background to this inspection

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

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

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 a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 1 person who lives at the home, we observed interactions between people using the service and staff. We spoke with 4 staff including the registered manager, 2 care staff and the team leader. We spoke with 2 relatives. We reviewed 4 people's care records including risk assessments and 3 staff files in relation to recruitment. We also reviewed a range of management records including staff training and supervision, quality audits, medicines, and complaints. We reviewed documents sent by the registered manager.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- The provider had a system in place to protect people from harm.
- People and relatives told us they felt the home was a safe place and staff were nice.
- Staff we spoke with were able to explain signs of abuse and how to report it.
- Staff told us, "You make sure [people] are safe, protect [people] from harm or abuse, if you see anything you should report it to the line manager, write it down, or go to CQC, do this in order. You can whistle blow to CQC or the local authority."
- Staff had completed training in safeguarding, records reviewed confirmed this.
- The provider had a safeguarding policy and guidelines in place this enabled staff to know what to do if they needed to report abuse.

Assessing risk, safety monitoring and management
- Risks to people's health and wellbeing were assessed and monitored by the provider, to ensue people were safe from harm.
- People's care plans included details of identified risks and control measures in place in areas such as falls, when people become distressed or anxious, road safety, medication and choking. Detailed guidelines were in place for staff to follow, which included looking for signs or triggers of increased risk and how to respond quickly.
- During our visit we observed staff followed people's risk management plans for example, staff prepared food in line with recommendations provided by a healthcare professional, this helped to reduce the risk of choking. We saw staff supporting 1 person to eat their lunch, staff ensured the person was in the right position before offering the plate of food and remained near to the person as outlined in their support plan.

Staffing and recruitment
- The provider had an effective recruitment system in place, which included carrying out checks such as employment references, employment history, proof of identification and criminal record checks.
- The team leader told us they had a staff rota in place which was planned around the needs of individuals. We observed there were enough staff on duty to meet people's needs. Staff provided care in a relaxed manner, they were not rushed, and people did not have to wait for support. We reviewed the rota and could see there was consistency in the way staff were allocated.
- The registered manager told us they had enough cover if staff were absent. They did not use agency staff but had consistent bank staff to cover for annual leave or sick leave. This ensured people received support from staff who were familiar with them and their needs.

Using medicines safely

● Medicines were managed safely, however we did find some recording issues around "as and when needed" medicine.

● We found some discrepancies in the use of "as and when needed" medicine, for example, one record reviewed showed the balance sheet did not match what was left in stock. The team leader said this would be investigated and we would be updated on the outcome. In addition, we found that some "as and when needed" medicine which had been administered did not have a record of why this had been given. The team leader stated this should be on the care notes and it would be addressed with the staff identified.

● We contacted the provider after the inspection to find out what had been done to address the shortfalls found in medicine administration records. The registered manager informed us that the balance sheet was a clerical error and that all medicine was accounted for, in addition extra checks had been implemented and this meant any recording errors would be picked up on a daily basis.

● People's care records had details of medicines prescribed and their side effects. There were guidelines in place for staff to follow, this enabled staff to safely administer medicine to people.

● Staff had training in administering medicine and competency assessments were carried out annually, training records reviewed confirmed this.

● We observed staff administering medicine to one person, staff followed the correct procedure for safely administering medicine.

● Medicine audits were carried out monthly this enabled the provider to monitor good practice and pick up on any concerns without delay.

Preventing and controlling infection

● There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.

● Staff told us, "In the morning and evening we disinfect all handles, floors are cleaned daily, we check the bathrooms 3 times per day, we have a shift planner in place." We observed cleaning tasks taking place throughout the day.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was responding effectively to risks and signs of infection.□

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● 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.

Visiting in care homes

There were no restrictions to visiting the home, relatives told us they could visit whenever they wanted to.

Learning lessons when things go wrong

● There were processes for learning when things went wrong. For example, the provider was using behavioural charts and had input from a specialist team, all incidents were recorded and ways of working with people were regularly reviewed and updated.

● The registered manager told us in one person's case some changes were made in how they were being supported and as a result they were able to take part in an activity they had not done for many years.

● The registered manager regularly reviewed complaints, incidents and any safeguarding alerts to look for ways of improving the service. We could see outcomes and learning was recorded and shared with staff.

Good

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Peoples needs were assessed before using the service.
- The provider had carried out care needs assessments prior to people moving into the service, families and social workers were involved in these assessments. The assessments covered areas such as domestic skills, personal care needs, supporting people if they became anxious or distressed, mental health and sensory needs.
- One relative told us they would like to be more involved in care planning but had understood that visiting was limited during the COVID-19 pandemic. The team leader informed us they would ensure people's relatives were offered the opportunity to discuss their relative's care plan at quarterly meetings.
- Care records we reviewed reflected people's needs for example, in one plan the person liked picking fruit and being outdoors, and this was also seen in their care notes. Another person's care plan stated they liked to wake up early and have their breakfast before they staff supported them with personal care.
- Care staff knew people well and were able to describe people's support needs as they were outlined in their care plan.

Staff support: induction, training, skills and experience

- Staff had suitable training to carry out their role, training considered mandatory by the provider. Training included areas such as first aid, fire safety, epilepsy, food hygiene, disability awareness, safeguarding, medicine management and the Mental Capacity Act 2005.
- Staff told us they felt supported by the registered manager They had regular one to one meetings and the topics covered were health and wellbeing, changes to the service, key working, medicine, breakaway techniques and training. Staff had an appraisal annually. Regular team meetings took place. Records reviewed confirmed this.
- Staff completed an induction into the service, new staff shadowed experienced staff before working unsupervised. This enabled new staff to learn how best to support people and build their skills.

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

- People's nutritional and hydration needs were met. Where people were identified with special dietary needs, the service worked with a speech and language therapist to ensure people could be assisted to eat and drink safely. For example, an assessment was carried out by a speech and language therapist which had been implemented by the home. We saw a record of this in a care plan and observed food being prepared as outlined in the guidance. This meant that people would be safe and enjoy nutritious meals.
- People and relatives told us they thought the food was nice, one relative said, "Yes the care is good, and

the food is good."
● Staff told us, "We do menu planning, we use pictures, some verbal prompts, some people can reply to this, most of the time we do "in their best interest", some people may point to pictures and we can also show them a can of soup."
● We observed people having their lunch, the meal looked appealing and balanced and there was a mixture of vegetables and protein. One person said they liked it, other people showed they liked the meal through their gestures and body language. The atmosphere was pleasant and relaxed, staff were close by to offer support if needed.
● We saw that people had options on the menu, there was also some pictures available for people if this was their preferred communication method.
● Daily care notes contained information on meals eaten and drinks taken. The kitchen was fully accessible for people and snacks and drinks were available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider worked with other agencies including the local authority and health care professionals. □
● A relative told us, "There is no issue with health as [my relative] went to the dentist, had a soft diet for a while and recovered at home, the visit was arranged by the home." We saw records of health care appointments and referrals made to health care professionals in people's care files.
● Staff told us, "Health checks are done monthly, we do their [people living at the home] body mass index, heart rate, weight and it is all recorded. If we have concerns, we contact healthcare professionals, we need to check in the care plan."
● People had hospital passports in their files, this provided vital information about a person's medical history. The document also outlined any communication needs and a list of medicines. This enabled medical teams to have a better understanding of a person's needs if they were to go into a hospital setting.

Adapting service, design, decoration to meet people's needs
● The home was suitable for people's needs, each person had their own bedroom and some also had a private bathroom. Bedrooms were spacious and personalised. However, some of the furniture in the communal areas was old and worn. The provider told us this was being addressed and had been part of their improvement plan. We reviewed the premises audit which was completed in September 2022 and found these issues had been identified and scored as a 3 meaning they were not a hazard to people or visitors. There were plans in place to make some upgrades to the furniture in the communal areas.
● People and relatives told us they liked the home., 1 person said their bedroom was nice, another person smiled when asked if they liked their bedroom and people were happy to show us their rooms.
● There was an outside space for people to sit and relax. A mirror had been installed outside to meet people's sensory needs and there was also a sensory room for people to use.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (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.

- The provider was working within the principles of the Mental Capacity Act.
- The registered manager told us, "Yes we ask for consent if a person is independent and can give consent, if not we contact the next of kin and the best interest assessor to arrange a capacity assessment." The documents we reviewed showed that the correct authorisations were in place for people who lacked capacity. Best interests meeting information was recorded in people's files.
- We observed staff asking people for permission before providing care or support. Staff were patient and offered people choices.
- Staff had training in the principles of the Mental Capacity Act 2005. Staff training records confirmed this.

Good

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People were treated with respect and kindness.
- People and relatives told us staff were caring, kind and good. Interactions between people and staff were positive. Staff used calm and positive language when speaking to people and different ways to communicate. For example, staff observed a person becoming agitated through their body language, staff responded appropriately, and the person appeared calm.
- Staff were aware of the importance of not discriminating against people in any way. Staff were respectful of people's differences and their backgrounds. For example, for some people it was important for them to have certain foods as part of their religious beliefs and the menu showed that these foods were available for people. Care records confirmed that religious beliefs were recorded and acted on.
- Staff had training in equality and diversity which enabled them to meet people's needs. Staff training records confirmed this.

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

- People and relatives had the opportunity to express their views through feedback and surveys carried out by the provider. One relative said, "I get a form regularly to say what I think of the service, I always say the same things as, people need more activities, to be more independent and for families to be more involved in care planning and reviews." We spoke to the team leader about his and they said they had regular events for families to attend, and always invited families to people's reviews. The team leader told us following our feedback they would review people's activity plans and goals, and ensure people's relatives were given meaningful opportunities to provide feedback.
- People were supported by key workers who held regular meetings to discuss the service. Some topics covered were holidays, vaccines and the weather.
- People were involved in making some decisions about their care. For example, people were able to make choices about meals, clothes or activities daily. We observed people being offered choices of activities and food.

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity and privacy were respected.
- Relatives told us that care was provided in a dignified way for example, staff would knock on bedroom doors before entering and close doors when supporting people with personal care. During our visit staff were observed knocking on doors and ensuring bathroom doors were closed when supporting people.
- We observed staff promoting people's independence. For example, people were prompted to wash up

after lunch, on another occasion a person was prompted to go out in the wider community and access their own money.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised, the provider used person centred approaches to capture information about people and their likes and preferences were recorded.
- Staff knew people well, they understood the way in which people like to be supported. For example, staff told us it was important to be aware of people's favourite things such as pictures or a song they like, or if the person needs some quiet time. Staff said they needed to spend time with people in order to understand what they were trying to say as not everyone used words to express their needs.
- We observed people being offered choices and their activities reflected their interests. We saw from care notes that people's like and dislikes were considered when providing care.
- People's care records stated their life history, what was important to them and what a good or bad day looks like for the person. This helped staff to get to know the person and provide the right level of support.

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.

- People's communication needs were assessed, and different communication systems were used to support people such as verbal communication, pictures, objects of references and body language.
- Interactions between staff and people were positive and staff used different methods of communication to meet people's needs. For example, we observed staff using the Makaton sign for thank you when speaking to one person, on another occasion staff used a picture to show the person an activity. Staff also used some key words or phrases when speaking to people keeping sentences short and clear.
- Communication assessments in care files had comprehensive details and guidance for staff to follow and ways to approach people.

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 had individual activity plans in place, which included social activities, these activities were based on people's interests. Some people were attending a day centre during the week and had some leisure activities at the weekends.
- People showed us their activity plans, 1 person told us how much they enjoyed going out in the wider community, site seeing, van rides and bowling.

● One relative told us they didn't think there was enough activity for their relative to do. We spoke to the team leader about this and they said they would review this person's activity plan with their family.
● Staff told us they discussed activities with people and families, in some cases people from 1 home had made friends with people from a neighbouring home as they had common interests such as swimming which they enjoyed together. On other occasions they used the company van for day trips and recently they have been on holiday as a group. People told us they enjoyed their holiday.
● We observed people accessing the community for lunch, shops and going for walks on the day of our visit.

Improving care quality in response to complaints or concerns
● The provider had an effective process in place to respond to people's concerns and complaints.
● People and relatives told us if they had a complaint they would speak to the staff or the registered manager.
● The registered manager had a recent complaint from a family member. We saw this was recorded and responded to in a timely manner, actions had been taken to address the concerns raised and measures were put in place to improve the service as a result.

End of life care and support
● The provider had an end of life policy in place, however, no one was in receipt of end of life care at the time of our inspection. Staff had completed end of life training and records confirmed this.

Good

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The provider promoted an open and honest culture in the home. Staff, people and relatives told us they could raise concerns or make suggestions for improvements and these would be taken on board.
- Staff told us they felt supported, listened to and valued. Staff were encouraged to explore new interests with people for example, 1 person had a travel plan in place as they wanted to become more independent. This would open a new range of options for the person.
- The registered manager told us that a person they supported had gained a lot of confidence and new skills since moving to the service, as a result they were able to go to the nearby local shop without the need for staff support. They were learning about budgeting and starting to prepare for a more independent placement, the person expressed a desire to move into their own place and a plan was in place for this to happen. This was a great achievement for the person.

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

- The registered manager had a good understanding of the duty of candour and the need to be transparent.

- We could see from the complaints made to the registered manager that some issues of concern had arisen from a neighbour, the registered manager had dealt with this issue in a timely manner and had sent an apology letter to the neighbour. The neighbour was satisfied with the resolution.
- The registered manager understood what to notify CQC about for example, a serious incident or if the registered manager is absent from the service for more than 28 days.
- The provider had a quality assurance system in place, regular monthly audits of the quality of care were carried out which included medicine, care plans, health and safety, the premises, equipment and risk assessments. In addition, an extensive audit was carried out in March 2022 by the provider's compliance team. This was completed annually which helped the provider identify any areas for improvement and maintain a good oversight of service delivery.
- An action plan was in place for the service to make improvements. For example, to improve on sharing of information, gathering of feedback and participation of families in service users' care and support.

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

characteristics
● The provider involved people and staff in the service through feedback and a survey sent to stakeholders.
● People had regular key worker sessions that were recorded, and decisions were made in some people's best interests for example going on a group holiday.
● Relatives told us they used to be more involved in the service but due to the restrictions necessitated by the COVID-19 pandemic this had been difficult, they felt they could be more involved now things had returned to normal. We raised this with the team leader and the registered manager, they informed us they had several events going on throughout the year to which relatives were invited and they would ensure this was more clearly communicated to provide families with opportunities for feedback.
● The provider considered people's protected characteristics when providing care for example, the team leader told us that 1 person prefers a female care worker, and this is planned for when developing the team rota.
● Staff told us they could make suggestions for improvements if they felt this was needed. Staff said they completed a survey from time to time.

Working in partnership with others
● The provider worked with health care professionals including the GP, speech and language therapist, specialist behavioural team, the psychiatrist and social workers.
● The registered manager explained the impact of working in partnership with others to achieve positive outcomes for people. In one example, they explained that 1 person had a reduction in their medicine as they were able to manage their emotions better, and now they were more likely to go out in the community which was a great achievement for them. The registered manager stated that this was attributed to everyone working together.