

Sequence Care Limited

Crossbrook Cottage

Inspection report

67 Crossbrook Street
Cheshunt
EN8 8LU

Tel: 01992434311

Website: www.sequencecaregroup.co.uk

Date of inspection visit: 25 November 2015

Date of publication: 08/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 25 November 2015 and was unannounced. This was the first inspection of this service since registration in March 2015. At this inspection we found that they were meeting the required standards.

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

There was a newly employed manager in position who had not yet registered with the Care Quality Commission. '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.

People's medicines were administered safely by staff however we noted one area of concern which was immediately addressed by the manager of the service to ensure people's safety.

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

Summary of findings

Staff were knowledgeable and trained to recognise any signs of abuse and knew how to report concerns. There were enough staff to meet people`s needs safely at all times.

People were encouraged and supported to be independent and where possible go out socially without restrictions. Risk to people`s health, safety and wellbeing were recognised, discussed with people and managed in a way to minimise restrictions and keep people safe.

Staff knew people well, they were able to recognise and avoid triggers which could have provoked behaviours which were challenging to manage. People`s physical and mental health was monitored and reviewed regularly by staff, psychiatrists and health and social care professionals.

Staff were trained and skilled to ensure they had the abilities and knowledge to understand and meet people`s needs at all times. Newly employed staff had

comprehensive induction training, they were given time to learn about people`s needs and mental health. They were introduced to one person at a time to ensure they had time to get to know people well.

The provider had a good understanding of people`s conditions and they accepted new people into the home after a thorough assessment. People had been allowed the time to settle and to get to know each other before new people were considered for admission to the home.

The manager had identified areas in need of improvement, they were in the process of changing the format of support plans to ensure that people were in the centre of their plans and the support offered was tailored to their needs and preferences. People were involved in writing their own care plans and agreed long and short term goals. Staff supported people to achieve their goals.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People`s medicines were administered by staff who received training and were familiar with safe medicine management procedures. Any concerns during our inspection were immediately addressed by management to ensure people`s safety.

People were encouraged to be independent and live an active life. Risks to their health and wellbeing were assessed and mitigated to keep them safe.

Staff knew people well and were able to monitor signs of abuse and report concerns internally and externally.

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

Good



Is the service effective?

The service was effective.

Staff received comprehensive induction training before they were introduced to people. Yearly refresher training was provided for staff to help ensure they had the skills and knowledge to meet people`s needs effectively.

Peoples were asked to consent to the care they received by staff. Consent forms were signed and held in people`s support plans.

People were encouraged to eat a healthy balanced diet which they prepared and purchased themselves.

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

Good



Is the service caring?

The service was caring.

People built meaningful relationships with staff which was based on mutual respect and trust.

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

People had been allowed the time to settle and to get to know each other before new people were considered for admission to the home.

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

Good



Is the service responsive?

The service was responsive.

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

Good



Summary of findings

People were able to go out socially and staff supported them if they had to be supervised.

People decided and planned their own activity programmes.

People were encouraged to maintain and develop new skills whilst living at the home. They were supported in all aspects of their life.

People knew how to raise concerns and complaints. We saw an easy to understand pictorial complaints procedure displayed visibly around the home.

Is the service well-led?

The service was well –led.

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

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

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

The provider monitored the quality and safety of the service and conducted regular weekly and monthly audits.

Good



Crossbrook Cottage

Detailed findings

Background to this inspection

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

This inspection took place on 25 November 2015 and was carried out by one Inspector. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

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

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

Is the service safe?

Our findings

People had their medicines administered by trained staff. They used pictorial and easy read texts to explain to people what medicines they were taking and why. Medicine administration records were signed by staff after giving people their medicines. Medicines prescribed as and when required (PRN) had detailed protocols for staff to follow and to understand how and when they needed to administer these medicines. However, we found that for one person the amount of PRN medicines carried forward from one cycle to another were not recorded on the medicines administration records and we could not reconcile the amounts to check if they had been administered correctly because both boxes of medicines were undated on opening as recommended by the best practice guidelines. We brought this to the attention of the manager who immediately addressed the shortfall by speaking with the deputy manager and team leader responsible for auditing to prevent this from happening again.

People told us they felt safe and well supported by staff in Crossbrook Cottage. One person said, "I feel safe and protected." Another person said, "They [staff] make me feel very safe here, I have had no desire to self-harm for several months, I have improved a lot." One relative told us, "[Name of the person] is doing better in there than anywhere else, she is very safe there."

Staff were confident in telling us what constituted abuse and how they reported concerns under the safeguarding procedure. They were familiar with the whistleblowing procedure and told us when they would report to local safeguarding teams and the Care Quality Commission (CQC). Staff and management had developed a close working relationship with the local social work team and they worked in partnership to safeguard people from potential abuse. One staff member said, "I learned about the different types of abuse and how to recognise the signs. I also know how to report internally and when to report to local authority or the CQC."

Comprehensive risk assessments were developed to enable people to stay safe. These covered areas such as, crossing the road, meeting strangers, daily living tasks and verbal and physical aggression. Staff were knowledgeable about the risks associated with activities undertaken by people. These risks were discussed with people and managed in a way to enable people and not restrict them

from doing what they wished as far it was possible. For example a person was not able to go out without staff being present due to the risks associated with this activity. Staff had to follow the person everywhere however they made sure they gave space to the person and support when they needed it. One person told us they had been involved in writing their own risk assessments and care plan to ensure the management of risks were well known by them and by staff in how to keep safe. Another person told us, "I am on a community treatment order and this means I have to do what it says to be safe." This meant that people were involved in managing risks positively and this helped them to feel in control of their life.

Staff knew people well, they were able to predict people's behaviours and keep people safe by avoiding actions which unsettled them. Staff introduced us to the people who lived in the home, they informed us about each person's behaviour pattern and they told us what to expect when we met people. They told us how they supported people through their anxieties and promoted their safety. One person told us that staff avoided talking in front of them about certain things which made them feel so sad that they could harm themselves.

Incidents and accidents were logged promptly and the relevant information was documented in detail in the care plan and reported to the management. The information about the circumstances leading to the incident or accident and how it was resolved was collected by the management and analysed by people's psychiatrists and discussed with people in individual meetings. Following the analysis a 'positive behaviour plan' was developed to offer guidance to staff on how to prevent similar incidents reoccurring whilst still promoting people's independence and positive risk taking. This meant that the management of the risks associated with people's mental health needs were enabling and not restrictive. People were helped to understand and manage risks and keep themselves safe.

There were enough staff available to meet people's needs on the day of the inspection. The manager told us, "We plan our staffing around people's needs and their activity timetable. The management team will help if more staff are needed on occasion." People told us they could go out when they wanted and there was always staff available to go with them. On the day of the inspection we saw staff had

Is the service safe?

supported people to go out and get on with their day to day life. This meant that the provider ensured that there was enough staff available to meet people`s needs safely and effectively.

The provider had effective recruitment processes in place; they carried out all the relevant pre-employment checks,

which included obtaining a minimum of two references, full employment history and Disclosure and Barring Service (DBS) checks for all the staff. This meant that the provider had ensured staff were suitable and able to support people living in the home.

Is the service effective?

Our findings

People were supported by staff who were well trained and knowledgeable in how to meet people's needs effectively. Staff told us they received training in several topics relevant to their job roles when they started working for the home and they had regular refresher training to ensure they were up to date with current legislation and best practice guidelines. Training topics included health and safety, infection control, safeguarding and more specialists training like behaviour de-escalation techniques and how to keep people and themselves safe. One staff member said, "We always have training scheduled, at least once a week. Last week I did 'Key working', this week is 'Valuing people' and 'Safeguarding'." A social care professional told us, "[Name of person] is in a good place mentally because staff know how to support them. They are very clear about their needs and their goals."

Newly employed staff received comprehensive training before they were introduced to people under the close supervision of more experienced staff. One staff member told us, "After my induction training I was shadowing more experienced staff and introduced to people one at a time." Staff felt supported to perform their role, they told us they had regular supervisions, yearly appraisals, handovers and meetings where they shared any concerns, talked about personal development, training needs and people's needs. One staff member said, "Managers are very approachable and I have regular supervision where we discuss what difficulty we encounter in our job, training needs and what support we need."

The management ensured there was effective communication between the representatives of all the agencies involved in people's care. They organised regular multidisciplinary meetings to ensure people's complex needs were met on a daily basis. The majority of people were able to communicate with staff verbally, staff knew people well and adapted their style to people's abilities. Staff were also knowledgeable about how to communicate with people who had difficulty communicating verbally. They used other communication methods as well such as Makaton (Makaton is a signing system understood and used by some people with learning disabilities) to enable the person to understand better what was being communicated to them. People's support plans detailed how people at times communicated with their behaviour

or body language and guidance was available to help staff to interpret this behaviour. For example one staff member told us, "We know that [name of person] will constantly ask the same question and walk around the home. It may seem that they are restless but this is normal for them."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that two people required constant supervision and they were being deprived of their liberty to keep them safe. The manager ensured they had undertaken the relevant assessments and these had been submitted to the local authority and were awaiting authorisations. People told us they were aware that they needed constant supervision. One person said, "I would like more freedom at times but I am aware I cannot go out on my own, staff are good and they take me out." This meant that although restrictions were in place and people were not able to go out unsupervised these were as least restrictive as possible because staff were available to take people out when they wanted.

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

People were encouraged to eat a healthy balanced diet and they were encouraged to prepare their own meals and do their own grocery shopping. One person told us, "Staff help me to cook my own food." Another person told us, "I am doing my own shopping and I cook my own meals. I am able to do this without staff constant supervision. I am much better."

Is the service effective?

People were seen regularly by health care professionals to ensure their physical and mental health was evaluated regularly. For example, each person was seen monthly by a psychologist and they discussed how they were feeling and planned their short and long term goals to work towards. People were regularly seen by occupational health therapists and they planned their monthly activity schedule. One person told us, "They [staff] managed to get counselling for me, it is a meeting today as well. I am very happy that I have this over Christmas as well because this time of the year is very difficult for me." People were seen

by a range of specialists to ensure they received appropriate care and treatment to prevent hospitalization. Staff offered people support during the therapy sessions if they wanted. One health care professional told us, "It was impressive how staff supported [name of the person] in today's meeting. The person was totally in control and they had the moral support and technical support from staff when they asked." This meant that people's physical and mental health needs were met and any changes in their condition triggered a prompt response from professionals to prevent their condition deteriorating.

Is the service caring?

Our findings

People were supported by staff who were kind and respectful in their approach. They called people by their preferred names and built trusting relationships. One person told us, "I am very happy here, staff are lovely and kind." Another person said, "I like all the staff here, they are nice." One family member told us, "I have met most of the staff and they are very nice and good at what they are doing."

People were encouraged to be as independent as possible. Some people needed close supervision for every activity or task they were doing, staff supported people where and when they needed support and enabled them to be involved in decisions around their care, some people were more independent and they only needed support with appointments, finances on occasion and medicine management. One person told us, "I am very independent and more confident now thanks to staff, I only need support with medicines."

People were involved in creating their support plans, they signed agreement forms and these were regularly reviewed by them and their key workers. One person told us, "I am starting to work on my support plan with the manager next week. I will review it to be like I want it." Staff had discussions with people about their likes and dislikes and how they liked to be supported and what their needs were. For example a person was supported by staff and management to do a power point presentation about themselves, their history, their needs and the support they needed. The person was helped to deliver the presentation in front of health and social care professionals. They told us, "I did the presentation about myself, it was good." This meant that the provider encouraged people to be involved and take control of their life.

We observed staff talking to people, their approach and how people responded to staff. People were relaxed in staff presence, they knew each other well and they showed mutual respect towards each other. People's and staff relationships were based on trust. People agreed to talk with us because they had confidence in the staff who supported them through conversations.

Staff supported people to maintain and form new relationships. They told us that for some people it was very important to keep in touch with their family; however they needed support from staff to be able to visit family members. One person told us, "I am very independent but I need staff to support me when I visit [family member] monthly, it is hard for me without staff." This meant that people were encouraged and helped to maintain family contact which gave them a sense of belonging.

People had their privacy and dignity respected by staff and staff ensured visitors were not invading people's personal space. We were told by staff and guided by them before we gained access to people's rooms on how to approach people. One person told us, "I can have my privacy if I want too. Staff are very respectful." This demonstrated that people's right to privacy was respected.

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

Is the service responsive?

Our findings

People were involved in creating their own personalised care and support plans. The support they needed was planned proactively with them and they were fully involved in identifying their own individual needs, wishes and choices and how these should be met. People had short and long term goals and they were supported by staff to achieve these. One person told us, “I complete my own daily notes and staff help me set long and short term goals. They help me and offer support when I do counselling.” They continued to say, “I am working on my risk assessments next week with the manager.” This demonstrated that people received support which was shaped to their individual needs.

People were supported to take part in a wide range of activities and they were encouraged to be part of their community and behave responsibly. For example a person told us they had a very busy life and this made them happy. They told us, “I do voluntary work four times a week, do my own cleaning, washing, shopping visit family and loads more. I am very happy.” We saw that where people required more support from staff this was recognised and offered. For example, we saw a person who needed support from staff to cook their meal. One staff member ensured they were with the person all the way through to give them confidence and safety. People had activity timetables developed together with the occupational health therapist.

Activities included walks in the park, dancing, colouring, watching TV and grocery shopping. This meant that people were able to do activities which were meaningful to them and made them happy.

The manager told us that indoor group activities were difficult to organise as people had different interests and hobbies. People’s abilities to do activities were different as well. The manager had a plan to try more indoor activities as people got to know each other and got used to living together. People had their own key worker; they spent time together and planned various activities or tasks to keep people motivated. One person said, “My key worker is lovely, we get on very well. There are plans for me to move somewhere where I will be even more independent but these are long term plans we talk about.”

The provider had made information available about how to make a complaint. There was a written and pictorial procedure and staff discussed people’s satisfaction with the service in regular individual meetings. One person told us, “I had raised my concerns to the manager about staff forgetting that they were not to talk about certain things in front of me because it makes me sad. Things are much better now.” We saw that complaints received were appropriately documented, investigated and responded to the person’s satisfaction. One relative told us, “I have no complaints at all. I am happy with the care [person] receives.”

Is the service well-led?

Our findings

People, staff, relatives and professionals were happy with the manager's leadership style. One person told us, "The management team is very good to me. They always tell me everything I need to know." One staff member told us, "The manager is very good and approachable. They are always helpful in giving advice about how to ensure everything we do is right."

The manager managed two homes for the same provider. The homes shared the same grounds and staff worked in both homes. They told us they already identified areas they needed to develop more and they were prioritising their plan of action. They told us one of their priorities when they started at the home was to get to know people and to become familiar with their needs. The manager had a comprehensive knowledge about people in their care although they had only started to work at the home recently. They told us they had received a recent monitoring visit from local commissioners and that they highlighted areas in need of improvement. For example it was found by the social work team that support plans needed further development to ensure that people were at the centre of the plan and that support was tailored to their needs. The manager had already started updating the care plans and they worked closely with the commissioners and people to ensure the plans were as they recommended.

The manager had introduced new systems to ensure that they based their audits on accurate information which they constantly verified. They held staff meetings in every third week of the month, they carried out supervisions and they expected senior staff to carry out their supervisions every second week of the month. The manager expected people's support plans to be updated and reviews held by

keyworkers monthly and they checked to ensure that this happened. They were also provided feedback to staff in their supervisions. This meant that standards were maintained and improved due to the constant monitoring and feedback the manager provided for staff.

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

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

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