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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Birchwood House is a residential care home providing accommodation with personal care and support for up to seven people with learning disabilities and behaviours that challenge services. At the time of this inspection there were six people using the service.

At the previous inspection published on 11 December 2014, the service was rated Good. This inspection took place on 28 April and 2 May 2017 and the service remains Good.

There was a registered manager at this service. 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.

The provider had a recruitment system in place to ensure the suitability of staff working at the service and there were enough staff on duty to meet people's needs. Staff were knowledgeable about how to report concerns or abuse. Comprehensive risk assessments were carried out with management plans in place to enable people to receive safe care. There were systems in place to maintain the safety of the premises.

The provider had systems in place to ensure the safe administration of medicines. However we found an issue with medicines and have made a recommendation around this.

Staff received appropriate support through supervisions, appraisals and training opportunities. Appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised. Staff were aware of the need to obtain consent before delivering care.

People were offered a choice of nutritious food and drink and were involved in meal preparation. People also had access to healthcare professionals as required to meet their day to day health needs.

Staff were knowledgeable about the people they were supporting including their preferences to ensure a personalised service was provided. Staff respected people's privacy and dignity and were knowledgeable about assisting people to maintain their independence.

A variety of activities were offered which included trips into the community and people had daily meetings to decide which activities they wished to participate in that day. The service had a keyworker system whereby people had a named care worker to oversee their care needs. Relatives knew how to complain and the provider dealt with complaints in accordance with their policy.

The provider had systems to obtain feedback on the quality of the service from people who used the service and from staff. Regular meetings were held for people who used the service to involve them in the development of the service and with staff to keep them updated with policy changes. The provider had

various quality assurance systems in place to identify areas for improvement.

We have made one recommendation to the provider and 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?

Good

The service was safe. There were enough staff to support people's needs. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date.

Staff were knowledgeable about safeguarding and whistleblowing procedures. There were robust risk assessments in place to ensure risks were minimised and managed. The provider carried out regular building safety checks.

There were appropriate arrangements in place for the administration and management of medicines to ensure people received their medicines as prescribed. However, we found two incidents where the amount of stock for medicines prescribed as needed could not be accounted for. We made a recommendation about this.

Is the service effective?

Good

The service was effective. Staff and records confirmed they received support to enable them to give care effectively through supervisions and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff had awareness of when they needed to obtain consent from people who used the service.

People were offered a nutritious choice of food and drink and were assisted to prepare their meals. Staff were knowledgeable about people's dietary requirements. People had access to support from healthcare professionals as required.

Is the service caring?

Good

The service was caring. People and relatives told us staff were caring. Staff were knowledgeable about how they got to know people and their care needs. We observed people were treated in

a caring way.

Staff were knowledgeable about offering people choices and encouraging independence. We observed staff respecting people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about people's individual needs and preferences and about providing a personalised service. People's care plans were comprehensive and personalised.

People were offered a variety of daily activities and each person who used the service had their own individual activities timetable. Daily planning meetings were held with the people who used the service to decide which activities they wanted to participate in on the day.

Relatives told us they knew how to make a complaint if they were not happy with the service but had not needed to. The provider dealt with complaints in accordance with their policy.

Is the service well-led?

Good

The service was well led. The service had a registered manager and relatives and staff gave positive feedback about the management of the service.

The service had a system of obtaining feedback about the quality of the service. Regular meetings were held with people who used the service and with the staff to keep them updated on service developments.

The provider had various systems of checking the quality of the service provided and dealing appropriately with identified issues.

Birchwood House

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 28 April and 2 May 2017. The provider was given short notice of this inspection because the location is a small care home for people who are often out during the day and we needed to be sure somebody would be in. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us. We also contacted the local authority to obtain their views about the service.

During the inspection we spoke with two people who used the service, the registered manager, the deputy manager and three care staff. We observed care and support in communal areas and 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 to us. We reviewed three staff files and three people's care records. We also reviewed training records, quality assurance records, policies, staff duty rotas and maintenance records. After the inspection we spoke with three relatives of people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Relatives told us they felt their family member was safe at the service and there were enough staff on duty to meet people's needs. Records showed there were enough staff on duty to meet people's needs and that extra staff were brought in on days when extra support was needed. The provider did not use agency staff but had their own bank of staff which the home could access when needed. During the inspection we observed there were sufficient staff on duty to meet people's needs and to enable everybody to access their daily activities.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had been given written references. New staff had criminal record checks carried out to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

Staff were knowledgeable about the procedure to follow if they suspected abuse. One staff member told us, "When you see something [abuse], you raise the alarm. You talk to the manager, CQC or social services." Another staff member told us, "If you observe someone is doing something wrong, you let the people above know about it or CQC." Records showed that the provider had notified the local authority and CQC appropriately when there had been any safeguarding concerns.

People had risk assessments as part of their care plans regarding their care and support needs and accessing the community. Risk assessments included clear actions for staff to mitigate the risks. Records showed that risk assessments included challenging behaviour, self-harm, medicines, fire safety and mobility. Each person had a missing person information sheet as part of their care plan which was easily accessible and could be given to police.

Risk assessments included a detailed risk management plan. For example, one person had a risk assessment around road safety. The risk management guidelines included, "Staff to talk through process of crossing the road, for example, looking left and right for oncoming traffic and checking when the time is right to eventually cross the road. [Person] to also link arms with members of staff when accessing the community and crossing the road in order for him to remain safe." This meant the provider had taken steps to mitigate risks that people may face.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, a gas safety check had been done on 7 March 2017, an electrical installation check had been done on 28 October 2016 and portable electrical appliances were tested on 30 January 2017. Each person using the service had a personal emergency evacuation plan so that staff knew what support the person needed in the event of an emergency. This meant the provider had systems in place to ensure the safety of people on the premises.

The provider had a comprehensive medicines policy which gave clear guidance to staff of their

responsibilities regarding medicines management. Staff had received up to date medicines training. Medicines were stored in locked cabinets in a locked room. Medicine administration record (MAR) sheets for medicines taken daily were completed correctly. This showed that people received their medicines as prescribed and there were no gaps in the records.

People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. PRN medicines that were not supplied in blister packs were in date and clearly labelled. Reasons for giving PRN medicines were documented on the back of the MAR charts. However, we found two instances where the amount of PRN medicines in stock could not always be accounted for. One person was prescribed Senna and the MAR chart stated give one or two tablets but staff did not indicate how many they gave each time. The registered manager and staff told us the person always had two tablets as this was needed to relieve their constipation. Similarly, another person's Co-codamol stated on the MAR chart to give one or two tablets. The registered manager and staff told us this person was also always given two tablets due to their severity of pain. However when we checked the signatures on the MAR chart and the remaining stock of Co-codamol for this person, six tablets could not be accounted for.

The registered manager took immediate action and contacted the pharmacy and the GP to arrange for the MAR charts to be updated with exact dosages. Following the inspection, the registered manager notified us that additional training has been arranged for staff administering medicines and a tracker sheet was introduced for tablets that were not blister packed.

We recommend the service follows good practise and guidance around the safe management of medicines in care homes.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the skills needed to work with their family member. Responses included, "I believe they do", "Yes, I do" and "The service is okay." Staff told us they had regular training opportunities. One staff member told us, "The manager always makes sure staff have training. It's very useful." Another staff member said, "Yes we do that [training] often. Sometimes we say it's too much but it is actually good for the job we do." A third staff member told us they could request training if they felt it would help them in their work.

Records showed that new staff received ten days induction training which included completing the Care Certificate, first aid, safeguarding adults and challenging behaviour. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.

The provider had a training matrix which showed when staff were due to take refresher courses. The training record showed training included mental capacity and deprivation of liberty safeguards, epilepsy awareness, diabetes awareness, learning disability, mental health and dementia awareness, positive behaviour support and communication. Records also showed the provider had a system of providing training for staff who held key responsibilities. For example, three staff including the deputy manager were designated fire wardens and two staff including the registered manager were designated first aiders.

Staff confirmed they received regular supervisions on a monthly basis. Records showed that during these meetings discussions were held around the staff member's strengths and conduct, performance and training needs as well as discussing the wellbeing of the people using the service. Records also showed that the provider encouraged good performance by issuing special recognition awards on a quarterly basis to staff who performed the best throughout the organisation. Staff also received an annual appraisal where they were given the opportunity to reflect on their performance during the previous year and set goals for the following year.

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection five people had deprivation of liberty safeguards authorisations in place because they required a level of supervision at

home and in the community that may amount to their liberty being deprived. Records showed assessments and decision making processes had been followed correctly.

One person was not under DoLS but always had staff with them when they accessed the community. The registered manager told us that they felt this person needed to have staff with them in the community because of behavioural concerns. However, this person had been assessed as having capacity and had been refused a DoLS authorisation. The registered manager explained that when the person went out, staff always asked them if they wanted a staff member to join them. The registered manager told us, "[Person] likes company so always says 'Yes'. However if [person] said 'No', staff would have to allow them to go alone."

Staff sought consent before carrying out care or providing support. One staff member told us, "Make sure we read the guidelines. We have to take the permission from them before we do anything." Another staff member gave examples of when they would need to get someone's consent which included, "touching their belongings and entering their room." A third staff member said, "You get consent whenever you want to do something for them [people who used the service]. You have to explain why." Records showed that where people had capacity they had signed to consent to the care they received.

People were supported to prepare their meals. One person told us, "I cooked it myself. It was very nice." People were offered a varied and nutritious four week menu. People were given two choices for each meal including dessert after the main meal and staff used pictures of meals to help people to make choices.

Staff were knowledgeable about supporting people to meet their nutritional needs according to their health and cultural needs. For example, one staff member told us, "Before we had [a person who used the service] who could not swallow very well. We blended their food." We noted that staff recorded what each person ate each day and a record was kept of people's weight so that concerns about weight loss or weight gain could be followed up.

We saw the kitchen contained a variety of healthy food and snacks and were safely stored. Records showed fridge and freezer temperatures were documented which staff signed each time they checked. These records showed they were checked by the registered manager or senior staff.

Records showed that people had access to healthcare professionals as required. For example one person had regular visits from the district nurses. The provider employed its own speech and language therapists, occupational therapists and psychologists. Each person had a health file which contained assessments and guidelines from these professionals. This meant that care staff were able to assist people to maintain their health.

Good

Is the service caring?

Our findings

One person told us, "[Staff] are very good people." Relatives told us the staff were caring. For example, one relative said, "The staff they care. They treat [person who used the service] well." We observed staff spoke to people in a calm and caring manner. For example, one person became frustrated with a task they were doing because it was not going according to plan. Staff reassured the person and offered to help, informing them of everything they were going to do assist. The person accepted the help and calmed down.

Staff described how they developed caring relationships with people. One staff member told us, "Some [people] come with their parents and some come with their social worker who give us their background information and tell us what they like and dislike. We observe them and try to accommodate what they want." Another staff member said, "I familiarise myself with their [person who used the service] care plan, talk to them as well, ask them what they want." A third staff member told us, "By interacting with [person who used the service]. We chat with them and ask them what they want, what they like doing. You try to be friendly with them and talk to them nicely."

A staff member described different methods of communication with people who used the service. This staff member said, "We use body language. We have picture cards and a communication passport. They choose what they want to wear." Records showed that each person had a communication passport which was pictorial and contained the person's basic information such as how they liked to be addressed, activities they liked and did not like and how the person communicated. Another staff member told us, "We make sure they have their choice and make sure they are not left out. Show pictures

Staff were observed to knock on people's doors before entering their rooms. One staff member told us, We make sure we knock on the door and shut the door when supporting them with personal care." Another staff member said, "Covering their private area. You make sure you don't expose them. We have to close the door and draw the curtains. You don't go into their private things if they don't want you to. You put yourself in their shoes."

Staff were knowledgeable about assisting people to maintain their independence. One staff member told us, "By letting them do things themselves if they are able to but not doing everything for them when you are assisting." Another staff member told us, "By encouraging them, letting them [person who used the service] do it." This staff member gave an example of one person who makes their shopping list and cleans their bathroom with support. Care records contained clear guidelines on how staff should support the person to develop their independence.

Good

Is the service responsive?

Our findings

One staff member told us, "We don't work with individuals the same way because they are all different." Another staff member said, "We want to find a way to make them happy and to make sure we provide what they like and according to their interests."

Records showed the service had a keyworker system where each person had a named care worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with professionals. Care staff who were keyworkers completed weekly reports which looked at the person's mental health, finances, life skills, medicines, social activities, family contact, care plans and goals.

People's care records were comprehensive and person centred. Care plans were pictorial to help people who used the service to understand how their needs would be met. Pictorial information included what was important to the person who used the service, what they liked and what they disliked. One person's care file had pictorial guidelines to show staff how to know how the person was feeling. For example, against a happy smiling face, it stated, "When I am happy I smile, laugh, talkative, chatty and singing." Care records described what the person's ideal day would be like and what would be their worst day. Care files also contained details of contact with relatives, friends and when people received an advocacy service.

People we spoke with were enthusiastic as they described the activities they took part in and told us they enjoyed them. We also asked relatives if their family member enjoyed the activities offered. Responses included, "[Person] has been involved in different activities. [Person] is happy", "Yes I believe so", and "It seems to be that [person] does."

Staff told us that people who used the service had daily activities. Records showed that people who used the service had a daily activities meeting each morning to agree what activities they would take part in that day. The activities for the day were then displayed on a picture board for people who used the service to see. Staff also completed a daily activity monitoring chart to show if the person engaged or refused an activity and if an alternative activity was offered.

The service employed an occupational therapist who visited the service once a week to work on activities with people. Records showed that each person using the service had a timetable of activities which included college, computer, piano playing, art therapy, cycling, trampolining, walking group, dancing, film club reading and numeracy. One person told us they were going on a holiday and they enjoyed bowling. Another person told us they liked craftwork and had been to the cinema that day which they enjoyed.

Relatives told us they knew how to complain but had not felt they needed to. One relative explained that as long as their family member was happy then they were also happy and they also said their family member was not complaining. This relative told us, "Everything seems to be going well."

The service had a comprehensive policy on complaints, comments and suggestions which gave clear guidance to staff on how to handle complaints. There was also an accessible guide for people using the

service which was pictorial and written in plain English to help them understand the process. Records documented details of the complaint, the action taken and the date the complaint was resolved. The service had received one complaint since the last inspection and records showed appropriate action was taken within the timescales of the policy.

Good

Is the service well-led?

Our findings

The service had a registered manager. People were observed to easily engage in conversation with the registered manager. Relatives gave positive feedback about the registered manager. One relative told us, "She is a nice lady. Treats [person who used the service] like her own. She is ready and always listening." Another relative said, "[Registered manager] is approachable."

The provider had a system to obtain feedback from people who used the service and staff. We reviewed the responses from people who completed the 2016 satisfaction survey and saw four people had responded indicating they were satisfied with the quality of the service provided. The survey was in an easy read format and was pictorial. Comments on the survey included, "I like staff and house", "I like living at Birchwood House because it's near my mum", "It's a happy place and I'm living with others, friends of mine" and "I am content living at Birchwood House because I feel happy, secure and valued."

The 2016 staff satisfaction survey was conducted across all the provider's services and explored the general wellbeing of staff, teamwork, care delivery and staff retention. Records showed that the majority of staff working for the provider enjoyed their job and there was a general increase in staff satisfaction with their employment from the previous year.

Records showed that people who used the service had regular meetings. For example, the minutes of the meeting held on 1 May 2017 showed that people had discussed the activities that they had participated in over Easter, new activities they wanted to do, the daily activity visual timetable and kitchen safety. Previous meeting records showed that people had discussed keyworkers, fire safety, house rules and behaviour in the community. This meant that people were involved in how they wanted to receive a service and were encouraged to keep safe.

Staff confirmed they attended regular staff meetings. We reviewed the minutes of a recent staff meeting held on 8 March 2017. Topics of discussion included health and safety , safeguarding, company news, medical and clinical issues, staffing, annual leave, training, agency staff, staff rota and shift leading, team work, communication and issues around people who used the service. This meant staff were kept informed and up to date with policy changes and the needs of people using the service.

The provider held quality and risk meetings every three months. The minutes of the most recent meeting held on 15 February 2017 showed topics of discussion included new models of care, training, health and safety, medicine audits, deprivation of liberty safeguards and staffing. The provider also held regular managers meetings. We reviewed the minutes of the two most recent managers meetings held on 28 February 2017 and 26 April 2017. Topics of discussion included finance, use of agency staff, maintenance,

The registered manager carried out various quality audits which identified actions which were signed off when completed. For example, the audit carried out on 26 and 27 April 2017 looked at finances and identified that staff needed to check in receipts for money spent with people who used the service. This action was signed off as completed on 30 April 2017. A medicines audit carried out on 6 March 2017

identified two people had missing PRN guidelines. The record showed these guidelines were completed on 8 March 2017. Another example was the house audit carried out on 30 January 2017 which included looking at people's care and health folders. The record of this audit showed that risk assessments needed to be updated. We saw this action had been completed.

The provider carried out regular quality compliance and governance monitoring, carried out by the operations manager. Records showed that the most recent check was done on 4 April 2017 and had noted that staff needed to be reminded to ask unfamiliar personnel for identification when they came to the front door. The CQC inspector noted that we were asked for identification on both days of the inspection.