

Sequence Care Limited

Sequence Care Supported Living

Inspection report

69 Bloomfield Road
London
SE18 7JN

Date of inspection visit:
18 January 2022
19 January 2022
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sequence Care Supported living provides care and support to 32 people living in five supported living settings. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions of Safe and Well-Led. The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture

Right Support

People were supported to promote and maintain their independence. People were able to choose how they wanted to spend their day and things they wanted to do in the community. Staff supported people to achieve this and maintain their relationships with relatives.

Right Care

People received care based on their preferences and treated with respect. We observed positive interactions between people and staff. People were comfortable approaching staff when they needed support and we observed staff respected people's choices.

Right culture

Some features in individual schemes were similar to a 'care home' setting and communal areas encouraged potential closed cultures.

We found safeguarding procedures were not effectively established in relation to safeguarding people's finances, there was limited learning in relation to managing accidents and incidents and identifying lessons learnt, risks to people were not effectively assessed or managed, medicines administration for 'as and when required medicines' (PRN) and people's allergy status were not recorded properly. There was a number of audits in place to monitor the quality of service, however these were not robust enough to identify the issues we found during this inspection. Joint working with other healthcare professionals including an internal multidisciplinary team was not always effective.

Relatives told us they felt people were safe and staff knew their needs well. Appropriate recruitment checks had taken place before staff started work. There were enough staff available to meet people's support

needs, this included the use of agency staff. Staff followed appropriate infection control practices.

The service took the views of people and their relatives into account through surveys and meetings. Staff meetings were held so staff had the opportunity to share good practice. Staff told us they felt supported by management.

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

Rating at last inspection

The last rating for this service was good (published 27 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received from the local authority in relation to safeguarding in relation to physical and financial abuse and whistleblowing concerns. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sequence Care Supported Living on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safeguarding, risk, accidents and incidents and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sequence Care Supported Living

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 on site was carried out by four inspectors and two members of the CQC medicines team. An expert by experience made telephone calls to people and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Each scheme had a manager registered with the Care Quality Commission at the time of our inspection. The registered manager 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with five people and nine relatives about their experience of the care provided. We spoke with seven members of staff, an internal occupational therapist, the management team of each scheme, the regional general manager and quality improvement manager. We reviewed a range of records. These included ten people's care records and eight people's medication records. We looked at staff records in relation to recruitment, training and other records relating to the management of the service, including finance checks and audits, policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management of the service.

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

- Robust arrangements were not in place to manage the finances of people using the service which meant people were at risk of financial abuse.
- In one scheme, some financial transactions were not accounted for. For example, the finance records for one person showed two transactions totalling £70, however there were no receipts to account for this. We were provided with the receipts after the inspection. However, one receipt did not detail what items were purchased and the second receipt was not recorded clearly to show this was cab fare for a particular destination. In addition to this, there were three receipts which we found were not recorded in the finance record.
- The finance record for this person also showed a purchase of a freezer for £219.99. We discussed this with the deputy manager who advised the freezer was bought for five people using the service to share and the cost would be equally spilt between them. During the inspection, the deputy manager was unable to provide any documentation to demonstrate this. After the inspection, we received some information which showed this purchase had been discussed with people using the service and their relevant appointees/advocates. However, there was no information to show the amounts people had agreed to and contributed towards the fridge freezer. It was also not clear, why the receipt was in one person's records and not recorded accurately to show this was a joint purchase.
- We reviewed the records of three people and saw the receipts were kept in no systematic order and were not numbered. There was no information which showed these had been cross referenced and accounted for in people's finances records.
- Management told us finance records were checked weekly, however we saw no evidence of any checks completed when reviewing the finances records. Monthly financial audits were in place however they had failed to identify the shortfalls we found during this inspection.
- In another scheme, records showed finances were accounted for, however the manager and deputy manager were the only ones with access to bank/prepayment cards. This type of arrangement was an issue in relation to a number of previous financial safeguarding's that occurred at the service in which the local management had sole access to finances and financial abuse had occurred. The quality improvement manager advised that as part of learning from this and driving improvement, they had added a requirement for local scheme managers to produce evidence with their audits such as bank statements to minimise the risk of financial abuse. The previous manager no longer worked at the scheme.

Systems and processes were not robust enough to ensure people's finances were safeguarded from abuse.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a high number of safeguarding concerns at the service. Records showed concerns were acted on by the provider which included working with relevant healthcare and social care professionals such as the local commissioning authorities and safeguarding teams. This process was ongoing.
- There were safeguarding and whistleblowing policies in place. Staff had completed safeguarding adults training and they were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse.
- People and relatives told us they felt people were safe using the service. A person told us "It is safe, I get help getting out of bed and personal care." A relative told us "[Person] is safe".

Assessing risk, safety monitoring and management

- Risks to people's safety were not always assessed. For example, a person was at risk of injury in relation to domestic activities such as injury from knives and potential fire hazard whilst cooking. However, there was no guidance for staff on how to minimise these risks and maintain the person's safety.
- A person was at risk of choking; however, this was not referred to in their diet and nutrition risk assessment. After the inspection, we were provided with some eating and drinking guidance detailing the support the person required with this. However, there was no guidance for staff on actions to take if the person choked.
- Records showed a care and treatment review attended by the service and the local commissioning authority on the 01/12/21 which stated the person had diabetes and had attended the diabetes clinic. The review also stated that 'MDT queried if low blood sugars could affect person's mood.' However, there was no further information about this in the person's care records and any potential risks associated with this. We raised this with the registered manager who told us this was because the GP had not given them any guidance on how to support the person with their diabetes diagnosis. An updated medical and health care support plan was provided after the inspection which provided some information on the person's diabetes. However, the plan lacked information on the symptoms and risks associated with the person's diabetes and actions to take to maintain the person's safety.
- Records showed a person needed support with their mobility and used a walking frame. However, there was no mobility or falls risk assessment in place. We observed this person resided on the first floor and noted there was no fire evacuation equipment in place. We raised this with the registered manager who was unable to tell us how the person could be safely evacuated in the event of an emergency when they are unable to mobilise. After the inspection, we were provided with a personal emergency evacuation plan (PEEP) which stated the person would require assistance to evacuate the building by staff. However, this did not detail what this assistance was. Although, staff received fire training, they were not trained in using fire equipment to maintain people's safety in an emergency.
- PEEPS were in place for people using the service. However, at one scheme PEEPS were not person centred and did not detail the level of support people required specific to their needs in the event of an emergency situation. The provider confirmed improvements were being made to these.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents. Records showed actions taken in response included notifying relevant healthcare professionals and CQC. However, improvement was needed with the way accidents and incidents were managed at the service. A relative told

us, "Sometimes I feel the staff need a wakeup call, particularly after an incident."

- Records showed a high number of accidents and incidents between January 2021 and December 2021. For example, one scheme had 209 incidents and another scheme had 144 incidents. Most of these incidents centred mainly around people experience distress.
- Records showed some analysis had been undertaken to identify the types of incidents occurring within the service. However, there was limited detail which showed actions taken to reduce the number of incidents at the service and how learning was disseminated amongst staff to embed best practice to safely manage accidents and incidents.
- Individual incident analysis reports were also undertaken by the internal positive behaviour team for people using the service who at times, displayed distress or anxiety. Although, they provided some analysis and potential triggers for why people may experience such feelings, it was not clear what actions had been put in place as a result of the analysis.
- For example, for one person, the incident analysis report detailed analysis of incidents between January and October 2021, the triggers and behaviours displayed by the person. However, the report made reference to a positive behaviour support plan in place which would be continually reviewed. There was no detail as to which plan this was, whether the plan was updated or what actions were needed as a result of this analysis. There was no date on the report which showed when this analysis was conducted.
- We also noted because of restricted access to the electronic recording systems, there was an instance which showed an incident had not been followed up or investigated promptly. For example, in one of the schemes, an incident occurred on the 10/01/22. However, we found this had not been actioned due to the registered manager being absent due to sickness and the deputy manager not having access to this part of the system.

This is a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team advised us they were taking actions in response including ways of ensuring staff having easy access to information they would need to deal with an incident safely. They were reviewing and increasing activities people were involved with to try and reduce the number of incidents occurring.
- Positive behaviour plans were in place with guidelines for staff on how to support people. Records showed the service used positive proactive strategies to support people who experienced distress, such as giving people space and reassurance or diverting their attention to something they liked and enjoyed.

Using medicines safely

- There were procedures in place to manage medicines safely. However, improvement was required with some aspects of medicine management. Medicines administration records (MARs) showed people received their medicines as prescribed. A relative told us, "It is safe at service. They control medicines well and [person] takes things as prescribed and feels they can ask if they need any help".
- Protocols were in place for 'as and when required medicines' (PRN). However, in one of the schemes, it was not clear what processes staff followed with the administration of PRN. For example, in some people's MAR sheets there were gaps, in some instances all the entries were signed or had the letter 'N' recorded. It was not clear what this meant. Therefore, we could not be assured the protocols had been followed and people had received their PRN medicines as prescribed and appropriately. After the inspection, we were provided with a medication audit which identified this as a recording error which has now been rectified.
- In two of the schemes, there were spaces for people's allergy status on the MARs, however this was often not being completed.
- Medicines were supplied by local pharmacists. However, we noted there was no further involvement from the pharmacists in relation to external auditing and training on best practice with managing medicines. We were informed by the quality improvement manager that this had been requested.

- We found the service had controlled drugs (CD) cupboards in some settings but one of the schemes did not. Although no one at the scheme was currently on CD, this could change in accordance to people's needs or new admissions to the schemes. After the inspection, we were provided with a medicines audit that had identified that a CD cupboard was required as a precautionary measure which has been actioned by the service.
- Medicines audits took place to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Staff were trained, and their competency was assessed for the safe administration of medicines.
- Each person had a medicines profile, care plan and risk assessment for medicines which showed people's preferences with how they liked to take their medicines. People were also supported to be independent with their medicines and were able to self-medicate where possible. Appropriate risk assessments were in place to ensure this was managed safely.

Staffing and recruitment

- During our inspection we observed there were enough staff to meet people's needs. The service was currently reliant on a high number of agency staff, however the regional general manager told us they were in the process of recruiting permanent staff for the service.
- A relative told us, "Happy with the placement as the staff are consistent, previously staff were not consistent. The team around [person] now is small and is what they need".
- Staff were recruited safely, and employment checks were completed before staff started working with people

Preventing and controlling infection

- People were protected from infection risk. There were infection prevention and control policies and procedures in place. A relative told us "Yes they [staff] do wear PPE"
- Regular testing for people using the service and staff was conducted and shielding and social distancing rules were compiled with. Visitors were asked to show results of recent COVID tests and temperature checks was also conducted for visitors
- Staff received training on infection control, related COVID 19 training and the use of personal protective equipment (PPE). Staff wore appropriate PPE at all times during the inspection and kept to social distancing rules.

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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were a number of audits in place to monitor the quality of service. Although, some of the audits did identify areas of improvement at times, they were not robust enough to implement and embed best practice. During this inspection, we found improvement was needed with the management of safeguarding, risk to people, medicines and accident and incidents. Records about people's care and support were at times, contradictory and unclear.
- There were no pre assessments in place for people before they started using the service. We could not be assured that the correct processes had been followed to ensure the service was appropriate for people and ensure their needs could be met by the service safely, or how people were supported to make an informed choice about their care.
- We found one pre assessment had been completed for a person with severe learning disabilities and autism. However, the assessment and care records did not contain any further information about these needs and concentrated more around the individual experiencing periods of distress.
- Monthly keyworker sessions with people were held to enable them to express what they wanted. However, information about the sessions were not clear or easy to follow as they were incorporated into people's daily notes. Some keyworkers sessions had not been completed properly. For example, for one person the records for the keyworker sessions on the 02/02/2021 was left blank, on the 28/06/2021 the record was completed and on the 25/9/2021 was partially completed. None of the keyworker sessions were signed by the staff or the person involved, neither were they completed monthly as required.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, the current systems in place were not robust enough to assess and monitor the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and managers of each scheme have been working closely with the local authority and safeguarding teams to address concerns including reviewing people's placements at the service to ensure people were receiving the appropriate support they needed. Any concerns have been promptly investigated and necessary actions taken in response such as disciplinary action and management changes. A continuous improvement plan is in place to drive the necessary improvements which have been actioned by

the service. The service is in the progress of recruiting permanent staff to ensure continuity of care for people using the service.

- The service has also started to undertake an organisational culture project underlining area to improve and develop such as better communication, management feedback and leadership within the service.

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

- During the inspection, we observed positive interactions between people and staff at all the schemes visited during this inspection. People were able to choose what they wanted to do during the day. People were supported with activities in the community and to maintain regular contact with their relatives. People's rooms were very personalised with pictures and items they wished to have. A person told us, when asked about activities, "I go out to the cinema and like dinner." A relative told us "I can see [person] is really happy and the staff are helping them well. The service gives updates all the time so hope this continues".
- However, there were some features of the service which were not in line with the right support, right care, right culture guidance. For example, the features of one scheme suggested a 'care home' setting rather than an independent supported living setting. The entrance to the scheme was through double doors with an office to the right in the same building where people lived, similar to a care home.
- Two schemes presented a claustrophobic feel and potentially closed cultures which is not in line with the right support, right care, right culture guidance. For example, one scheme contained outside spaces for people to use however, there were high walls which closed off areas and the spaces were more contained rather than spacious. There was limited garden furniture where people could enjoy the garden and socialise. There were high gates with electronic pin locks when entering the scheme. Communal areas inside contained bare walls and were painted the same colour which made the atmosphere feel sterile.
- Another scheme had an office just inside the front door and a locked laundry room similar to a care home setting. Communal areas inside were bland and not welcoming for people to use and socialise in. We noted bedrooms and most lounge and kitchen rooms had frosted glass which meant people were not able to look out over the garden or out onto the street. We raised this with the manager of the scheme who advised they would be clearing the office to use as a lounge area for people using the service.

Working in partnership with others

- The service worked in partnership with some key organisations including the local authorities that commissioned the service and other health and social care professionals such as the falls team, district nurses, community occupational therapist and community learning disability team. Records showed there was a social worker review for a person on the 14/9/2021, however there was no further information about the meeting and the agreed outcomes for the person. The last social worker visit recorded for the person was 21/02/2020.
- The service has an internal multidisciplinary team (MDT) which included an in-house positive behaviour support team (PBS), occupational therapist (OT) and speech and language therapist (SALT). However, from people's records it was difficult to ascertain the effectiveness and impact of their involvement particularly in relation to the concerns found during this inspection with choking and mobility risks and accidents and incidents.
- For example, for one person, the deputy manager advised meetings with the OT took place fortnightly. However, records of these meetings had not been uploaded onto the system. The last documented OT meeting for this person was on the 3/12/2020. Therefore, we could not be assured these had taken place and whether any actions needed were identified or support put in place. It was not clear, how staff were informed of the outcomes of these meetings.
- For another person there was an OT plan dated 15/12/21. We spoke to the OT at one of the schemes who told us they documented OT reviews in people's daily notes. When we reviewed these, records did not follow a particular format and were not clear and did not specify any actions that needed to be followed up and

who they should be followed up by.

- There were instances in which information from the MDT team and care records contradicted each other and/or there was a lack of follow up. For example, one person's activities and community access risk assessment stated the person was at risk crossing the road and had 2:1 support in the community. However, an OT report stated the person was observed 'crossing the road safely.' It was not clear what this meant.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, accurate and contemporaneous records of people's care and treatment were not maintained. This was a further breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider obtained feedback from people and relatives about the service via surveys. We reviewed the staff survey results for three schemes and the majority of feedback was positive. For example, when people were asked whether staff support you well, are nice and listen to you, people had said yes. There were a few instances when asked whether the service was effective in meeting people's needs and responsive to changes in people's needs, this was answered with 'sometimes' and we could not see any follow up to these answers to identify any improvements that could be made in response.
- Meetings were held with people which provided them opportunities to speak about the service and express what they wanted.
- Staff meetings were also held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Staff told us they felt supported by management.
- The provider understood their responsibility under the duty of candour and took responsibility when things went wrong. Records showed communications to people and their relatives provided apologies and reassurances that action was being taken to minimise the risk of any reoccurrence of such events and any issues were resolved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety,</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not robust to ensure people's finances were safeguarded from abuse.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The current systems in place were not robust enough to assess and monitor the service.</p> <p>Accurate, complete and contemporaneous records of people's care and treatment were not being maintained.</p>