

# Connifers Care Limited

# Ebony House

## Inspection report

104-106 James Lane  
Leyton  
London  
E10 6HL

Tel: 02082576887  
Website: [www.conniferscare.co.uk](http://www.conniferscare.co.uk)

Date of inspection visit:  
13 January 2016  
25 January 2016

Date of publication:  
28 December 2016

## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We inspected Ebony house on 13 and 25 January 2016. This was an unannounced inspection. At our last inspection of the service in March 2015 we found the service was not always effective because people did not always have access to drinks. At this inspection we found the provider had addressed this issue.

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

The service did not have a registered manager in place 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.

Risk assessments did not always include risks associated with people's medical conditions. The provider did not always notify the Care Quality Commission of the outcome of Deprivation of Liberty Safeguards applications and of incidents that occurred in the service. Accurate records were not always kept of how the service monitored, learnt from incidents, handed over information to staff and monitored people's needs following an incident. Refresher training in first aid training for staff was not up to date.

People and their relatives told us they felt safe using the service. We found there were enough staff working at the service and checks were carried out on staff before they commenced working. The premises were found to be clean and secure. Support plans and risk assessment were in place and provided guidance on how to support people.

People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner.

Relatives of people using the service had mixed views about how the service met their relative's needs. People were aware of how to make a complaint.

Staff told us they felt part of the team working at the service and found the management team approachable.

The service was found to be in breach of three Regulations of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what actions we have asked the provider to take at the end of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Risk assessments did not address the risks associated with certain medical conditions for some people using the service which put people at risk of harm.

The management of accidents and incidents was not always safe.

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

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

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff did not receive up to date training in first aid to enable them to carry out their roles.

People had access to enough food and drinks.

The provider ensured staff received supervision and appraisals to support them in their role.

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.

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

**Good** ●

### Is the service responsive?

The service was not always responsive. Relatives of people using the service felt they were not always given information about changes to medical treatment or medical appointments.

Although support plans were in place some had not been updated regularly for people using the service when there were any changes in their care and/ or support needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

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. People using the service and their relatives said they knew how to complain if they needed to.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led. Records were not always accurate or kept up to date.

Although various quality assurance and monitoring systems were in place these were not always effective.

The service sought the views of people that used the service.

Staff told us they found the manager to be approachable and accessible.

**Inadequate** 

# Ebony House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place following concerns raised in a coroner's report about the service received in December 2015. This inspection took place over two days on 13 and 25 January 2016 and was unannounced.

The inspection team consisted of two inspectors on the first day and one on the second day. Before the inspection we looked at the concerns raised and information we already held about this service. This included details of its registration, previous inspections reports and information the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with one person and three relatives of people who used the service. We spoke with four members of staff. This included the line manager for the service, team leader and two support workers. We also spoke with a health care professional after the inspection.

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

## Is the service safe?

### Our findings

The service was not always safe. Individual risk assessments were completed to identify the risks presented to people using the service and others. However some risk assessments did not address the risk associated with certain medical conditions which put people at risk of harm. Care records for two people stated they had epilepsy, however this information was not included in these people's risk assessments. The manager and team leader told us there had been no episodes of epilepsy for the two people and that they were unsure if this was a definite diagnosis for one person. They told us this was the reason it had not been included in the risk assessment. The removal of a diagnosis of epilepsy, and therefore the removal of the need for an appropriate risk assessment is a medical decision made by a qualified health professional. While the diagnosis remained people were at risk of inappropriate support through the lack of risk assessment. The manager said this would be addressed. Following our inspection the service carried out risk assessment reviews for the two people on 19 January 2016, which included adequate seizure guidelines. We were concerned that people using the service could be at risk of harm as risks were not always identified and measures to mitigate against the risk of harm were not in place.

These findings were a breach of Regulation 12 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a risk assessment policy and procedure which stated that risk assessments should be amended when changes occur and reviewed regularly to ensure they are kept up to date. A review of the risk assessments for all people using the service found that risk assessments did not always have dates of on-going reviews. There were dated entries for new incidents but it was unclear if interim reviews had been carried out.

The manager confirmed there had been no serious incidents at the service resulting in an internal investigation since the last inspection in March 2015. Staff we spoke with were able to explain the protocol for reporting incidents.

Relatives said they thought their relatives were safe using the service. One relative told us, "It's the safest my [relative] has ever been. I cannot fault them." Another relative told us, "I don't think [relative] is in any danger there."

The service had safeguarding policies and procedures in place to guide practice. Staff at the service received up to date training in safeguarding of vulnerable adults and we saw records of this. Staff we spoke with were able to tell us about the different types of abuse and the procedure for reporting safeguarding concerns. The service had a whistleblowing policy. Staff we spoke with told us they would feel comfortable to whistle blow and would contact the local authority safeguarding team or CQC to report their concerns.

There were enough staff to meet the needs of people. There were a minimum of five staff on each shift during the day with two staff on duty during the night. Relatives of people using the service told us they felt there were enough staff. One relative said, "Staffing is good. They always do one to one. If its personal care

then its two staff. They're never short staff." Another relative told us, "When my [relative] is at home then it's one to one care and two staff when going out." We saw there were support workers available to provide personal care and support when people needed it. Staff we spoke with told us they felt there were enough staff on each shift. We looked at staffing rotas and saw there were enough staff to cover annual leave and sickness. The service had a bank of staff working at the providers other services who were available to cover staff absence.

The service had a recruitment and selection policy. We looked at staff files for staff who had been recruited since our last inspection and saw there was a robust process in place for recruiting staff that included relevant checks carried out before someone was employed by the service. These included criminal record checks, written references and proof of identity to confirm newly recruited staff were suitable to work with people. The service had robust disciplinary and capability procedures to ensure staff performance was monitored and performance issues were addressed.

The service had a medicines policy for administration of medicines to people using the service. Checks of records and stocks of medicines and homely remedies showed that Medication Administration Records (MAR) sheets had been appropriately completed. We looked at the provider's protocol for giving PRN medicines. These are medicines which are prescribed to be given as required. We noted that PRN medicines given were appropriately recorded in people's behaviour monitoring chart.

The service had an infection control policy and procedure to prevent cross infection. The service was clean and we saw records of staff cleaning rotas which were signed by staff after cleaning tasks were completed.

We looked at records of safety checks at the service. These included weekly fire safety check and fire drills which were carried out every two months. Fridge temperature, portable appliance testing, gas and legionella testing were carried out at the service at appropriate intervals to ensure peoples safety.

## Is the service effective?

### Our findings

The service was not always effective. The service had a mandatory training programme which included first aid training. This training was completed by the staff every three years and certificates viewed specified that an annual refresher course should take place. Staff had not attended the annual refresher first aid training. The management team told us the first aid policy was discussed annually in staff supervision meetings. Supervision records showed that staff received a score for their understanding of the first aid policy. There were no records of conversations or training relating to the annual first aid refresher course. The manager told us annual refresher training did not take place but was done as a group discussion within the service. However, records of this group discussion were not available. Records showed one staff member had not attended first aid training despite being employed at the service for over six months. This meant people using the service may be at risk of receiving care from staff who were not competent in performing first aid in a medical emergency situation.

This was a breach of Regulation 18 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received other mandatory training. The training log showed staff received training including fire safety, infection control, medicines, manual handling, health and safety, breakaway techniques and equality and inclusion. Staff said they felt the service offered opportunities to attend training and to progress in their role.

Induction processes were in place to support newly recruited staff and we saw records of this. The process included shadowing more experienced staff, reading policies and procedures and regular meetings with line managers.

Relatives of people using the service told us they felt the staff knew how to carry out their role and were knowledgeable. Records showed staff had monthly formal supervision meetings with their line manager.. These meetings were an opportunity to raise any concerns about the service and individual areas of development and training. Records confirmed that staff received annual appraisals. This means that staff were receiving appropriate support to develop in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team knew how to make an application for consideration to deprive a person of their liberty. There were currently five applications going through the authorisation process and one DoLS in



place. We looked at the applications which included detail of risk, the needs of the person and ways care may be offered and least restrictive options explored. The manager told us and correspondence viewed confirmed they had been contacting the local authority for outcome of the applications. We saw records of training staff had attended relating to MCA and DoLS.

Care records contained a form regarding consent to care and treatment. For one person this form was signed by a staff member and another person's form was not signed. We spoke with the management about this. They told us they would make contact with people's relatives to discuss signing of consent forms.

At our last inspection on 24 March 2015 we observed that drinks were not easily accessible to people using the service. During our visit to the service on 13 January we saw people helping themselves to drinks which were on a tray in the dining area. One person with limited mobility had drinks available in their room and staff offered hot drinks throughout the day. We saw up to date daily records of food and fluid intake for people living at the service. The service had a nutrition and hydration protocol. We looked at records of food temperature checks for the last six months and noted meals were cooked to the minimum temperature and records were up to date.

People using the service were able to take part in menu planning and there were two meal choices available for evening meals. A variety of meal choices were available to people. We observed staff speaking with one person about their lunch and they were provided with the meal of their choice. One person told us about meals they liked to eat. They said they had these meals bought for them by the staff or by their relatives.

Relatives of people using the service told us they felt there was choice and variety in the meals provided. One relative said, "My [relative] gets the food she enjoys. It's brilliant, they cook the right foods and I also take in meals." Another relative told us there was always enough to eat and drink they said, "My [relative] is constantly eating."

## Is the service caring?

### Our findings

People using the service and their relatives told us the service was caring. One relative said "I can't fault them. They take care of [relative]. They are really caring." Another relative told us, "My [relative] likes the staff. They are all caring and get on well with him."

We observed staff speaking with people respectfully. Support was given with kindness and compassion. For example we saw a member of staff speaking with a person using the service who wanted to assist them with tidying away files. They patiently allowed the person to help them explaining where certain files should be placed.

Staff knew people using the service well. They were able to tell us about the personal preferences of people using the service. Staff knew 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 person using the service told us about the personal care they received and how this was carried out promptly by staff whenever it was needed. Relatives of people using the service told us they felt their relative's privacy and dignity was respected and maintained. One relative told us their relative had specific support workers for personal care requirements.

Care was delivered according to people's individual needs. People living at Ebony House had their own support plan. Care records were written in an individual way and included people's likes and dislikes, how they liked to communicate and spend their day and the activities they liked to take part in. Plans included providing cultural and spiritual activities and access to their specific community as required. We saw records of people's choices and preferences in their personal support plans. Care files contained plans regarding people's wishes for end of life care. The plans were up to date and best interest meetings had been carried out to put plans into place.

People living at Ebony House were involved in the service. We saw records of weekly house meetings took place at weekends when people were at home. Records showed these meetings were used to discuss menu planning and activities within the service.

## Is the service responsive?

### Our findings

Relatives expressed mixed views about how the service met their relative's needs. While some relatives were happy with the way needs were met others were not. One relative told us, "When [relative] gets aggressive they deal with it. I don't like the idea of [relative] being medicated. They didn't really tell me all the details. I don't like too much medication being given." Another relative said they had concerns about changes to keyworker arrangements for their relative. They also said they were not always informed if their relative had an appointment with a health care professional or the outcome of such appointments.

Each person living at Ebony House had a key worker. This was a member of staff who worked closely with them and their families as well as other professionals involved in their care and support. Key workers held regular support sessions with people and records confirmed this. Staff told us they developed good relationships with people using the service and knew their needs. One staff member said, "It's about making sure you know the person and then support them and meet their needs."

Staff told us they read care records and updated them as necessary. The provider had a policy and procedure for support planning which stated monthly reviews should be carried out by keyworkers for people living at Ebony house. We looked at support plans and noted that monthly reviews had not taken place for some people. One person's support plan had not been reviewed for two months.

We saw records of assessments of people's needs. All care records contained details of health and well-being, nutrition, mental health, mobility and hobbies and interests. The support plans allowed staff to have an understanding of people's needs and how to support them.

Care records we looked at had details of health care professional involvement in peoples care. Staff recorded medical referrals, reviews, appointments attended and treatment received.

Most people using the service attended a full day of activities outside the home during the week. The provider had a day centre called The Pavilion, which had a program of activities and could be accessed by all people living in their services. We looked at activity plans for each person and saw activities included physical activities as well a relaxing therapies such as reflexology. The service had its own sensory room on the premises. The activity plans for each person were concise and had details of all activities people liked to participate in. We received mixed feedback from relatives about the activities available. One relative told us there could be more stimulating and varied activities to help their relative become more engaged which they felt would help with behaviours that challenge the service. Another relative said they were happy with the level of activities provided.

The service had a complaints policy and procedure. One person told us, "If I'm not happy about something I tell them. They help." Relatives of people using the service said they knew about the complaints procedure and how to complain. One relative said, "I had to complain once and we had a hearing." Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints log and saw complaints dealt with in line with the procedure.

## Is the service well-led?

### Our findings

The service was not well led. Records at the service were not always up to date. The service had a handover procedure which involved staff handing over written information about each person living at the service to staff coming on duty for the next shift. Records showed incidents relating to behaviour that challenges the service and others did not match handover records of information communicated to staff during the staff handover at the beginning of each new shift. It was therefore unclear if correct information was handed over to staff during the staff handover meeting. This meant that staff were not always aware of incidents that had occurred during the previous shift and any monitoring that may be needed following the incident to minimise the incident reoccurring to keep people safe.

The service had a procedure for monitoring and dealing with incidents which included post incident meetings. Behaviour that challenges the service and may cause a risk of harm to people or staff was recorded on behaviour monitoring forms. The forms included information about what happened before, during and after the incident. The management team told us post incident meetings took place with staff to ensure learning was applied from each incident. Records of incidents completed by staff showed that on some occasions there were no records relating to post incident meetings or plans to minimise the risk of reoccurrence. The management team told us meetings did not always take place following an incident and when meetings did occur they were not always formally recorded. This meant the service did not always identify changes that could be made to prevent harm to people using the service and were unable to fully evidence actions or learning in response to risk and incidents. The service did not always recognise the importance of learning from incidents.

The service did not always maintain accurate records of risk assessment reviews. The management team told us the service did not hold copies of previous risk assessments. They explained that all copies of previous risk assessments were shredded following a review and only updated versions were stored electronically. This meant we could not see if previous risks were on-going or were no longer a risk. The management team told us this was their procedure for keeping records.

The provider had a procedure which stated that hourly monitoring forms should be completed following incidents. Records showed these were not always completed for people following incidents of behaviour that challenges. Hourly monitoring records which had been completed were not completed in a comprehensive manner. It was not clearly noted each time the person had been monitored. For example, there was one staff signature covering a period of three to four hours.

The lack of handover, incomplete records following incidents and lack of post-incident analysis meant people using the service may be at risk of harm. This is because staff may not be aware that people needed monitoring or additional support. The systems in place to ensure the safe management and follow up of incidents were not effective or clearly recorded..

These findings were a breach of Regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care services to people are required to inform the Care Quality Commission (CQC) of significant events that happen at the service. The service had not informed the CQC of significant events in a timely way. We found that the provider had not submitted notifications to the CQC about the outcome of applications submitted for Deprivation of Liberty Safeguards (DoLS). We also noted the provider did not always send notifications of other incidents to CQC. One person's risk assessment detailed an investigation by police into safeguarding concerns in April 2015. However the provider had failed to notify us of this investigation. This meant that the CQC were unable to monitor that appropriate action had been taken.

These findings were a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents.

The service had quality monitoring systems in place which included quarterly quality assurance and compliance audit. Internal audits were carried out daily, weekly or monthly at the service. These included medicines, accidents and incidents, infection control, maintenance checks, fire safety, fire drills, emergency lighting checks, premises and health and safety audits. Monitoring visits were carried out at the service quarterly by the provider. Records showed the most recent visit was in September 2015. However, they had not identified the other issues we had identified during our inspection.

The manager told us quality assurance monitoring systems were in place which included seeking the views of people that used the service and their relatives. Records showed people using the service were able to give their views during weekly meetings and held at the service. Relatives told us they were asked for their views about the service annually. The most recent survey was carried out in December 2015. Overall people using the service said they were very satisfied with personal care and support, activities, the premises, management and catering at the service.

The service worked in partnership with other agencies and health professionals. We looked at records of the most recent monitoring visit carried out by the local authority in August 2015. We saw records of an action plan the provider had submitted following this visit which included completing MCA training for staff at the service and psychiatric review for one person using the service. Records showed these actions were completed. We looked at the findings of the most recent stakeholder survey conducted by the service in December 2015 and noted stakeholders rated the service as good in areas of dealing with staff, management, feedback, information and involvement in support planning for people at the service.

Relatives of people using the service had mixed views about how well the service was led. One relative said, "The service is well managed." Another relative when asked if they thought the service was well led said, "I don't know where to start with this place. It's OK but it's not as good as it was before. They went on to explain about staff changes they felt had impacted negatively on the way the service was managed.

The service did not have a registered manager at the time of our inspection. The service had an acting team leader who had been working in the role for six months at the time of our visit. Staff working told us they enjoyed working at the service, felt part of a team and found the management team approachable.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person did not notify the Care Quality Commission of applications to deprive a service user of their liberty and of incidents investigated by the police. Regulation 18(2)(f)(4)(a)(b) of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not assess the risks to the health and safety of service users associated with certain medical conditions. Regulation 12 (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems or processes established and operated effectively to ensure compliance with the requirements to assess, monitor and mitigate the risks relating to health, safety and welfare of service users. Accurate, complete and contemporaneous records were not maintained Regulation 17 (1)(2)(a)(b)(c)

### The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Persons employed by the service did not receive appropriate training to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)

### The enforcement action we took:

We imposed conditions on the providers registration.