

# Sequence Care Limited

## Crossbrook Court

### Inspection report

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### 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



### Overall summary

The inspection took place on the 25 November 2015 and was unannounced. The service was newly registered and this was the first inspection since being registered. At this inspection we found that they were meeting the required standards.

Crossbrook Court is registered to provide accommodation, personal care and treatment for nine people with mental health needs and learning disability or autistic spectrum disorder. At the time of our inspection there were three people living at the home.

There was a newly employed manager in position who has not yet registered with the Care Quality Commission;

however they were in the process of completing their registration. '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.

# Summary of findings

People`s medicines were administered safely by staff who was appropriately trained, however we found that medicines were not always recorded in accordance with best practice guidelines. This was addressed by the manager on the day of the inspection.

People were cared for in a purpose built environment which was appropriately maintained and suitable for people with mental health problems.

Staff was trained and able to recognise any signs of abuse and knew how to report concerns. People were looked after by sufficient numbers of staff to meet their needs safely at all times.

People were encouraged and supported to live as independently as possible and to be part of their community. Risk to people`s health, safety and wellbeing were identified and measures were in place to manage and mitigate the risks to keep people safe.

People`s physical and mental health was monitored by staff who knew them well. They were able to establish if people needed input from their GP, psychiatrist, social worker or they just needed support from staff.

Staff were appropriately trained and skilled to ensure they had the abilities and knowledge to understand people with mental health problems, identify triggers and manage behaviours which were challenging at times and potentially dangerous. Newly employed staff had comprehensive induction training and were given time to read people`s support plans before they were introduced to people.

The provider planned to move people in the home one at the time over a period of time to ensure people were given plenty of time to settle in and get to know each other before a new person was introduced.

The new manager had identified areas of the service in need of development, they were in the process of changing people`s support plans to ensure the risk assessments were detailed and regularly reviewed; and the plan was more person centred.

The provider carried out several weekly and monthly audits and any issues emerging following these audits were actioned and followed up to ensure the service improved and the shortfalls were corrected.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People`s medicines were administered by staff who was trained and knew people well. We found that best practice guidelines were not followed when recording medicines; this concern was immediately addressed by the manager.

People were encouraged to be independent and live an active life whilst risks associated with these activities were assessed and appropriately mitigated.

Staff were knowledgeable about how to monitor signs of abuse and report concerns internally and externally.

There were sufficient numbers of staff to meet people`s needs safely at all times.

Good



### Is the service effective?

The service was effective.

Staff received comprehensive induction training and regular refresher training to ensure they had the skills and knowledge to meet peoples` needs effectively.

Peoples` consent and agreement was constantly sought by staff. They used their vast knowledge about people they cared for to ensure they obtained consent before they delivered any aspects of care.

People were encouraged to eat a healthy balanced diet which they were enabled to prepare themselves.

The home had a multidisciplinary approach in meeting people`s health needs. Social and health care professionals were working together with staff to ensure people`s physical and mental health needs were met.

Good



### Is the service caring?

The service was caring.

The majority of people had one to one support from staff and they developed relationships with them which were based on trust and respect.

Staff involved people in planning their own care and reviewed their care plan in weekly discussions.

People had been given time to settle and know other people living at the home before new people were considered to move in.

Peoples` dignity and right to privacy was protected and respected by staff. Personal information and medical records were kept secure and confidential.

Good



### Is the service responsive?

The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

Good



# Summary of findings

People had access to the community and had individual activity programs which included art therapy sessions, shopping and food preparation.

People were encouraged to maintain and develop new skills whilst living at the home, they had short and long term goals to achieve and their achievement was acknowledged.

People were able to raise concerns and complaints. We saw easy to understand, pictorial complaints procedures displayed visibly around the home.

## Is the service well-led?

The service was well –led.

The manager was passionate about the people in their care and demonstrated a very good knowledge and understanding of their needs.

The manager promoted an open and transparent culture which was appreciated by staff, health and social care professionals.

The manager had identified several areas which they were working on to improve for people to receive safe and effective care.

The provider had been monitoring the quality and safety of the service and conducted regular weekly and monthly audits.

**Good**



# Crossbrook Court

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November 2015 and was carried out by one Inspector. The inspection was unannounced. Before our inspection we reviewed

information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, three support staff, a team leader, the deputy manager, the manager and operation manager. We also talked to three social care professionals and one health care professional. We contacted one relative following the inspection.

We looked at two care plans, two employment files and a range of other relevant documents relating to how the service operated. We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

# Is the service safe?

## Our findings

People had their medicines administered by trained staff who new people well and was able to support them to take medicines safely. To enable people to understand what medicines they were taking and why staff used pictorial and easy read documents to explain including side effects and benefits to people when taking these. Medicines administration records were signed by staff after giving people their medicines. Medicines prescribed for people to take as and when required (PRN) had detailed protocols for staff to follow and had clear guidance on when and how they were to give medicines to people. However, we found that on one occasion the amount of medicines carried forward from one cycle to another were not recorded and two medicine boxes were not dated on opening as recommended by the best practice guidelines. The manager addressed this concern on the day of the inspection by speaking with the deputy manager and team leader responsible for auditing to prevent this from happening again.

People told us they felt safe and well supported by staff in Crossbrook Court. One person said, "I feel safe here, they [staff] look after me." Another person said, "I am safe here." One relative told us, "[Name of the person] is very safe there, I have no concerns." One staff member told us, "This home is very safe for people with mental health needs."

Staff were confident in what constituted abuse and how to report concerns under the safeguarding procedure. They were able to tell us when they would report their concerns under the whistleblowing procedure to local safeguarding teams and the Care Quality Commission (CQC). Staff and management were working very closely with the local social work team and keeping people safe from all forms of abuse was a joint effort and a priority. For example the manager told us that in order to keep a person safe when they were visiting their family they needed two staff members to be with the person. This was funded by the social care team in order to protect the person from any form of abuse whilst accessing the community and visiting their family. One staff member said, "People here are very vulnerable and exposed to all forms of abuse. We [staff] are here to protect them to make sure they are safe."

The provider had systems in place for assessing and managing risks. We saw that people's care records contained risk assessments which identified risks and the

measures in place to reduce and manage the risk. People's care records contained a range of risk assessments when people accessed the kitchen, communal transport, physical violence, self-inflicted injury. We asked staff about the risks associated with caring for people with mental health issues and they were able to detail the risks for each person and also the risks to staff. One staff member said, "We know each person very well and all the risks for the person and for us when we are in contact with them. We are aware of behaviour triggers and we try to avoid these. We also monitor for any other risks we were not aware of and review." This meant that the risks were constantly monitored and mitigated effectively and the impact on people's wellbeing was low.

We asked staff to introduce us to people and ask people if they were comfortable to talk to us. Staff briefly told us about people's behaviour and ways of communication. They also told us how to keep safe and they asked people if they were comfortable to remain with us in private or they wanted staff present. For example we were told by staff before we entered in a person's room to be aware that the person at times will reach and pull our hair. They also showed us what to do if this happened. The person asked us not to write down anything and asked staff to stay. They told us they felt safe at the home and they knew staff well.

People were aware of the risks associated with their mental health and they were supported by staff to relief pressure and stress. One person told us, "I can feel when I build up stress and I have support from specialists to get better. I also have meetings with my key worker." We saw that incidents were logged promptly with information on what were the circumstances leading to the incident and how was resolved. This information was collected by the management and it was then analysed by people's psychiatrists. Following the analysis a positive behaviour plan was developed to offer guidance to staff on how to prevent similar incidents reoccurring and still promote independence for people and positive risk taking. This meant that the management of the risks associated with people's mental health needs were enabling and not restrictive. People were helped to understand and manage risks and keep themselves safe.

There were enough staff to meet people's needs at all times. The manager told us, "People have very complex needs and most of the people have one to one care funded. Other people needed one to one or two members

## Is the service safe?

of staff for different activities. Staff was adjusted as needed.” They continued to say, “Agency staff is not used often, we use our own bank staff to cover shifts when needed, they are familiar with people`s needs.” One staff member said, “Agency staff are only used as the last resort, we have bank staff who works here regularly.” People told they were supported by staff to access the community any time they wanted. On the day of the inspection one staff member had gone out and they needed two staff members which was accommodated. This meant that the provider ensured that there was enough staff available to meet people`s needs safely and effectively at all times.

The provider had effective recruitment processes in place; they carried out all the relevant pre-employment checks, which included obtaining a minimum of two references, full employment history and Disclosure and Barring Service (DBS) checks for all the staff. This meant that the provider had ensured staff was suitable and able to support people living in the home.

# Is the service effective?

## Our findings

People were looked after by staff who were well trained and knowledgeable in how to meet people's needs effectively. Staff told us they received training in several topics relevant to their job roles. They learned about health and safety, infection control, safeguarding and more specialist training like behaviour de-escalation techniques and how to keep people and themselves safe.

Newly employed staff had comprehensive training before they were introduced to people under the close supervision of the more experienced staff. One staff member told us, "I had my induction training then I had to read people's support plans one at a time. I was introduced to people individually and spent time with them." Staff felt supported to perform their role, they told us they had regular supervisions, yearly appraisals, handovers and meetings where they shared their worries, talked about personal development, training needs and people's needs. One staff member said, "I have a lot of support from managers in the home and in the company. Their support and the training enabled me to progress in my career"

There was effective communication between the home staff and health and social care professionals involved in people's care. Regular multidisciplinary meetings were held to ensure people's complex needs were met on a daily basis. People were able to communicate with staff verbally staff knew people very well and adapted their style to people's abilities. They used short sentences and closed questions to ensure people were able to understand and respond. People were given time to engage and respond. People's support plans detailed how people at times communicated with their behaviour and guidance for staff how to interpret this behaviour. For example one staff member told us, "We know that if [name of person] starts repeating a word constantly or they talk very fast we need to give them space and calm them down."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people required constant supervision and they were being deprived of their liberty to keep them safe. The manager ensured they completed the relevant assessments and these were submitted to the local authority and were awaiting authorisations. People told us they were aware they needed constant supervision. One person said, "I cannot go out on my own, I need staff with me and they will take me out every time I want." This meant that although restrictions were in place and people were not allowed to go out on their own these were kept as least restrictive as possible as staff were available to take people out when they wanted.

People were asked for their consent regarding all aspects of their care. Support plans for people had their signed agreements and consent to care forms and these were regularly reviewed as their needs changed. We heard staff asking people if they needed help and how they liked to be helped.

People were encouraged to eat a healthy balanced diet and they were encouraged to prepare their own meals and do their own grocery shopping. One person told us, "I plan my menu for a week and I go shopping with staff." One staff member said, "We encourage people to prepare their own meals. We use plastic utensils and staff will operate the oven. They plan their own menus and cook their own food." We saw that where people had any eating disorders or they had any medical condition which was affected by their diet, staff reminded people what foods were not recommended. For example we saw that a person had a list in their bedroom with the foods they had to avoid to keep healthy. They referred to the list when they were deciding on their menus.

People were seen regularly by health care professionals to ensure their physical and mental health was evaluated regularly. For example a person was seen monthly by a psychologist and they discussed how they were feeling and planned their short and long term goals to work towards. People were regularly seen by occupational health therapists and they planned their monthly activity



## Is the service effective?

schedule. One person told us, "Staff comes with me when I go to see my GP. I had a check-up recently." People were seen by a range of specialists to ensure they received appropriate care and treatment to prevent hospitalization. Staff reported any incidents promptly and these were

analysed by specialists to ensure treatment was not delayed. This meant that people's physical and mental health needs were met and any changes in their condition triggered a prompt response from professionals to prevent their condition to deteriorate.

# Is the service caring?

## Our findings

People were supported by staff who were kind and respectful in their approach. They called people by their preferred name`s or agreed nick names. For example we saw a person responding with a big smile when staff approached them and called them `lovely`. However staff were not using this language routinely and they only called people as they liked to be called. One family member told us, "Staff are fantastic; I cannot fault the care in any way. Staff are very nice and very good in what they are doing."

People were encouraged to be as independent as possible. Although they needed close supervision for every activity or task they were doing, staff were supporting people where and when they needed support and enabled them to be involved in decisions around their care. One person told us, "I have cleaned my room today and I`ve done it all by myself." People were involved in creating their support plans, they signed agreement forms and these were regularly reviewed by them and their key workers. One person told us, "I know my file; I have my life story in there." People had their own diaries which they completed several times in a day to detail what they were doing. One person told us, "I need to do my diaries and write what I`ve done and how I feel." This meant that people felt actively involved in planning their own care and the care they received was as they preferred.

We observed how staff were talking to people, how they approached people and how were people responding. People`s body language suggested that they were relaxed in staff presence, they knew each other well and they showed mutual respect towards each other. People and staff relationships were based on trust. People were happy to talk to us because staff explained to them who we were and they trusted them. One person told us, "I did a picture for [staff member name], I like them very much."

Staff supported people to maintain and form new relationships. They told us that for some people it was very important to keep in touch with their family; however they needed support from staff to be able to visit family members. One person told us, "I am going home for Christmas to see my family", staff explained to us that the person was going to visit for a day and they needed two staff members to support them through their visit. Another person told us, "I keep in touch with my family, I visit weekly. I also see my personal friend weekly." This meant that people were encouraged to have and develop a sense of belonging and feel accomplished on a personal level.

People had their privacy and dignity respected by staff and staff ensured visitors were not invading people`s personal space. We were told by staff and guided by them before we gained access to people`s rooms on how to approach people. One person showed us their room which was decorated to their likes and they showed us that they were making their own bed and they had a shower on their own, however they asked staff to sort the bathroom out for them because they flooded the floor. We observed staff knocking on bedroom doors and waiting to be invited in by people. This demonstrated that people`s right to privacy was respected.

We found that people`s records were kept confidential and locked. People had a support plan which was a `working document` and staff was regularly recording and updating the document, however people had an adapted version of the `purple folder` which contained their detailed medical history and treatment plans. Notes from psychiatric reviews and other reviews were also kept confidential. People were asked for their consent before their information was shared with family, or other professionals.

# Is the service responsive?

## Our findings

People received consistent and personalised care and support. Their care was planned proactively with them and they were fully involved in identifying their own individual needs, wishes and choices and how these should be met. People had short and long term goals and they were supported by staff to achieve these. For example the manager told us they were supporting a person to improve their ability to use public transport and control their behaviour. The person told us, “I went with the train and the bus. I did it all by myself.” We saw that this person’s long term goal was to work on their living skills and move to a greater independence in the future. We saw that staff supported the person to work out a daily routine, do their own activity planner with the occupational health therapist, their own shopping, to use community transport, and cook their own meals. This demonstrated that people received support which was shaped to their individual needs.

People were supported to take part in a wide range of activities. Some people were able to plan a week in advance, some people were planning for the day. One staff member said, “One person is more independent and they can plan their activities in advance. Other people we have to support to plan daily. For example a person who decided they want to go out today to a coffee shop and we will support them to go.” We saw that there were varied activities people could choose from. For example we saw a person’s activity timetable and this had activities like, walks in the park, dancing, colouring, watching TV, grocery shopping. They also attended weekly art therapy sessions which they thoroughly enjoyed. One person told us, “I have done all my Christmas shopping; I spent all my money on myself. I send cards to my family.” Other people were also

keen to tell us, “I made a picture on my own.”, “I did my make up”, “I like my jewellery and I like to look nice.” This meant that people were able to do activities which were meaningful to them and made them happy.

The manager told us they were planning to start more in door activities as people settled in the home and they got used to each other. The provider told us they always considered how people would relate to each other before they accepted new people to move into the home. They told us, “We accepted people to move in one at a time. After two people got used to living together we accepted another person. We need to give people time before we can accept somebody else.” Health and social care professionals were also pleased with this approach. One health care professional told us, “I feel reassured that they [management] will not just take anyone in. They actually refused to accept somebody because it could have been disturbing for the people who already lived there.” This meant that the provider considered peoples’ best interest first.

The provider had made information available about how to make a complaint. There was a written and pictorial procedure and staff discussed people’s satisfaction with the service in regular individual meetings. For example we saw that a person mentioned to their key worker that they did not want to be woken up by staff early in the morning to use the toilet. This was communicated to the staff and they were not disturbed anymore. The manager had showed us the complaint policy; however they told us they had not received any formal complaints since the service opened early this year. One relative told us, “I have no complaints at all; however I am more than confident that if I had anything to complain about the manager they would listen.”

# Is the service well-led?

## Our findings

People, staff, relatives and professionals were happy with the new manager's leadership style. Staff told us, "The management team is very new and they are still learning. However I feel that they are going in the right direction." One social care professional told us, "The manager promotes an open and honest culture, they will communicate with us and they are open to suggestions."

The manager managed two locations for the same provider. The locations were sharing the same grounds and staff were working in both homes. They told us they already identified areas in need of improvement and they were prioritising their plan of action. Although they only started recently the manager had demonstrated an in depth knowledge of people's needs. They told us they had a recent monitoring visit from local commissioners and that they highlighted areas in need of improvement. For example it was found by the social work team that care plans were not updated and did not contain relevant and consistent information all the way through. We saw that the manager had already started updating the care plans and they worked closely with the commissioners to ensure the plans were as they recommended.

The manager introduced new systems and they were regularly checking that these were working and they were used by staff as they should have been. For example they were holding staff meetings in every third week of the month, they carried out supervisions and they expected senior staff to carry out their supervisions on the second week of the month. The manager expected people's support plans to be updated and reviews held by keyworkers monthly and they were checking that this happened in the first week of each month for the previous

month. They were also giving feedback to staff in their supervisions. This helped to check that standards were being maintained and improved due to the constant monitoring and feedback the manager was giving to staff.

The provider told us that although they employed their own health care professionals they ensured that their knowledge was up to date and they had appropriate skills to carry out their roles appropriately. They told us, "All the professionals we employ have their supervisions carried out by external professionals to ensure they are current and up to date. They then cascade this down to other staff via supervision sessions and meetings." The manager also said they felt supported by the provider and the operations manager who was visiting the home regularly.

We saw that a system of audits were completed regularly by various experts employed by the provider. These were used to monitor performance, manage risks and keep people safe. These included areas such as health and safety of the environment, medicines audit, infection control. Notifications had been completed in a timely way and sent to the Care Quality Commission as required. The manager encouraged people to raise concerns and we saw examples of how these had been dealt with by the manager. This demonstrated that the manager listened to people's views and valued them.

We saw evidence that there were regular staff team meetings, and we saw that these covered various topics relating to all aspects of the service for example key working responsibilities, medicines administration, training. The manager told us they worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the necessary information to enable them to provide the care that people required.