

Sequence Care Limited

Park House

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 ●

Summary of findings

Overall summary

About the service:

- Park House is residential care home providing personal care for up to four people with a learning disability.
- At the time of the inspection it was providing a service to four people.
- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People at the service were kept safe, staff had an understanding of their safeguarding responsibilities and knew how to identify abuse.
- People were encouraged to take positive risks in their lives and risk assessments were in place to protect people at the service and reduced the risk of harm people may face.
- Relatives were happy with the service and told us their family member was kept safe.
- People were looked after by staff who had gone through a thorough recruitment process.
- Accidents and incidents were recorded and analysed by the service. Staff told us they took part in debriefing sessions after the incident to learn from the incident to prevent it happening again in the future.
- People's medicines were managed safely and safe practices were followed in the administration of medicines.
- The service was clean and free from malodour, hand washing guidelines were displayed to minimise the risk of infection.
- People were assessed by the service before being placed and staff observed people at the service to ensure care was being provided in accordance with their care plan. People's nutrition and hydration needs were met by the service and healthy eating was encouraged.
- Staff were supported to give effective care as they received appropriate training relevant to their role, supervision and appraisal.
- People were comfortable with staff and staff spoke in a kind and caring manner to people. Relatives thought staff were caring and treated people with respect.
- People's care plans were personalised and regularly reviewed and updated as the needed.
- People were supported to communicate in a way that helped them as the service provided information in easy read format.
- There was a complaints policy, there were no complaints made by people living at the service. Complaints received from outside the service had been responded to promptly.
- The service had strong quality assurance processes to check the quality of care people received and systems to drive improvement.

Rating at last inspection:

- Good (report published 7 March 2017)

Why we inspected:

- This was a planned inspection based on the previous rating.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.
- We made two recommendations in our inspection report on diversity in care planning and documenting people's end of life wishes. We will follow these up at our next inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Park House

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

- Park House is a care home providing support to people with a learning disability or a secondary diagnosis such as an autistic spectrum disorder or a mental health condition.
- People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

- Our inspection was unannounced.

What we did:

- We reviewed the information we held about the service. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.
- We spoke briefly to two people who used the service. The majority of residents left early in the morning to attend activities.
- We spoke to four relatives.
- We spoke to the operations manager, the deputy manager and three support staff. The registered manager

was on annual leave at the time of the inspection.

- We reviewed two people's care records, two staff personnel files, staff training documents, and other records about the management of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding adults and the service had a policy and procedure available for staff.
- People were protected from the risks of abuse as staff knew how to spot the signs of abuse.
- A member of staff said, "There's loads of different abuse, physical, financial, neglect, emotional, not meeting their needs, poor nutrition. The person may flinch or their behaviour may change."
- Staff told us they would inform the deputy or registered manager if they had concerns someone was at risk of abuse. A member of staff said, "I'd tell my manager and write down all the facts."
- Staff told us they would whistleblow to the local authority, CQC or the person's GP if the management at the service did not take appropriate action.

Assessing risk, safety monitoring and management

- People were kept safe at the service. A member of staff said, "Safety most important to us whenever with [people who used the service], [we] work side by side with them."
- People had strong risk assessments that minimised risks people faced while in the service and the community. This allowed people to enjoy activities without restriction.
- Positive risk taking was encouraged by the service. For example, people were supported to make meals if they wished and to go swimming.
- Relatives told us they thought staff kept the family member safe at the service. A relative said, "Yes, [person] has one to one all the time."
- Risk was reviewed regularly by the service and updated as necessary while informing people's involved health professionals.
- Records confirmed health and safety checks were completed, these included fire drills, water temperature checks, gas safety, fire equipment and portable appliance testing.

Staffing and recruitment

- Safe recruitment procedures were followed.
- Employment checks were carried out before staff were employed by the service which included criminal records checks to ensure staff were safe to work with vulnerable people.
- There were enough staff to meet people's needs.
- Where the service needed to use agency staff, they requested staff that had attended the service previously which supported people with continuity of care.

Using medicines safely

- People's medicines were managed safely.
- Two members of staff administered medicines to ensure safety and minimise the risk of errors.

- Staff told us they administered people's medicines in line with their prescription, and checked the time, dosage and name of the medicine against the person.
- Staff told us they checked people had taken their medicine and where people refused they would record this on the medicine administration record (MAR). People's GP would be informed where medicines had been refused.
- Medicine given to people on an "as required" (PRN) basis was administered appropriately. The service had appropriate protocols to ensure staff knew when people needed to be given medicine on a PRN basis.
- We viewed a sample of MAR charts and these had been completed correctly with no gaps seen.
- Unused medicines were collected by the pharmacy.
- Medicines were audited to check balances were correct and if any medicine errors had occurred. Records showed no errors had occurred. The deputy manager told us if errors occurred they would raise a safeguarding and staff concerned would complete medicines training again.

Preventing and controlling infection

- People were protected from the risks of infection.
- Safe hygiene practices were displayed around the service these included good hand washing guidance.
- The service was clean and there was no malodour.
- Staff had sufficient personal protective equipment which included gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were logged by the service.
- Staff had debrief sessions after an incident to discuss strategies to prevent them occurring in the future.

Is the service effective?

Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into the service and they were assessed again once they had moved into the home.
- Needs assessments covered people's likes and dislikes and the type of care they needed so staff could deliver good care.
- People's relatives were involved in the assessment process to ensure people's needs were understood.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to local authorities as needed.
- Staff understood the importance of supporting people in making their own decisions as much as possible. A member of staff told us they helped people by showing people photos to help the decision-making process. The service involved advocates on behalf of people who lacked capacity.
- Mental capacity assessments had been completed for people who lacked capacity.
- Consent to care was sought before people were given care. A member of staff said, "We go and say 'lets go and have personal care', if they're not ready, we leave it for a little while and later on in the day we go and take them."

Staff support: induction, training, skills and experience

- Relatives told us they thought staff were competent to do their jobs.
- Records confirmed staff completed an induction and were supported to maintain their skills through

regular training.

- Staff received supervision in line with the providers policy and appraisals to review their work. A member of staff said, "We have [supervision] regularly. When they're due we do them every six to eight weeks. We are allowed to call emergency supervision if we feel something ain't right."

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

- People's likes and dislikes were respected in relation their food.
- People with special diets were supported to eat healthily and where appropriate were referred to the speech and language therapist (SALT) for support.
- Nutrition and hydration assessments were up to date.
- A member of staff said, "We make sure they get their vegetables. [Person] at risk of choking we cut it up small for them but they eat by themselves."
- The service respected people's cultural and religious needs in respect of their food.
- Fresh fruit was available for people to eat.
- On the day of our inspection we did not observe lunch as the majority of people had gone out of the home to eat.

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

- The service worked well with health professionals to support people to have good health outcomes.
- The behavioural support team attached to the service visited the home to perform reviews of people's care.
- Records confirmed people were seen by the GP, SALT team, dietitian, chiropodist, psychiatrist, occupational therapist and dentist for health appointments.
- People had health and communication passports in the event they had to access other health services, this supported consistent care. A health and communication passport provides information on how to support people with their immediate health and communication needs.

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

- People could move freely around the service without restriction.
- The provider was refurbishing the living and dining area, people at the service were involved in choosing the new furniture and decoration.
- After the inspection the deputy manager sent updated photographs to show the refurbished living area for people at the service with new furniture chosen by the people at the service.
- All rooms were accessible by a lift and stairs.
- People had personalised rooms where some had displayed their favourite photos and people's completed artwork.
- One person had their own flat to support independence which was accessible by their own front door or through the communal entrance. A relative told us they liked that their family member was supported to have their own living space.

Is the service caring?

Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed all staff speak to people in a kind manner.
- Relatives told us staff were kind towards their family member. One relative said, "[Staff] are so kind and gentle. Another relative said, "[Staff] call themselves a family." A third relative said, "We are so lucky to have found them (service)."
- It is unlawful to treat people with discrimination because of who they are. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act.
- Staff at the service told us no one identified as lesbian, gay, bisexual or transgender. Staff said they wouldn't treat people any different.
- Staff had been trained in equality and diversity. However, as part of the care planning process exploring people's sexuality was not addressed.

We recommend the service follows best practice in assessing diversity in the care planning process.

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

- Care was planned with people's involvement and their family.
- The service worked with local charities to provide an independent advocate to support people express their views.
- People were continuously supported to express their views about their care as the service provided information in accessible formats.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- During personal care staff kept doors closed.
- People were encouraged to maintain their independence to maintain and develop skills. For example with staff support, people did their own laundry and tidied their room.
- People were supported to have private time if they wished.
- The deputy manager told us staff respected people's confidentiality. They said, "Staff have gone on the training so know it's not right to discuss in the community and it's an offence."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised and contained their preferences.
- People's life stories were provided which detailed important relationships, what a good and bad day looked like for a person and what they wanted to achieve in their life. For example, one person wanted to attend college.
- Staff showed they knew people well and this included their likes and dislikes. A member of staff said, "[Person] likes pizza on a Friday."
- The service operated a key working system, this is where people had a dedicated member of staff to discuss and plan their care with.
- The service met the requirements of The Accessible Information Standard (AIS). The AIS applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss.
- People's care plans contained communication passports on how to support them with their communication needs. We saw examples of easy read documentation to help people understand the care choices.
- Staff had also received training in Makaton to help people express their needs. Makaton is a language programme using signs and symbols to support people in their speaking.
- Staff told us they were all responsible for observing and identifying changes in people's care needs.
- Relatives told us staff at the service kept them updated on their family members' health needs.
- People were supported to attend activities of their choice, people enjoyed going sightseeing and trips in the service's van.
- People could also use the sensory room located in the garden and participate in arts and crafts with staff support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy.
- Complaints documentation was written in easy read format to support people at the service to make a complaint.
- Relatives we spoke to did not have any complaints about the service but knew how to raise an issue with the management of the service. A relative said, "We speak to the staff all the time, any concerns they relay them to us."
- Compliments received from relatives and health professionals praised the service people received.

End of life care and support

- The deputy manager advised there was no one at the service who was receiving end of life support.
- The service did not ask for people's end of life wishes during the care planning process.

We recommend the service seeks advice and guidance from a reputable source about discussing with people their end of life wishes.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The service promoted person centred care in accordance with peoples care plans. Staff demonstrated they were all there to support people to live their lives the way they wanted to in a safe way.
- People's care records and staff records were accurate and accessible.
- A relative said, "[Registered manager] is on the ball." Another relative said, "If I get anxious I can call the manager."
- Relatives told us the quality of the care and communication from the service was very good. A relative said, "[Person] is looked after in every scientific way, we are very pleased."
- Quality assurance was performed within the service which included health and safety, monthly internal medicine audit, infection control, data protection and nutrition and hydration. We viewed the audits and there were no concerns identified by the service.
- The head of operations advised us they continued to ask a private company to complete an audit similar to a CQC inspection as part of their quality assurance processes.
- The service worked with local mental health charities to support people to receive good health outcomes. This involved acting as an advocate to ensure people's views were heard and to support people with their decision making.
- The management of the service understood their responsibility to inform the CQC of important events at the service and their duty of candour. Records confirmed the service sent us notifications of incidents and informed the local authority when incidents happened at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager supported by a deputy. The deputy manager fully supported the inspection in the absence of the registered manager.
- The management team was aware of its responsibility to provide high quality care and support and were supported to do this by the provider.
- Staff told us the management of the service was good. A member of staff said, "Any issue we follow management protocol." Another member of staff said, "[Deputy manager] has been really supportive towards me."
- Staff were clear about their roles at the service and there was a clear shift plan outlining what was to be done to support people.
- The operations manager and deputy manager advised spot checks were carried out at night and where issues were found appropriate action was taken.

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

- Relatives told us the service constantly engaged with them about their family members care.
- People, their relatives and health professionals were encouraged to give feedback on the quality of the service, records confirmed this.
- Records confirmed staff meetings took place, a member of staff said, "We have a meeting once a month, the minutes are kept in the office, we get a debriefing. If want to add something to the agenda we can and it is brought up."

Continuous learning and improving care

- The service had a continuous improvement plan to identify issues at the service and how they would meet them to improve. For example, any outstanding maintenance issues within the service such as damage to furniture were recorded and once completed the action closed.