

Sequence Care Limited

St James Mews

Inspection report

2-3 St James Place
Dartford
Kent
DA1 2ED

Tel: 01322600511

Website: www.sequencecaregroup.co.uk

Date of inspection visit:
24 April 2018

Date of publication:
01 June 2018

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

This comprehensive inspection took place on 24 April 2018 and was unannounced.

St James Mews 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.

St James Mews is registered to provide accommodation and personal care support for up to nine people with a learning disability, physical disability, people who misuse drugs and alcohol, autistic spectrum disorder, sensory impairment, younger adults and mental health needs. The purpose built accommodation was situated within a gated mews and split into two parts. There was a five bedded male only house and a four bedded female only house. At the time of our inspection there were nine people living at the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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 and their relatives told us they felt safe and comfortable with the staff who supported them. There was a relaxed and friendly atmosphere around the home. People told us staff were kind and caring.

There were sufficient staff to provide safe and individual care to people. Staff were suitably trained and received regular supervisions and appraisals.

Medicines continued to be managed safely and people received their medicines as prescribed.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure

they were suitable to work with people who needed care and support.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Risk assessments continued to be in place and they identified current risks to people as well as ways for staff to minimise or appropriately manage those risks.

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.

People told us they were provided with opportunities to follow their interests and hobbies and they were introduced to varied activities. People told us their privacy, dignity and confidentiality were maintained.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

The provider had a complaints procedure in place and people who used the service and their relative were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Where actions were identified as a result of these they were quickly addressed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St James Mews

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 comprehensive inspection took place on 24 April 2018 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During this inspection, we spoke with five people using the service to gain their views about the service. We spoke with six members of staff on the day of our visit. They included the registered manager, an acting deputy manager, head of quality improvement, a team leader, a senior support worker and a support worker. We also observed the interactions between people who used the service and staff throughout the day.

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from one relative and one health care professional.

We reviewed three people's care records, which included care plans, health records, risk assessments and daily care records. We looked at three staff recruitment files, a selection of policies, procedures and records relating to the management of the service.

We asked the provider to send us more information about staff training. The provider sent the information to CQC in a timely manner.

Is the service safe?

Our findings

People told us they were safe and were well supported by staff. A relative said, "[Person] is safe there; they are well looked after by all the staff." A health care professional told us, "Staff are helpful and help keep people safe."

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report concerns. They expressed confidence that the registered manager would respond to and address any concerns appropriately. The service had safeguarding and whistleblowing policies and training on these had been provided to staff. Staff described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. Staff had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, in order to reduce conflicts between people, staff were guided to remain calm, to use a clear voice to reassure people and to redirect people to a quieter area of the service.

Positive behaviour plans (PBS) were in place and provided instructions for staff to follow that detailed people's health needs, common triggers, ways to avoid triggers, signs of people becoming agitated and actions staff should take to support people keep safe. PBS is about ensuring people receive the right support at the right time and to improve the quality of their lives. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as from the mental health and learning disabilities team. This provided staff with specialist support to help people manage their behaviour. A health care professional said, "The registered manager and staff are very good at communicating with the team following any incidents that take place."

The registered manager analysed any incidents and accidents that took place. The registered manager explained how learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. We saw that risk assessments and care plans were reviewed following accident and incidents involving people in the service. Learning from these was shared with staff in team meetings, handovers and supervision meetings.

Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and competency checks were carried out. Staff had access to policies and procedures to guide their practice. The registered manager also undertook periodic audits, shortfalls were identified and suitable actions put in place. For example, we saw additional training and support were provided to staff where this was required.

Staffing levels varied depending on the needs of the people who used the service. We found there were sufficient numbers of staff to keep people safe and support them in the local community. The registered manager told us the service experienced a spell of short staffing due to absence levels. They had since recruited new staff and have a pool of bank staff that they can access to cover absences.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with people receiving care and support. Staff confirmed that checks had been carried out before they began to work with people.

Maintenance certificates were available to show the property was well maintained and equipment was serviced. Checks on environmental risks were comprehensive and included fire safety, gas safety, legionella, asbestos, water temperature and equipment checks.

There were appropriate emergency evacuation procedures in place and regular fire drills had been completed. One person told us, "Sometimes the fire alarm is tested. You have to go outside if there's a fire." People had Personal Emergency Evacuation Plans (PEEPs) in place. There was an emergency grab bag easily accessible to staff in case of an emergency. This contained a contingency plan, hospital passports, PEEPs, a business continuity plan, emergency contact details and up to date medicine administration charts (MARs) for people. This meant that appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

People were protected by the prevention and control of infection. The home was well-kept and clean throughout without any unpleasant odours. Staff followed hand hygiene guidance and also encouraged people living in the home to wash their hands. There were paper towels and hand gels in bathrooms which minimised the risk of cross infection.

Is the service effective?

Our findings

The service continued to provide effective care. One person said, "Staff here are good." A relative told us, "Staff are trained and experienced. [Person] has settled very well at St James Mews; [Person] has been in other services before but never settled. He really likes it here." A health care professional told us that staff knew and understood people's needs well and they felt the service met people's individualised care needs.

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for training to understand people's care and support needs. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and form a set of minimum standards for new staff working in health and social care. New staff were also expected to work alongside more experienced staff during their induction period. One staff member told us, "We have access to regular training and updates." Another staff said, "I was given the opportunity to progress and had all the support I could have asked for."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff told us they found these helpful and constructive.

People's needs were assessed before they started to use the service and continually evaluated in order to develop support plans. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, behaviour that challenge services, personal care, and communication. People were also screened for speech, language and communication difficulties as part of the assessment process.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with mental health and learning disabilities services, as well as GP and dentist. Records of these were kept in people's care files. Care plans included information about people's health needs, with details about the support that they required to maintain their health and wellbeing.

People were supported at mealtimes and with their dietary needs. We asked people if they could participate in cooking, one person said, "I can do it with staff support." Care records described what people could do for themselves and what they required staff support with. There were risk assessments in place for staff to follow where people were at risk when cooking or preparing food. The registered manager told us that one person who had previously been over weight due to impulsive eating habits had made improvements to their weight and health with staff support, weekly weighing and eating a healthy balanced diet. We saw that this person was now leading an active life and had access to activities which helped them to maintain a

healthy weight.

The registered manager and staff understood their responsibilities to work within the requirements of the Mental Capacity Act 2005 (MCA). The MCA 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had a policy and procedure in relation to the MCA 2005 and DoLS. Staff had received training on this. Information about people's capacity to make decisions was recorded in their care files. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. The registered manager described how they would use the best interest process should there be a need to make significant decisions on behalf of a person who did not have capacity to do so for themselves.

People's individual needs were met by the adaptation, design and decoration of the premises. The service was set up in two separate buildings and accommodation was provided over two floors in each building. People had access to a shared kitchen and lounges with television, sofas, tables and chairs. People's bedrooms were personalised with their belongings and pictures. Each bedroom was equipped with a small kitchenette facility and an ensuite bathroom. People told us they really liked their bedrooms. Communal areas including the lounge and the kitchen were comfortable and homely. People had access to a secure outdoor courtyard and garden, where they took part in outdoor activities, such as basketball and cycling.

Is the service caring?

Our findings

The service continued to be caring. One person told us, "Staff are very nice. They make sure I am ok." Another person said, "Staff are nice. I like working with different staff." People were comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the service throughout the inspection.

A relative told us, "The staff are very good; they are very caring. I have had no concerns at all." An external healthcare professional said, "Staff are caring and treat people with respect."

Staff spent time interacting with people, laughing and joking with them in a relaxed way. Staff were also patient in their interactions with people and took time to listen and observe people's reactions. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner throughout the day.

Staff demonstrated that they enjoyed the work and support that they provided to people. One staff said, "Each day is different, our focus is on providing person centred care to people." The registered manager and staff told us about the importance of supporting people to be as independent as possible. People were supported to learn daily living skills and remain as independent as they could. One person told us, "I can do most of my cleaning but staff are there if I need help." People's care plans identified activities to support them to gain new skills. For example, people were supported to attend day centres; apprenticeship programmes and voluntary work placements.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Care records were personalised with pictures and had details on the level of support people required. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs was recorded in their care plans. Support was available should people want to attend places of worship. The care records also included information about people's sexuality and support provided to support them with safe expression of this.

People's privacy was respected. We saw staff knocked on a person's door and waited for permission before they went into their room. Staff said they made sure the doors or curtains were closed when supporting people with personal care. We saw staff talking to people discreetly and directed people to private areas where they could discuss their care and support without being overheard by others.

People were actively encouraged and supported to maintain and build relationships with their friends and family. A relative told us they always felt welcomed in the service. The service also respected people's wishes if they did not want family involvement. When one person said they did not want to speak to a relative who

was contacting them by phone, the registered manager respected their choice and offered appropriate support to the person.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear information explaining how people communicated to express themselves. We saw that people had access to information in alternative formats where this was required.

People's right to confidentiality was respected; their records were stored securely in an office, which was accessible to staff only. We also observed staff answering the phone and ensuring they did not divulge any information. Records contained consent details where people had agreed to share their personal information.

Is the service responsive?

Our findings

People and their relative told us that staff were responsive to their needs and knew their likes and dislikes. One person said, "The staff know me well." Staff demonstrated good understanding of people likes and dislikes and their support needs. One staff member told us, "[Person] likes to have their meals at a certain time every day. We ensure we follow their care plan to avoid them becoming distressed." Staff told us they were given sufficient information on people's likes, dislikes and aspirations. This enabled them to provide personalised care. A staff member commented, "We work as a team and deliver the support and care in a personalised way. People lead staff and we follow their direction."

People's needs were regularly assessed and reviewed. People were supported to contribute to their care planning, from the pre-assessment process through to regular reviews of their care. One person told us, "The staff ask me for information to go in my care plan." Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs and how this should be provided. The care plans included information on people's background history, health and medical conditions, support required in areas such as personal care, health, communication, dietary, daily living skills, behaviour, work, educational, recreational and social needs. Care plans were reviewed every six months or earlier when people's needs changed. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

People participated in a range of activities within the local community that included attending day centres, swimming, gym, walks in the park, art and craft, pool, cinema and bowling. People also had the opportunity to participate in Zumba dance classes three times a week. The service had access to a minibuss and a car, which were used for day trips and outings. One person said, "I went to a game's club yesterday. I go out a lot and enjoy it." Another person told us, "I'm going to buy a bicycle. I love cycling. You can't separate me from cycling." We saw that the person was supported to go out to purchase a bike and they spent time cycling in the courtyard.

The service celebrated people's achievement by presenting them with certificates. We saw the last event was organised and took place in a local hall. Pictures of the event were displayed in the communal area in the service. The registered manager told us they were planning a sport's day event to take place in the service later in the year. We saw posters advertising the event. The registered manager informed us that they were supporting people to book their holidays to Butlin's and the Caribbean's. One person told us they were very excited about their holiday and was saving money towards it.

The service had a complaints policy and procedure in place. People and a relative told us they knew how to make a complaint and would feel comfortable to do so. People told us they were happy with how their complaints were addressed. A relative told us, "I have had no complaints at all; I feel happy with the care they are providing to [person]." The service's complaints' records showed that the registered manager maintained accurate complaints records including investigation documents, outcomes and correspondence. The registered manager shared learning from these with staff in team meetings, handovers

and supervisions.

Is the service well-led?

Our findings

The service continued to be well-led. People and staff told us the registered manager was visible and approachable. One person said, "Sometimes I get upset if somebody wakes me up. I tell the registered manager straight away and they sort it out." A relative told us, "I chat with the registered manager and staff every time I visit. They are approachable and helpful. They keep me up to date. There are no surprises." A healthcare professional told us that the registered manager was positive about making improvements and willing to make changes.

There was a registered manager in place. The registered manager was supported by a deputy manager, an acting deputy manager and team leaders. The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access all the care records we required. They were open to working with us in a co-operative and transparent way.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The atmosphere in the service was relaxed and friendly. Staff and people said they felt well-supported. Staff told us the management team were approachable, accessible and visible within the service, working alongside staff and providing a positive role model. They said they could speak to them if they had any issues or concerns. One staff told us, "The registered manager keeps us informed of any changes." Another staff said, "We are welcome to share our ideas and suggestions. These are taken on board." Other comments included, "The registered manager is supportive and provides good guidance" and "The registered manager is proactive and friendly. You can always talk to him."

People had the opportunity to participate in monthly meetings. Topics discussed included updates in the service, activities, outings and events. The meeting minutes were available in easy read formats for people who required this. The registered manager and people told us that an officer from Kent police attended the meetings. We saw that in the last meeting they informed people of an increase in fraudulent companies targeting people who were at risk and that there was an increase in pick pockets in the local area. People told us they found this helpful as it helped them stay vigilant and safe.

Staff told us and meeting minutes showed regular staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Regular topics that were discussed included, health and safety, changes in people's needs, key working, activities, people's achievements and upcoming trainings. Staff told us they found the meetings informative.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care records showed evidence of professionals working together. For example, GP, learning disability liaison nurse, British transport police and Kent police.

Feedback about the service was sought through questionnaires, meetings and regular telephone calls. People's views were sought on a day to day basis, through daily contacts, a monthly meeting and at care reviews.

There was evidence of learning from accidents and incidents. Investigations took place and appropriate changes were implemented. For example, changes to people's care plans and risk assessments to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, the registered manager communicated with other health and social care professionals to review people's plans of care and changing needs.

Regular audits were completed internally to monitor the service provision and to ensure the safety of people who used the service. The audits consisted of a range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, staff records and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. For example, we saw in a recent audit it was highlighted that the first aid box needed to be restocked; we checked and found this was carried out.

The registered manager and the head of quality and improvement told us the provider was in the process of implementing a new quality assurance system which was aligned to the CQC's regulations and inspection methodology. This was to help the provider to have oversight of the service, using a proactive approach.

The registered manager was complying with the service registration requirements. Appropriate notifications of events, DoLS applications and safeguarding issues were sent to CQC in line with legal requirements.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating on their website and at the service.