

Sequence Care Limited

Birchwood House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Birchwood House is a residential care home providing personal care to six people with learning disabilities at the time of the inspection. The service can support up to seven people in one building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

We have made one recommendation about staff training.

People, a relative and staff spoke positively about the leadership in the service. The provider carried out quality checks to identify areas for improvement. People and staff had regular meetings so they could be updated on service development and could give their views about the service. The provider worked jointly with other agencies to achieve good outcomes for people.

Staff were supported in their role with supervision and appraisals. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional, hydration and healthcare needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff knew about safeguarding and whistleblowing procedures. Medicines were managed safely and people were protected from the risks associated with the spread of infection. The provider had a system in place to learn lessons from accidents and incidents.

People and a relative told us staff were caring. Staff demonstrated they knew people and their care needs well. The provider and staff understood how to provide a fair and equal service. People were involved in their care planning and were encouraged to make choices. Relatives were kept informed of their relative's wellbeing. Staff understood how to maintain people's privacy, dignity and independence.

Care plans were detailed and personalised. Staff understood how to deliver a personalised care service. People's communication needs were met. People participated in a range of activities that interested them. There was a system in place for people to make a complaint. People had an end of life care plan in place so staff would know how to provide care in accordance with their wishes should this be required.

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

Rating at last inspection

The last rating for this service was good (published 24 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Good 

Birchwood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Birchwood House 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 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. However, the registered manager was currently on extended leave from work. There was a manager at the home who was covering the registered manager's absence who was in the process of applying to CQC to become registered.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the operations manager, the manager, the deputy manager and two care staff. We reviewed a range of records. This included two people's care records including risk assessments. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed.

After the inspection

We sought feedback from the local authority. The manager sent us documentation we requested including training data. We spoke with one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we made a recommendation about the safe management of medicines. The provider had made improvements.

- A relative told us they were happy with how their family member's medicines were managed.
- Medicine administration records were fully and accurately completed. Records were maintained of the quantities of medicines in stock and these were accurate.
- Staff had received training about how to administer medicines safely. Two staff were now required to administer and sign for medicines given.
- Medicines were stored appropriately in a locked cabinet in a dedicated room. Refrigerated medicines were stored in a locked fridge at the recommended temperature.
- People who required medicines on an 'as needed' basis had guidelines in place so staff would know when and how much to administer.
- A health and safety audit in December looked at medicines storage and identified the room temperature was above the recommended range. Appropriate action was taken to ensure medicines were stored at the correct temperature and there was a plan in place to install a cooling system in the medicines room.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us they felt, "Very safe." A relative told us they felt their family member was safe at the service.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding and whistleblowing.
- Staff knew what action to take if they suspected somebody was being abused. One staff member told us, "I would discuss with the manager or the deputy to see if they will do something about it but if I don't see them react I have to talk to the area director."
- Staff understood whistleblowing. One staff member told us, "When you see staff doing something dangerous or [untoward], you just have to tell head office and if they don't do anything about it, I report it to CQC or the police."

Assessing risk, safety monitoring and management

- People had risk assessments carried out to protect them from the risks of harm they may face. Risks assessed included choking, management of specific physical and mental health conditions, risks to other people and from other people.
- Risk assessments included clear actions for staff to reduce the risks people may face. Each person had a

missing person information sheet in their care records which was easily accessible and could be given to the police.

- People who had behaviours which may challenge the service had a positive behavioural support plan which gave staff information about triggers to the behaviours and how to support the person to manage this.
- Staff used a 'social story' system to assist people to understand a situation and to reduce anxiety, distress and behaviours that may challenge a service. Topics of a 'social story' included bereavement, verbal aggression, smoking and absconding.
- People had an individual personal emergency evacuation plan in their care records. This meant staff and the fire brigade would know the method of evacuation each person needed in the event of a fire.
- Building safety checks were carried out as required including portable appliance testing carried out on the day of our inspection and a gas safety check was carried out on 10 April 2019. Fire-fighting equipment was checked on 22 May 2019.

Staffing and recruitment

- People and staff told us there were enough staff on duty to meet people's needs. A relative told us, "Generally there's enough of them [staff] now."
- Our observations and records showed there were enough staff on duty to meet people's needs and extra staff were brought in on days when extra support was needed.
- The provider had their own bank of staff which the home could access when needed to cover staff absences.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK and written references.
- The provider carried out criminal record checks of new staff before they began employment and regular updates for this were obtained to confirm continued suitability of staff.

Preventing and controlling infection

- People told us staff supported them to keep their home clean.
- A relative told us they were satisfied with the cleanliness of the home.
- The home was clean and free from malodour on the day of inspection.
- The provider had an infection control policy which gave clear guidance to staff about how to prevent the spread of infection.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons and there were handwashing facilities available to them. One staff member told us, "We have a lot of that [PPE]. I do the ordering."

Learning lessons when things go wrong

- The provider had a system of recording accidents and incidents.
- Staff told us lessons learnt following an accident or incident were shared with them. One staff member said, "We do debriefing to make sure we don't follow the same pattern."
- The manager gave an example of a lesson learnt as a result of an incident. They explained a person using the service had left the home unaccompanied because the exit door was not properly locked. The lesson learnt was that staff now check the door is locked whenever someone goes out or comes in.

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed, on the whole, staff had regular supervision and appraisals. Where there were any issues around this, the provider had taken appropriate action to deal with it.
- Staff told us they found supervision and appraisal useful. One staff member told us, "You get ideas if you are doing good or if there is something to improve on."
- The provider offered a range of training opportunities to staff including health and safety, emergency first aid, positive behaviour support and Asperger's and autism awareness.
- Staff told us they found training useful. One staff member told us, "We do have training so the company [is] brilliant with that. The training is useful."
- A relative told us they were happy with the care provided and were confident staff had the skill's needed to provide care to their family member.
- However, records showed that not all staff were up to date with several training courses relevant to the people they worked with, such as 36% of staff were not up to date with safe eating and drinking and 29% were not up to date with insulin administration.
- The provider had noted staff were not up to date with their face to face training during their quality check in December 2019. The manager told us there was ongoing training in place to bring staff up to date. We saw the training calendar scheduled for 2020 which showed this was the case.

We recommend the provider reviews its processes to ensure that training is updated in accordance with its policy.

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

- People told us they were happy at the service and with the care they received. Comments included, "I love everything here" and "It's a very comfortable place."
- People had an assessment of their care needs before they began to use the service to ensure the provider could meet their needs.
- Assessments captured information about people's histories and included the support they needed with personal care, health, communication and behaviour.

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

- People told us they were given a choice of food and drink. One person told us, "Yes, [the food] is pretty good. The cook is very good." A relative told us, "I haven't had any complaints from my [relative] about the food."

- Staff confirmed people could choose what they wished to eat and drink. One staff member told us, "Normally we have three choices and [people using the service] will pick one."
- Records confirmed a meeting was held each morning with people using the service which included discussing the meals they would like to have that day. The manager told us sometimes people would change their minds later and this was okay.
- Records showed people chose different meals to each other except on Sundays when everybody chose to have a roast dinner.
- Menus offered were nutritious and varied. Food was stored appropriately in the kitchen. Fridge and freezer temperature checks showed these were within the recommended range for safely storing food.
- Records contained people's food preferences and dietary requirements. People who were at risk of choking had speech and language eating guidelines for staff to follow which included the signs of choking to look out for.

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

- A relative confirmed staff supported their relative to maintain their health.
- Care records had details of people's medical appointments and the outcome including GP and dental appointments.
- People's care plans included a hospital passport which the person could take with them when admitted to hospital so medical staff would know how best to support them.
- People also had a health action plan which stated what the person needed to remain healthy and the support needed for this.
- Care records contained an easy read information sheet about eating healthily so staff could use this to encourage people to make healthy choices.
- People had guidelines in place for staff to follow where they had a specific health condition such as diabetes.

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

- The service was provided in one building across three floors and people had access to a garden area.
- People's bedrooms were located on the ground and first floor. People with mobility needs occupied the ground floor bedrooms.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- At the time of inspection, five people had a legally authorised DoLS in place because they required a level of supervision that may amount to their liberty being deprived.
- Records showed people had mental capacity assessments to check if they had the capacity to give consent

and make decisions.

- Staff were knowledgeable about MCA and DoLS. One staff member explained, "We have to have DoLS in place for those who want to go out on their own and can't because they must be accompanied by staff."
- Staff understood the need to obtain consent before delivering care. One staff member told us, "We have to have consent. If they say no then we have to find an alternative or follow a different channel."

Is the service caring?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative told us staff were caring and listened to them.
- The provider had a 'keyworking' system which meant a named member of staff took overall responsibility for the care the person received and ensured they had everything they needed.
- Staff knew people and their care needs well. One staff member described how the person they 'keyworked' had achieved several outcomes and they were currently supporting the person to develop their communication ability.
- Staff understood how to provide a fair and equal service. One staff member told us, "You have to talk to everybody [people using the service] and treat everybody the same way."
- Staff told us how they would supported people with their sexuality. One staff member explained how they gave people leaflets about avoiding unsafe situations and practising safe sex.
- The same staff member explained the support that was given in the past to a person who identified as lesbian, gay, bisexual or transgender to stay safe. The person had developed their confidence and was now living independently.

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

- People using the service had a meeting every morning to decide what activities and meals they wished to have that day.
- Records showed people using the service who were able to write took the minutes of these meetings and documented each person's contribution.
- Staff explained how they supported people to make choices. One staff member told us, "Everybody has their own choices and everybody can say what is on their mind. If anybody is making the wrong choices, you have to explain to them."
- A relative told us staff kept them updated on the well-being of their relative.
- The manager explained how families were involved in the care people received. They told us, "We inform and advise family about feedback [from appointments] and involve them in the care plan and [reviews]."

Respecting and promoting people's privacy, dignity and independence

- People told us staff gave them privacy when they wanted it.
- Staff were knowledgeable about how to promote people's privacy. One staff member told us, "We make sure we don't discuss [people using the service] with other people. We give [people using the service] the space to have their privacy."
- Staff knew how to promote people's dignity. One staff member explained when a person was having a

shower, they made sure there was a towel close by so the person could cover themselves before staff came in to assist them with personal care.

- People were supported to maintain their independence. Records showed one person was able to go out in the community without staff support.
- Staff described how they promoted people's independence. One staff member told us one person would mop their bedroom floor and said, "Even if you have to go in and do it again after, I will let [person] do it themselves first."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant 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

- Staff understood how to deliver person-centred care. One staff member told us, "We make sure that what [person using the service] is doing is what they want to do. The preferences of that individual is quite different from others [people using the service]."
- Care plans were detailed, personalised, contained people's preferences and what was important to them. For example, one person's care plan stated they did not like going out in the rain. Records confirmed staff accounted for this when planning activities with the person.
- Additionally, records showed the qualities staff needed to have to work with the person which included a good sense of humour.
- Care records contained the outcomes people wished to achieve. One person's care plan stated they would like to be more independent and to visit places of interest such as museums and theatres. Records confirmed this was happening.
- People's care plans were reviewed annually or sooner if their needs changed. Records confirmed this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- One person's care plan stated, "I can communicate to you verbally without much problem. My understanding is also good."
- The provider employed their own speech and language therapy service which people at the service had access to. This service produced communication passports for people which detailed the person's preferred communication method.
- Communication passports also contained guidelines with facial emotion pictures with a description about what triggered the emotion for the person. This meant staff were able to easily recognise when a person was feeling sad, happy or angry.
- The manager told us how they supported people with communication needs who had a visual or hearing impairment or a learning disability. They said, "One can read to them or put [information] in braille. We can use Makaton, pictures or write [information] down."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People told us the activities they liked to take part in and confirmed they were able to do so.
- We asked a relative if their relative was able to participate in activities they wanted to do. They replied, "I believe [relative] does."
- People had access to a range of activities which interested them and care plans contained their timetable of activities.
- Activities included cinema, arts and crafts, swimming, pub trips and social groups.
- Records showed people were supported to maintain their religion and visit their chosen place of worship.
- People who had family were supported to maintain these relationships.

Improving care quality in response to complaints or concerns

- People knew who to talk to if they wished to make a complaint and told us they would raise this with staff. They told us they had not needed to make a complaint.
- A relative told us if they were not happy with the care they would speak with the manager. They told us they had not needed to complain but, "There have been little issues." The relative told us they were generally happy with how these were resolved.
- The provider had a complaints policy which gave guidance to staff about how to handle complaints.
- Staff were knowledgeable about how to handle complaints. One staff member told us, "We show [person wishing to make a complaint] the form and we tell them the name of the person they have to refer it to who will look at the complaint."
- Records showed there had been no complaints made in the last year.

End of life care and support

- The provider had an end of life policy which gave clear guidance to staff about how to deliver this care sensitively.
- People had end of life care plans in an easy read format with pictures. The plans detailed how the person wished to spend the end of their life and the type of funeral service they wished to have.
- At the time of this inspection nobody was at the end of their life or diagnosed with a terminal illness.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their legal responsibility to notify the CQC and the local authority about incidents and safeguarding concerns as required. However, in reviewing the provider's safeguarding records we found that not all incidents were clearly documented; and the rationale for not raising them as safeguarding concerns was indistinct.
- The manager told us what the duty of candour was, "It is all about being truthful with the care of service users. No concealment of any information regarding the care so the right attitude can be applied."
- The manager also told us they would apologise to people using the service who were affected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People gave positive feedback about the leadership in the service. They told us they were able to talk to the manager.
- Staff spoke positively about the management of the service. One staff member told us, "I feel supported in my role." Another staff member said, "[Manager] is trying their best. You can come to [them] and talk to [them] which is important."
- The manager told us they encouraged staff to have an input into the service development through supervisions and staff meetings. They said, "We have a suggestion box [for staff]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider kept a record of compliments about the service. Compliments from relatives included, "[Relative] is happy with the care [person] is receiving" and "[Relative] expressed satisfaction in [person's] care at Birchwood House."
- People using the service had monthly meetings. Topics of discussion included, people's bedrooms, activities and holidays. Records showed people's wishes declared in these meetings were acted on.
- The provider also had daily meetings for people using the service. Records showed these were used to discuss how people were feeling, activities and meals. People using the service wrote the minutes of the daily and monthly meetings.
- Staff had regular meetings and told us these were useful. One staff member told us, "Everybody [staff] says their [staff] likes and dislikes. We see if we can fix whatever it is offending anybody."

- We reviewed the minutes of the staff meetings held in September and December in 2019. Topics of discussion included, the wellbeing of people using the service, activities, medicines, training and safeguarding.
- The provider had a system of obtaining feedback from people using the service and staff. However, the manager said they were not getting much response so were exploring a different way they could capture people's views about the service.
- Staff told us they were treated equally. One staff member said, "We work together with everything and link together as a team."

Continuous learning and improving care

- The provider carried out various quality checks for the service in order to identify areas for improvement.
- For example, we saw examples of audits carried out in December 2019 for infection control, nutrition and hydration and medicines where no issues were identified.
- The provider carried out a quality check in November 2019 which looked at the service using CQC's key lines of enquiries. This showed areas identified as green when no improvement was needed and red or amber when improvement was needed.
- For example, the provider's audit in November 2019 highlighted staff training as amber because not all staff were up to date with essential training needed to support people using the service.
- The provider had a system of direct observation of staff working and testing staff competency for key topics including infection control and medicines. Any issues identified were discussed with the staff member in their supervisions.

Working in partnership with others

- The manager told us they worked in partnership with social workers, care co-ordinators and health professionals.
- Records confirmed the service worked in partnership with relevant health and social care professionals in order to achieve good outcomes for people using the service.