

ABI Developments 3 Limited

# 1 Sewardstone Close

## Inspection report

1 Sewardstone Close  
Sewardstone Road  
London  
E4 7RG

Tel: 02084985620  
Website: [www.enablecare.co.uk](http://www.enablecare.co.uk)






Date of inspection visit:  
06 November 2018

Date of publication:  
08 January 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

1 Sewardstone Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation, personal care and nursing care for up to 29 people who have a neurological condition which has been acquired through a life changing event or diagnosis.

The inspection was completed on 6 November 2018 and was unannounced. At the time of this inspection there were 21 people receiving a service.

A registered manager was in post. 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.

Although suitable arrangements were in place to assess and monitor the quality of the service provided, information relating to the actions to be taken to address identified shortfalls were not routinely completed. Improvements were required to ensure medication practices were improved and staff employed at the service received regular formal supervision and an annual appraisal of their overall performance.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection and suitable arrangements were in place for learning when things went wrong.

Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. People's nutritional and hydration needs were met, including having their cultural requirements and preferences met. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for.

Care plans were in place to reflect how people would like to receive their care and support, and covered all

aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.

There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Recommendations were made relating to medicines management and the service's quality assurance arrangements.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Improvements were required to the service's medication practices.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

There were sufficient numbers of suitably recruited staff available to meet people's care and support needs.

### Is the service effective?

**Good** 

The service was effective.

Staff received a range of training and a robust induction. Improvements were required to ensure staff received regular supervision and an annual appraisal.

People's nutritional and hydration needs were met and the dining experience was positive.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

### Is the service caring?

**Good** 

The service was caring.

People and their relatives were positive about the care and support provided. Staff were friendly, kind and caring towards the people they supported.

People and their relatives were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in social activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care and therapies that met people's individual needs.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Suitable quality assurance measures were in place to monitor the service provided, however improvements were required to ensure action plans were developed to evidence where areas for development were required.

The management team were clear about their roles and responsibility.

Appropriate arrangements were in place to ensure the service was well-run.

The service involved people, their family and friends in a meaningful way.

# 1 Sewardstone Close

## **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 on 6 November 2018 and was unannounced. The inspection team consisted of one inspector, an assistant inspector and a specialist advisor who had experience of caring for people with complex nursing needs. On 6 November 2018 the inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for people who have complex nursing needs.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the registered provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Not all people who lived at the service were able to talk with us. We spoke with six people who used the service, a qualified nurse, six members of care staff, the registered manager and the service's area manager. We also spoke with two people's relatives.

We reviewed five people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, safeguarding, complaints and compliments information and their governance procedures.

# Is the service safe?

## Our findings

Whilst arrangements were in place to ensure all staff who administered medication were trained and had their competencies assessed, this did not ensure their practices were safe. We looked at the Medication Administration Records [MAR] for 10 of the 21 people who resided at the service and found several discrepancies relating to staff's practice and medication records.

The MAR forms for six out of 10 people showed there were unexplained gaps whereby staff had failed to initial the MAR form to evidence their prescribed medication had been administered. In all but one instance, this was solely a recording issue as the medication had been administered. However, for one person, stock discrepancies were noted and this suggested they had not received all prescribed medication as they should. Staffs use of codes on the MAR form for medication prescribed as PRN [when necessary] was inconsistently recorded. For example, some staff left the MAR form blank if no PRN medication was required, others recorded 'N' [prompt but not required]. The process needs to be used consistently.

Where people were prescribed a transdermal patch to be applied to their skin at regular set intervals, the site of application on the body to ensure the patch is not applied to the same area was not regularly completed. Where people required topical creams to be applied each day, a record was not routinely completed to evidence this had been applied by staff, despite the topical cream chart being readily available within people's rooms. The latter was discussed with the registered manager and they confirmed it was their expectation that these charts should be completed.

We recommend that the registered provider review current medication practices for staff in line with national best guidance practice and their own policies and procedures.

People told us staff looked after them well, that their safety was maintained and they had no concerns. One person when asked if they felt safe, smiled and gestured by moving their head to indicate staff standing next to them. They told us, "They [staff] are all lovely, have a laugh with them and very caring." A second person told us, "I do feel safe here because there are people around all the time and I keep in touch with people with my mobile, I find texting is easiest." One relative told us, "I think [relative] is safe here because they have grown in confidence in their own ability, can do things for themselves again and there always seems to be enough staff."

Staff told us they received safeguarding training as part of their induction and records confirmed this as accurate. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team. Staff were confident the registered manager would act appropriately on people's behalf and confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the management team were not responsive. One member of staff told us, "I would go straight to the manager, I've never had to raise anything but I'm sure they would act on it." Another member of staff told us, "I would speak to the senior, one of the nurses or the manager. I have raised incidents previously and there are policies in the office to read."

Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks. For example, staff could tell us who had poor swallowing reflex and was at risk of choking, who had a Percutaneous Endoscopic Gastrostomy [PEG] tube in place and the arrangements in place to help them to manage this safely. The latter is used to provide a person with nutritional intake when oral intake is not possible. Risk assessments guided staff on the measures in place to reduce risk during the delivery of people's care. Staff's practice reflected risks to people were managed well to ensure their wellbeing and to help keep people safe.

Information available identified people who could become anxious and distressed; and which could cause them to behave in a way that may challenge others. Detailed risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff spoken with had a good understanding and knowledge of the risk management strategies in place to ensure theirs and others safety and wellbeing.

The registered manager confirmed staffing levels at the service were determined and funded by the Local Authority or local Clinical Commissioning Group and included four people who received one-to-one support. People's comments about staffing levels were positive and there were always sufficient numbers of staff available to meet their needs. One person told us, "Staff are here day and night and I don't wait longer than say 10 minutes or so, they [staff] come quite quickly." Another person told us agency staff were used at the service. They stated, "Occasionally there is agency staff but they are the ones we know so it doesn't make a difference. If it is new staff, they use the 'buddy' system so they are always with staff that know you well." Observations showed people received care from a consistent staff team and the deployment of staff was suitable to meet people's needs in line with information documented within their care plan.

Staff recruitment procedures were thorough and in line with the registered provider's policy and procedure. Relevant checks were carried out before a new member of staff started working at the service. These included processing applications, including a full employment history and exploring any gaps, obtaining written references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. Prospective employee's equality and human rights characteristics were also recorded and considered when recruiting staff. Information was recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were monitored and maintained to a good standard. The premises were clean, odour free and staff used appropriate Personal Protective Equipment [PPE], such as gloves and aprons. Staff told us and records confirmed staff received suitable infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance.

When concerns are raised or things go wrong, the approach to reviewing and investigating the reasons was satisfactory and there was evidence of learning from these events. For example, prior to our inspection, concerns were raised with the Care Quality Commission about poor medication practices relating to one person using the service. A full investigation was completed, areas for improvement highlighted and lessons learned.



## Is the service effective?

### Our findings

Staff told us they received regular training opportunities and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. One member of staff told us, "My mandatory training is up-to-date. I did [training] in 'understanding rehabilitation' last week, that was very good. I have a 'behaviour' workshop coming up and the more training I can do the better; we are able to do as much as possible." A second member of staff stated, "I have done some e-learning and some 'face-to-face' training. I asked to do 'challenging behaviour' training in my supervision and I have a workshop on it coming up." There was evidence to show staff newly employed had received a robust induction. One member of staff told us, "I learnt a lot in my induction week and shadowed other staff."

Most staff told us they felt supported and valued. Comments included, "I feel supported, I've never had to raise any concerns with the manager," and, "I do feel supported by the manager even though some days can be stressful and mentally draining," and, "I feel supported. I would probably go to the senior on shift if I had a problem but [name of registered manager] is approachable." However, staff had not received regular supervision with some supervisions between 31 to 140 days overdue. Additionally, 12 members of staff had not received an annual appraisal since 2016 or 2017. One member of staff who had been employed at the service for at least 12 months, confirmed they had only received one supervision and were yet to receive an appraisal of their overall performance. The registered manager confirmed they met regularly with their business manager but had not received formal supervision for some time. A plan had yet to be devised by the registered manager as to how compliance with the above was to be achieved.

We recommend that the registered provider review the current supervision and appraisal arrangements for staff in line with best guidance practice and their own policies and procedures.

People were complimentary regarding the meals provided and stated they enjoyed the weekly 'brunch club'. People were supported to choose what they wanted, to go shopping and to make their own or others brunch. One person told us, "The food is fine, I get to choose. I have a breakfast plan of fruit and fibre every morning but the meals, I change to what I fancy. It's about 5.30p.m. we eat, it is always the same time, but I prefer that. If you want it [meal] later, they [staff] will say okay and warm it up later. The meals always come up looking nice." Another person told us, "I'm not a fussy eater but I can always choose what I want and there is plenty of it. Sometimes I may not like it, but I eat it and make a mental note not to order it again. We all have different preferences here and they [staff] respect that." Where people required assistance and support to eat and drink, this was provided in a sensitive and dignified manner. People were not rushed to eat their meal and were able to enjoy the dining experience at their own pace.

Staff demonstrated a good understanding of people's individual nutritional needs and how these were to be met, including their cultural and religious needs. Staff were aware who had swallowing difficulties or dysphagia, required their meals to be pureed and required a thickening powder to aid their swallowing difficulties and to minimise the risk of aspiration. The nutritional needs of people were identified and, where people who used the service were at nutritional risk, referrals to a healthcare professional such as the GP,

dietician and Speech and Language Therapist [SALT] had been made. Where instructions recorded that people should be weighed at regular intervals, this had been followed to ensure their nutritional and hydration needs were being monitored and any concerns were picked up at the earliest opportunity.

The service worked with other organisations to ensure they delivered joined-up care and support. Regular multidisciplinary meetings were held to discuss each person using the service. These included a range of healthcare professionals and specialisms, such as pharmacist, consultant psychiatrist, Speech and Language Therapy [SALT], dietician, occupational therapist and consultant neuro-surgeon. They told us they were involved in the training and coaching of staff and, where appropriate, observed staff's practice. For example, a member of the SALT team confirmed they liked to attend the weekly 'brunch club' so they could observe support provided by staff for people using the service, such as, the positioning of people whilst they ate to ensure this was safe and met their needs.

People told us their healthcare needs were well managed. One person told us, "Staff help with keeping my appointments at the hospital and they book transport and come with me, that works well. I see a chiropodist every month or so. I haven't seen a dentist in quite a long time but it doesn't bother me." Another person stated, "Staff constantly update me with test results and follow ups." Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

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 the 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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had a good knowledge and understanding of MCA and DoLS. Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

# Is the service caring?

## Our findings

People were happy with the care and support they received and told us staff were kind and caring. One person told us, "They [staff] are all good but I do have a favourite, because they know me so well and make me laugh. They are always cheerful and respectful." A second person told us, "I love it here, the people, the environment; makes me feel better. If something goes wrong, there are always people here who understand, staff here just do, they get me. It [1 Sewardstone Close] is second to none, I have a sense of freedom, not always to do what you want but not governed by your illness." One relative told us, "The home has been good and there has been a massive improvement to my relative the last few months."

Our observations showed people received good person-centred care. People valued their relationships with staff and spoke favourably about individual staff members. People told us they had a good relationship with the staff who supported them and staff were observed to have a good rapport and understanding of the people they cared for. There was much good-humoured banter during the inspection which people appeared to welcome and enjoy. During our inspection we saw that people and staff were relaxed in each other's company and it was clear staff knew people very well.

Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, people who could verbally communicate and those who only communicated using non-verbal cues. Some people were observed to benefit from specific assistive technology, such as laptops and electronic tablets to aid their communication with staff. Staff were seen to sit next to people, to talk with them and provide clear explanations about the care and support to be provided in a way that the person could easily understand.

The registered manager confirmed that people's relatives advocated on their behalf and currently one person using the service had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. People were encouraged to make day-to-day choices and their independence was promoted and encouraged, where appropriate, and according to their abilities.

Staff provided good examples of what dignity meant to them and our observations showed staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. Additionally, people were supported to maintain their personal appearance and to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and preferences. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

Care and support was provided in the least intrusive way and people were treated with dignity and respect. One person told us, "The staff are so respectful and patient, they meet all my needs." Another person told us they liked to go to bed early and it normally took staff about 45 minutes with help from staff for their bedtime routine to be completed. They said, "They [staff] are always kind and respectful and I am never

rushed. They [staff] check on me constantly, even at night, but that doesn't disturb me, I sleep well."

People were supported to maintain relationships with others. Several people had an electronic tablet and could stay in touch with their family and friends through digital video chat and voice call services. People's relatives, and those acting on their behalf, visited at any time. Staff told us people's friends and family were always welcome. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

## Is the service responsive?

### Our findings

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. Recommendations and referrals to the service were made through the Local Authority and Clinical Commissioning Group. An initial assessment was completed by them and together with the registered provider's assessment, this was used to inform the person's care plan.

The registered provider used a computer based care planning system. People's care plans included information relating to their specific care needs and how this was to be delivered by staff. People's care plans also recorded evidence relating to people's preferred routines. Care plans were regularly reviewed and, where a person's needs had changed, these had been updated to reflect the new information. There was an acknowledgement from the registered manager that the care plans were not as person-centred as they should be and improvements were required. Staff told us they were made aware of changes in people's needs through regular handover meetings and discussions with the qualified nurses and the registered manager. This meant staff had the information required to ensure people who used the service would receive the care and support they needed.

It was evident from our discussions with the registered manager and staff that efforts were made to ensure people using the service had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. The service employed a lifestyle coordinator and they were responsible for facilitating activities at the service. Activities included, gardening, exercises, 'brunch club', community access on a Wednesday and Thursday and on alternate weeks an external musician visited the service. Some people attended the local church service on a Sunday. On the day of inspection, people participated in 'brunch club' in the morning and an art and craft activity in the afternoon.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. People knew how to make a complaint and who to complain to. People, and those acting on their behalf, told us if they had any concerns they would discuss these with staff on duty or the registered manager. The complaints log showed within the last 12 months, there had been three complaints. A record was kept of all issues raised, action taken and the outcome. However, during the inspection we were made aware of a further concern relating to a person using the service. This was not logged as a complaint as it was perceived to be an informal discussion between the person's relative and the service. Following a discussion with the registered manager, they advised us this would be actioned and followed up with the complainant. One relative told us, "We've occasionally called the management, not with complaints as such, more queries. They [management team] have always been more than helpful."

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. Though staff had not received end of life care training, the registered manager stated this would be sourced and arrangements made to work closely with relevant healthcare professionals, for example, the local palliative care team and hospice.

## Is the service well-led?

### Our findings

People living at the service and their relatives were complimentary and positive regarding the management of the service. One person told us, "I think the home is very well run because everyone knows their job. They [staff] work in twos and it works well because we don't have to wait. I have a care plan and I have a review with my family."

Staff told us the service was well-led and managed and enjoyed working at 1 Sewardstone Close. Most staff felt valued and supported and confirmed staff morale was good. However, staff stated they would like to receive more praise and 'thanks' as the 'job' could, at times, be stressful and demanding.

The registered manager demonstrated to us the arrangements in place to regularly assess and monitor the quality of the service provided through the completion of several audits and internal review by the registered provider, but action plans were not routinely in place to evidence the actions undertaken or commenced to address the identified shortfalls. This showed that the service's quality assurance arrangements were not as effective as they should be and improvements were required.

For example, the monthly home audit for October 2018 showed a 'rag rating' score of 'amber' attained. Areas for development related to one person's care plan and the frequency of staff supervisions and annual appraisals. The medication audit for October 2018 also demonstrated a 'rag rating' score of 'amber' attained. This showed there were missing staff initials on the MAR form. An action plan was not completed following either audit to demonstrate how these were to be addressed. The above was not an isolated case as the monthly home and medication audits for August 2018, also confirmed a 'rag rating' score of 'amber' with action plans not completed. The service's improvement plan for July 2018 showed issues relating to staff supervision and appraisal had been outstanding since this time. We discussed this with the registered manager and an assurance was provided that action plans would be completed in the future. As already recorded within the report, improvements were required relating to medication practices and supervision and appraisal arrangements for staff. Clear plans were not in place to evidence how compliance was to be achieved in relation to both of these areas.

Staff confirmed regular team meetings were held and minutes of these meetings for the period July 2018 to October 2018 were available to confirm what we were told. Various subjects were discussed; however, an action plan was not completed to demonstrate how any issues raised were to be addressed and completed.

The service involved people who used the service, family members and their friends in a meaningful way. This included regular questionnaires for people and their relatives. The registered manager told us, "I have an open-door policy and families can come in whenever they like." Records showed satisfaction surveys were undertaken in November 2017, to seek the views from people using the service and those acting on their behalf about the quality of the service provided. The reports showed five out of nine family members and friends; and 14 out of 21 people using the service responded. The results were variable in response to 12 'key' questions and demonstrated people's opinions about the quality of the service provided, varied between 40-100%. An action plan was not completed to demonstrate how any issues raised were to be

addressed and completed.

Monthly multidisciplinary meetings were held and these included actions and outcomes arising. Meetings for people using the service were conducted each month to enable them to have a 'voice' about key areas that were important to them, such as meal choices, quality of meals provided, social activities, staffing and the environment. Information was available to demonstrate actions taken to accommodate people's specific wishes and requests. For example, the service's menu had been adjusted to consider people's preferences.

In September 2017, a visit was conducted by Headway to 1 Sewardstone Close to conduct a review and assessment of the service. Headway is a charity which provides support, services and information to brain injury survivors, family and carers and professionals. The report confirmed all standards required by Headway were met and the service was granted the status of 'Headway Approved Provider' for a period of two years, whereby a further review will be undertaken.