

Sequence Care Limited

Oakdene House

Inspection report

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Date of inspection visit:
07 January 2020

Date of publication:
20 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakdene House is a residential care home that provides accommodation and personal care support for up to six adults with learning disabilities and/or autism. At the time of our inspection two people were using the service.

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 and what we found

We found that staff did not always follow the systems in place to safeguard people's finances. Staff did not always update the financial records for people. Staff had been trained in safeguarding people from abuse. Staff understood the signs of abuse and how to report any concerns in line with the provider's procedures. There were enough staff on duty to meet people's needs effectively. Risks to people were assessed and managed effectively. People received their medicines as prescribed and medicines were managed safely. Health and safety of the environment was maintained and there were suitable facilities for people to use. Lessons were learned when things go wrong.

People's care and support needs were thoroughly assessed. Support plans were person-centred and indicated how people's needs would be met. People and their relatives were involved in planning their care and support. Staff received training, support and supervision to deliver effective care to people. People had access to a range of professionals to meet their healthcare needs and to achieve positive outcomes. People were supported to meet their nutritional and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff understood people's needs and treated them with respect and dignity. Staff communicated with people appropriately and supported them to express their views. People were encouraged to follow their interests and develop daily living skills. The service provided information to people in accessible formats. People's protected characteristics were respected.

People's relatives knew how to make a complaint if they were unhappy with the service and the registered manager addressed complaints in line with the organisation's procedure. Regular audits, checks and reviews took place to monitor and assess the quality of service provided. The service worked in partnership with external organisations to develop and improve the service.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

Rating at last inspection and update:

The last rating for this service was Good (published 09 June 2017). At this inspection the service remained Good overall.

Why we inspected

This was a planned inspection based on the previous rating of the service.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Oakdene 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

The inspection team consisted of one inspector.

Service and service type

Oakdene House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was announced. We gave the service 24-hours' notice of our inspection as people may be unsettled with the presence of unfamiliar faces so we gave staff time to prepare people for our visit. The inspection site visit took place on 7 January 2020.

What we did before the inspection

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law.

During the inspection

People at the service were not able to communicate their views about the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two support workers, the registered manager, and the area manager. We looked at two people's care records and the medicine administration records for two people. We reviewed three staff member's recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

After our inspection

We spoke with one relative of a person using the service to obtain their feedback.

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 as good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes to safeguard people from the risk of abuse were not always followed by staff. There was a system in place for recording people's financial transactions whereby staff logged money in and out and then balanced the account to show amount available. Staff did a cash count daily during handover to ensure account balanced with cash held.

The check had been done already before we arrived on the morning of our inspection. However, when we checked people's financial records against the actual cash available, we found for one person the amount recorded did not match the cash was available.

The registered manager contacted staff immediately who confirmed they had taken money out for the person but had not recorded it as required. This increases the risk of financial misappropriation. The registered manager explained the systems they have in place and told us they would address the matter with staff individually and as a team.

- Staff had been trained in safeguarding adults from abuse. They knew the various forms of abuse, signs to recognise them and the actions they would take to protect people. Staff also felt confident to whistle blow if they needed to.
- The registered manager understood their responsibilities to safeguard people from abuse including notifying CQC of any safeguarding concerns. They had taken appropriate actions to address safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. Risks to people were assessed and management plans developed to address identified risks. Risks relating to people's physical health conditions, mental health, behaviour, safety in the community and activities of daily living were assessed.
- The in-house therapy team which consisted of an occupational therapist, a psychologist and a speech and language therapist were involved in assessing risks to people and developing management plans to guide staff keep people safe.
- One person's management plan included details of strategies to reduce and manage their behaviour from becoming challenging. The plan identified potential triggers and early signs to recognise changes in their mood, as well as actions for staff to take to manage their behaviour or de-escalate situations to maintain

their safety and that of others. There were risk management plans in place to support people at risk of choking safely.

- Staff understood risk management plans in place for people and followed them. They told us they sought support of the registered manager and the therapy team if needed. People's risk management plans were reviewed regularly and updated to ensure they continued to reflect people's needs and guided staff to support people safely.
- The environment and equipment in the home was safe and well maintained. Staff carried out regular health and safety checks. They also took part in regular fire drills to practice evacuation procedures.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Staffing levels were commissioned based on people's needs. If people's needs changed, the registered manager requested for increase and adjusted the level of staffing accordingly.
- Where people required two members of staff to support them, we saw that this was in place. During our inspection we noticed that people were not left without support. The number of staff available reflected people's needs.
- Staff told us they were enough to support people safely. One member of staff told us, "Currently the staffing level is enough to support people. We [staff] are able to take them out for activities as they want. People who require one-to-one or two-to-one support always get it. We are not at risk and people receive the support they need. Additional staff is booked if people have appointments."
- The provider continued to follow safer recruitment process to ensure people were supported by staff who were fit and safe to support them. Recruitment records included satisfactory references, as well as checks on each staff member's right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- People received their medicines as prescribed and medicines were managed safely. Staff had completed training in safe administration of medicines. They felt confident managing people's medicines.
- There was a protocol in place for 'as when required' medicines and staff followed these. We reviewed the medicine administration record (MAR) sheets for three people for the three week period prior to our visit and found they were completed correctly.
- Medicines were stored in a locked cabinet in the office and only staff had access to it. The medicines room temperature was monitored and controlled to ensure the potency of medicines was maintained. Staff carried out regular checks and audits on medicine stocks to identify any errors.

Preventing and controlling infection

- The service had adequate procedures to reduce the risk of infection. We saw staff use personal protective equipment (PPE) such as gloves appropriately when supporting people with personal care. Waste was disposed properly. The home was clean and free from odour.

Learning lessons when things go wrong

- Staff maintained records of incidents and accidents. The registered manager reviewed these and took actions to reduce the risk of a repeat. We saw people's risk management plans had been updated following incidents. For example, the number of staff required to support one person in the community was increased due to concerns about their safety.
- Incidents and accidents were analysed and monitored for patterns and trends. Lessons from incidents and accidents were shared with staff appropriately.

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 as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed to establish what support they needed when they started using the service. Care needs assessments covered people's physical, mental health, behaviour, social, activities and personal care needs.
- The provider's in-house therapy team which consisted of occupational therapist, speech and language therapist, physiotherapist and psychologist were involved in conducting assessments so all aspects of the person's needs could be looked at. For example, if a person was diabetic, a district nurse was involved to look at what care and support the person required. Where people lived with behaviours that could challenge, the positive behavioural support therapist was involved to assess that aspect of the person's needs so plans could be appropriately developed on how to meet them.
- As part of the assessment process people were invited for overnight trial visits so staff got to learn about the person's needs and the person had the opportunity to decide if was the right place for them. A gradual transition into the home was encouraged so to reduce the effect of the change of environment on people.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, that they received training, support and regular one to one supervision to be effective in their roles. Staff felt confident in their roles. One staff member told us, "I have had a lot of training to do the job and I still get regular training. The training has been useful. It has given me knowledge of how to support people. We have sessions/reflective sessions in the home with the registered manager and the therapy team to discuss practical aspects of day to day support of individuals. It helps consolidate what we have learnt from training and how to apply it when supporting people."
- Notes of supervision meetings showed staff discussed issues including people's needs, health and safety concerns and other matters relating to service delivery. Training records showed staff had completed courses the provider considered mandatory. Staff also completed and received support to enable them to support people in specialist areas such as challenging behaviour, autism, epilepsy management and training for Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention (PRO-ACT).
- Appraisals were conducted annually where staff received feedback on their work performance.

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

- People's nutritional and dietary needs were met. People were supported to eat a healthy balanced diet.
- People's care records showed their nutritional requirements and the support they needed to eat and drink. Where people required soft food, they received this which was confirmed during lunchtime observations.

- People's choice to what they wanted to eat was respected. Staff offered people snacks and drinks throughout the day.

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

- People were supported to meet their day to day health needs. Records showed people had access to various healthcare services they needed such GP, dentist, opticians, dietician, and district nurse.
- The provider's in-house therapy team were involved in ensuring people's health and well-being were maintained. Information about people was shared appropriately to ensure people received effective and consistent service.
- Staff supported people to have regular and annual health, dental and optician check-ups when due. Each person had a 'Hospital passport' which contained personal information about them including their communication needs and support they required. People took along their hospital passport when they went to the hospital or accessed other services.

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

- The home was designed and decorated to meet people's needs and preferences. Each room had en-suite facilities and suitable furniture for people to use. There was a communal area for people to socialise and relax. The bathroom and toilet facilities were adapted with grab rails to help promote people's independence.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented to their care before it was delivered. People's relatives were involved in making decisions about people's care where required. Relatives we spoke with confirmed that staff consulted them in decision making.
- The registered manager and staff understood their responsibilities in enabling people to make their own decisions and respecting their choices. Records showed that mental capacity assessments had been completed for people where there were doubts about their capacity to ensure best interest decisions were made.
- The registered manager understood their responsibilities to maintain this. People had valid DoLS authorisations in place and conditions were complied with.

Is the service caring?

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 as 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 ensure people have choice and control and to meet their needs and preferences

- People received support appropriate to their individual needs. Each person had a support plan which contained detailed information about their needs, including their mental, physical health, behaviour, personal care, nutrition, and social needs. People's likes, dislikes, interests and daily routines were also included in their support plans. One relative commented, "The home meets my relative's needs. I have no concerns."
- Staff knew people's plans well and how to support them appropriately. One staff member told us, "The support plans give us a lot of information about people's needs and how to support them. The registered manager and MDT are also around and we can go to them for advice about anything you are not sure about and they support you with it. We are constantly improving how we support people."
- Support plans were reviewed and updated as required to ensure it continued to reflect people's needs.
- Regular multi-disciplinary team meetings led by the therapy team took place to discuss people's care, progress and support required.

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.

- People's communication needs were met. People had communication passports which guided staff or professionals on how to communicate with them. People's hospital passports, and activity plans were in pictorial and easy to read formats to ensure they were accessible and easy for people to understand. Staff knew people's non-verbal cues including gestures, signs and expressions.
- The registered manager told us that based on people's needs information could be translated in various formats to make it more accessible to people.

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 were supported to maintain relationships important to them. Staff supported people to maintain contact with their family. People's relatives were welcomed at the home at any time.
- People were supported to do the things they enjoyed. People took part in various activities in the community and within the home which included days out, trips, visits to places of interest, swimming; and other leisure activities.
- The provider had developed a sensory room in one of its nearby services. People were supported to use

the sensory facilities to stimulate their senses as required.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to express their concerns or complaint about the service. One person said, "I know the procedure to follow to complain if I need to." There was a complaint procedure in place. The registered manager understood the provider's complaints procedure and had responded accordingly to recent complaints which been resolved.

End of life care and support

- No one was receiving end of life care at the time of our visit. However, people's funeral wishes, including the type of ceremony they wanted were documented in their support plans.

Is the service responsive?

Our findings

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

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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 as 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.

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

- The culture of the service was positive and enabled good outcomes for people. The provider employed a team of therapists to work with the registered manager and staff to deliver care and support focused on achieving best outcomes for people. Staff told us they received the training; and had guidance from the registered manager and therapy team to deliver a good service and achieve positive outcomes for people. They gave examples of how they had worked with one person to stop smoking which was affecting their health negatively.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their role and responsibility in providing effective care to people. The registered manager complied with the requirements of their Care Quality Commission (CQC) registration including submitting notifications of significant events at their service. They also displayed the last CQC rating of the service at the location and on the provider's website.
- Staff told us the registered manager was open in the way they operated the service and supported people. They told us the registered manager shared information appropriately with them including learning from incidents and accidents. Staff told us they knew how and were encouraged to whistle blow if they had concerns and felt it was appropriate to do so to safeguard people. We saw learning from incidents or complaints were discussed with staff at meetings.
- Staff told us they were well supported by the registered manager. One member of staff said, "The registered manager is wonderful and very supportive. We can discuss anything with her. She has changed a lot of things for the better and I am happy working here." There was an on-call management system in place so staff had support out of office hours if needed.

Continuous learning and improving care

- The service had systems in place to regularly assess and monitor the quality of service provided. The registered manager conducts regular audits and checks to identify any issues. These included health and safety, finance, medicines, DoLS and care records. Following a recent financial audit, some concerns were picked up and were escalated for investigation. The registered manager had put systems in place following the audit to improve the financial management in the home.
- The registered manager completed monthly report of incidents and accidents, safeguarding concerns,

complaints, and health and safety. The report was sent to members of the senior management team for review and general oversight. Where improvement was required they put action plans in place. For example, a finance auditor within the organisation has been asked to visit the service quarterly for audit of accounts following the error identified by the registered manager.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in partnership with local authority commissioners, and health and social care professionals both externally and internally. They also worked with charity organisations such as National Autistic Society.
- The service used events such as Christmas fares, meetings, and roadshows to engage people and staff in the running of the service. Staff told us they felt as part of the service. They said the registered manager shared ideas with them and asked for their contributions.
- The provider produced monthly newsletters which was used to update staff on important information about the organisation.