

Sequence Care Limited

Oakdene House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 09 June 2017 and was announced. The provider was given 24 hours' notice of the inspection to ensure minimal disruption to the daily routines of the people using the service.

Oakdene House provides care and support for up to six men with learning disabilities, autistic spectrum disorder, mental health needs or sensory impairment. There were four people using the service at the time of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection in March 2016 we found a breach of regulation 12 because people's medicines were not safely managed which resulted in our serving a warning notice on the provider and registered manager. We found further breaches of regulations 17 and 18 because staff were not always up to date with training in areas considered mandatory by the provider and staff had not always received regular supervision in line with the provider's policy. We also found that quality assurance systems used within the service were not very effective because they did not always identify areas of risk to people's health and safety so these could be addressed.

We carried out an announced focused inspection on 27 July 2016 and found the provider had met the requirements of the warning notice and people received their medicines as prescribed. Records of the administration of people's medicines were accurate and up to date. We therefore amended the rating for the key question 'Is the service safe?' to 'Good'; however the overall rating for the service remained as 'Requires Improvement'.

At this inspection people continued to receive their medicines appropriately and staff knew how to manage medicines safely. We saw that medicines were stored appropriately.

Also at this inspection we found the provider was meeting the breaches of Regulations 17 and 18 we had identified at our March 2016 inspection because they had implemented new systems to audit and monitor the quality of the service people received. There were also new systems in place to ensure staff received appropriate training and supervision thereby meeting their needs for improved and effective support with their professional development and their work.

Relatives told us they felt people were well cared for and living safely at the service. This view was confirmed by the health and social care professional we spoke with. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing were assessed. Staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient numbers of staff to meet people's needs. Relatives of people and staff we spoke with

confirmed this view.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities for those people who needed them. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had varied and nutritious diets and a choice of meals. They were supported to stay healthy by staff who were aware of their healthcare needs and through regular monitoring by healthcare professionals.

Relatives and professionals told us staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choices and independence.

Comprehensive care plans were in place detailing how people wished to be supported. They had been produced jointly with relatives and where possible people using the service. Relatives told us they agreed the care plans and were fully involved in making decisions about their family member's support.

Staff helped people with their support to enjoy the activities they were able to participate in both within the home and in the community.

There was a complaints procedure in place and relatives felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it. Staff we spoke with described the registered manager as approachable and responsive to their own and to people's needs.

We saw staff were motivated in their work and were keen to improve their learning. They told us and we saw they had access to good and relevant training. Staff had started to receive regular and effective supervision. The registered manager supported a culture where staff training, support and development was emphasised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People were protected against identified risks as the service had comprehensive risk assessments in place. Risks in relation to the premises were being appropriately managed to help ensure the safety of people and others.

People received care and support from sufficient numbers of staff at all times.

People received their medicines safely and in line with the home's policies and procedures.

Is the service effective?

Good ●

The service was effective. Staff were provided with adequate support in terms of training and supervision to perform their roles effectively. They acknowledged that they needed to increase the frequency of staff supervision from quarterly to once every six to eight weeks and introduce an appraisal system.

The service worked within the principles of the Mental Capacity Act to uphold people's rights.

People were assisted to have sufficient to eat and drink and to access healthcare services in order to maintain good health.

We have improved the rating for effective from requires improvement to good.

Is the service caring?

Good ●

The service was caring. Relatives told us staff were very caring towards their family members. They told us they were involved in the care planning process and people's views and preferences were taken into account in the process.

Staff demonstrated respect for people who used the service in

the way they interacted with and spoke about people.

Staff took account of people's individual needs and supported them to maximise their independence. Staff provided support in ways that protected people's privacy and respected their dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

People knew how to raise concerns and complaints and they were confident they would be listened to and acted upon promptly.

Is the service well-led?

Good ●

The service was well-led.

The provider had taken a number of positive measures with developing staff support, in terms of improving both staff training and supervision support.

The provider had also implemented a new range of checks and audits to monitor the quality of the service that we saw were effective in identifying areas for improvement. These included checks on both medicines administration practices and staff training and supervision. We saw action was taken where necessary as a result of these checks and audits.

We found there was a positive and open culture in the home. Staff we spoke with described the registered manager as approachable and responsive to their own and to people's needs.

We have improved the rating for well led from requires improvement to good.

Oakdene House

Detailed findings

Background to this inspection

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

This inspection took place on 09 June 2017 and was announced. Before the inspection we reviewed the information we held about the home. This included notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

At this inspection we were not able to speak to people because they had complex needs. We therefore observed and heard how staff interacted with people to understand their experiences of using the service. We spoke with one person's relative, the registered manager, the deputy manager, a health and social care professional and one member of staff. We looked at three people's care records, three staff records and reviewed records related to the management of the service. After the inspection we spoke on the telephone with two relatives and one other person's advocate.

Is the service safe?

Our findings

People remained safe living at Oakdene House. At the focussed inspection on 27 July 2016 we found that improvements were made to the way in which people's medicines were administered and records we reviewed were appropriate. At this inspection we inspected all the people living in the home's medicines records. We found that the previous improvements were sustained and medicines administration records (MARs) were appropriately completed. People received their medicines correctly and as prescribed. People's MARs included a copy of their photograph and details about known allergies to help reduce the risks associated with the administration of medicines. Each person had a medicines profile which contained up to date details of their prescribed medicines. The MARs we inspected confirmed that people had received their medicines at the correct times each day. We saw that additional checks were made on the stocks of boxed medicines through the use of countdown sheets, which were also completed when medicines were administered to help ensure that each dose was accounted for appropriately.

Medicines were stored safely at the service. We saw that medicines were stored in locked cupboards within people's bedrooms or within a locked room at the service that only authorised staff had access to.

Staff responsible for administering medicines received training and had undergone an assessment of their competency for this role. Records also showed that regular audits were conducted on the management of people's medicines and we saw that the registered manager took action to address any issues identified as a result of the audit process.

We observed people receiving support from staff and we saw they were safe. Relatives told us they thought their family members were treated well by staff because they saw staff being kind and compassionate towards people. The health and social care professional we spoke with also told us that they thought people were safe.

Staff told us what they thought constituted abuse and they knew the correct procedures to follow and to report any concerns they had about people's safety. One member of staff said, "I would report any concerns I had directly to the registered manager. If that was inappropriate because they were involved, to the head office or to the social services." Another member of staff told us, "I would go to the manager or to their manager." Staff were also aware of the provider's whistleblowing policy and procedure. One staff member said, "You have to really care a lot about people living here to do this job and I do. So I would not hesitate to whistle blow to protect them from a colleague if I had to."

We reviewed the incidents records as part of the inspection. This showed that when incidents occurred at the home the registered manager took appropriate actions which included liaising with relevant agencies such as the local authority and CQC. This helped ensure that where required improvements were made to people's safety at the service.

People's care records included comprehensive assessments of risks associated with their care and support. We saw that these assessments covered all the necessary areas of people's lives in the home as well as time

they spent in the community. There was clear guidance for staff to help them manage the risks to people that was identified as part of their care plans.

The registered manager and staff were positive in their approach to risk taking for people. They told us that all the people living in the home received staff support when in the community. However they told us it was important to assess how an identified risk might impact on someone's quality of life. This included the potential benefits of a person taking a risk to develop their skills and increase their independence so that their quality of life was improved.

We inspected maintenance certificates for all the essential services such as fire, gas and electricity. This evidenced that people were protected from risks associated with poorly maintained or irregular servicing of equipment such as fire alarms and fire fighting equipment. Records showed that all the fire equipment was maintained and checked annually by appropriate service engineers. One staff member told us, "We check the fire alarm each week and we have regular fire drills." There were personal evacuation plans in place for each person that were all reviewed in the last three months.

There were sufficient numbers of staff to support people in a safe and person-centred manner. We were told by the staff and the registered manager that all the people had individual and direct support of at least one or two staff 24 hours a day. One person had three staff members supporting them when they went out into the community. The registered manager told us staffing levels were based on people's assessed dependencies and needs. Staff told us that the staffing levels allowed them to support people to participate in their chosen activities. One member of staff said, "We have enough staffing here to provide appropriate care for people, according to their care plans." This was evidenced by the staff rotas we saw and the staffing levels on the day of this inspection. The relatives and the health and social care professional told us that staffing levels were sufficient to meet people's needs.

The provider operated a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people using the service. They carried out all of the required pre-employment checks before a new worker was allowed to start work. These included evidence of good conduct from previous employers, and a criminal records check. These checks helped to make safer recruitment decisions and prevent the employment of staff who may be unsuitable to work with people who used care services.

Is the service effective?

Our findings

Relatives we spoke with told us that they were happy with the support their family members received from staff. One relative said, "Whenever I visit [my family member] at the home I see they are treated with care by staff who know and care about their needs." People do seem to be happy there." The health care professional we spoke with told us that people received effective care from well informed staff.

At the previous inspection in March 2016 we found staff were not always up to date with training in areas considered mandatory by the provider and staff had not always received regular supervision in line with the provider's policy. This was a breach of Regulation 18 of the HSCA 2008. At this inspection we found the provider was meeting this breach. Staff told us they had all completed an induction programme at the start of their employment that prepared them well for their roles in the home. Staff said that during their induction they were required to read people's care records and to shadow more experienced staff, working with people, before working independently themselves. They told us they felt very well supported by the registered manager who reviewed their progress and offered support whenever they needed it.

We saw certificated evidence that a wide range of appropriate training was available for staff. We saw that staff made use of this opportunity so as to develop their skills and improve their knowledge in order to provide good care and support for the people living in the home. Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, medication and moving and handling. Further specialist training was also available for staff that included courses that were relevant to the complex needs of people who lived at Oakdene House. These included dealing with behaviours that challenge, epilepsy, diabetes and autism. This meant that staff were provided with training that enabled them to support people appropriately.

Staff told us they received support to understand their roles and responsibilities through supervision that took place three monthly. We saw evidence in the form of supervision meeting notes that showed staff supervision consisted of individual one to one sessions. We saw there were also monthly team meetings that offered staff support. The registered manager told us of their plan to increase the frequency of supervision and that the new deputy manager would share the supervisory responsibility and the aim was for staff to receive more regular and structured supervision every six to eight weeks. All the staff we spoke with said they were fully supported in the work they did with people living in the home. At the time of the inspection the provider had not carried out staff appraisals. The registered manager told us there were plans in place for all staff to receive an annual appraisal. We will be checking on this at our next inspection.

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

checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had all received training in MCA and DoLS and understood their responsibilities under this legislation.. If people were unable to give their consent about certain decisions then a meeting was called with their relatives and other relevant healthcare professionals to ensure the decision was made in their best interests. We saw that where a decision involved a possible deprivation of the person's liberty, then a DoLS application was made and authorised by the appropriate local authority. This helped to ensure that people were only having their liberty deprived after following the correct procedures to ensure they were cared for using the least restrictive practices. The registered manager understood their responsibilities in relation to the MCA and DoLS and ensured these were fulfilled appropriately.

People were supported to maintain a healthy diet. One relative said, "My [family member] indicates to me they enjoy what they have to eat. They certainly seem to and the food looks and smells good to me. People are encouraged to have a healthy option." We saw the weekly menu was displayed in pictorial format so that people knew what was on the menu. If people did not like the options then they could choose something else. Staff told us that menu choices were discussed at the residents' meetings and their choices and preferences were included in the weekly menus.

Our inspection of people's care records showed that people had good access to appropriate health care professionals as needed. We saw there was a good working relationship with the local GP and other healthcare professionals. Staff told us that maintaining good health for people living at Oakdene House was essential and they made sure people saw health professionals as necessary.

Each person had a health action plan that contained all their necessary health information. People had their own diary of all the medical appointments they had attended. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people. Every person also had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

Relatives confirmed that staff supported their family members to visit their GP, dentists and opticians. Records showed people were supported to annual healthcare reviews with their GPs. People were also supported with their mental health needs. This included regular appointments with psychologists and behaviour support teams.

The registered manager told us the premises were purpose built within the last ten years. We inspected the premises and equipment. We noted that the home was well equipped but there were some areas such as the hall, stairs, landing and some of the bedrooms that needed a redecoration of the paintwork. The manager agreed that these areas were a priority that would be addressed soon.

Is the service caring?

Our findings

While we carried out this inspection we saw people were treated with care by staff. Different staff told us over the day that they had good and positive relationships with people living in the home and that they really enjoyed their work with people. A relative told us, "Staff do care for people there; they are very caring for them actually and that can be quite a challenge for both at times." Another relative said, "I see staff treating people with respect in often very difficult circumstances."

We saw that positive, caring relationships had been developed with people. One member of staff said, "One of the great benefits of having worked here for some time is that we know the people well and they know us well." A relative said, "I can see that staff have caring relationships with people and staff seem to me to know people well." A healthcare professional told us the people seemed to be happy in the home. They said the staff and the registered manager were really caring and provided people with kind and sensitive support. Another relative said, "I visit [my family member] every three weeks and I speak every day on the telephone with him. They do a great job and I wouldn't want him to be cared for anywhere else."

We saw a number of positive engagements between people and staff. Staff were seen to be patient with people. The atmosphere was relaxed most of the time and staff dealt appropriately and sensitively with behaviours that challenged them if and when they arose. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

The registered manager told us that they spent a lot of time with people in order to build good relationships based on trust with them. Records confirmed that the registered manager discussed staff practice within supervision and at staff meetings.

Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their care plan. We saw, and relatives told us they were kept well informed about their family member's support and care, and when changes in people's needs happened. Although people were unable to tell us they were comfortable in their relationships with staff, we could see from their body language and facial expressions that they were. Staff were very knowledgeable about people living in the home and were able to tell us what people enjoyed doing and what their goals were for different activities.

All of the people living in the home had limited capacity to give consent about the activities they wanted to undertake. However, staff tried different ways to enable people make informed decisions. We observed that staff assisted people to understand what they were being asked about and they waited for people to respond before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary and used non-verbal forms of communication in order to be satisfied that the person understood the options available. An example of this we saw was with the use of "now and next" boards, these illustrated

pictorial representations of the opportunities that were available for people to choose from. Another example was the use of "communication key rings", a system developed by speech and language therapists to help illustrate communication ideas for people. We saw that people had their own individual communication passport that staff were required to read and that detailed people's preferences in many different areas such as eating and drinking and outdoor activities. Where people declined assistance or choices offered, staff respected these decisions. In this way people were encouraged and enabled to give their consent where ever possible about their wishes and preferences.

We saw that staff respected people's privacy, knocking on their doors before entering and ensuring their personal care was carried out in private. The relatives who we spoke with told us they were encouraged to visit whenever they wished. They did tell us they had frequent contact by telephone and were always made to feel welcome by staff and the registered manager. We saw that people's confidential and personal information was kept safe in the main office.

Is the service responsive?

Our findings

From our inspection of people's care files we saw individualised support plans were in place for each person that provided clear information and guidance for staff on how to deliver people's care. We saw that relatives of people as well as health and social care professionals who knew people well had contributed to these plans. Records included information about people's social backgrounds and relationships that were important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued.

Relatives confirmed with us that staff supported people in line with their wishes and the contents of their support plans. This helped to ensure that people's support plans were person centred and included details about the emotional and communication support people required. Staff understood that people's communication needs varied. They were able to tell us about the individual needs of people. For example, one member of staff explained how one person was so pleased to be attending college for the first time on the day of this inspection. The staff member told us the person was unable to express their pleasure in words but used gestures such as by clapping and laughing. They said, "We know him so well we understand what he means by these gestures and the other signs he uses and importantly he knows that we know."

Staff and relatives told us that people's care plans were all reviewed in the last month or more recently if people's needs changed in the interim. We saw evidence of this, all the care plans we inspected were recently reviewed in the last month.

People were supported to access and maintain links with their local community where they were able to do so, given their complex needs. Relatives told us they thought people received a responsive service designed to meet their needs and preferences. Relatives told us staff were committed to ensuring people received individualised care and support. One relative said, "They get a good deal of happiness when they do their activities. I was interested and pleased to hear he has started college as I know he was keen to start this. He also loves going for a walk in the park and going shopping with staff. They help him to do all this."

Relatives told us that while they were very happy with the choice and range of activities available for people, they recognised that the scope of activities could be limited by people's complex needs. They said often it would depend on the actual day as to what people were able to do in terms of the activities they took part in. The registered manager told us that activity timetables were designed to be flexible to take this into account. We saw that each person had their own varied activities timetable for the week based on their individual needs and preferences. Both individual and group activities took place. Activities included swimming, art and crafts, sensory stimulation, day trips and visits to local restaurants. All the activities had been risk assessed to ensure that people were kept as safe as possible without infringing too much on their enjoyment of the activities.

The registered manager and staff actively supported people with their relationships and relatives we spoke with confirmed this. One relative told us they had regular contact with their family member and that this included talking to them on the telephone every evening as well as making regular visits to the home.

People's relatives told us they were aware of how to make a complaint. One relative said, "I'd know how to make a complaint if I had one. I have seen the notices about that. I would talk to the manager." Other relatives told us they would talk to the manager if they were not happy with something. They also told us that staff regularly asked them if they were happy or whether they wanted anything to be done differently.

There was a complaints procedure, which was available in an accessible format to help people understand how to complain. The registered manager confirmed that they had received no formal complaints since our last inspection and told us if people's relatives had any concerns they would invite them to a meeting so problems could be resolved as soon as possible.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service in March 2016, we found a breach of regulations in relation to 'Good governance' because effective systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. At this inspection we found the provider had taken action to address these issues and were meeting regulatory requirements in this respect. They had implemented new systems to audit and monitor the quality of the services. There were also new systems in place to ensure staff received appropriate training and supervision thereby meeting their needs for improved and effective support with their professional development and their work.

We found there was a positive and open culture in the home. Staff told us they were encouraged to contribute to the development of the home with their ideas and suggestions for improving services for the people living in it. An example of this is the gardening project. This involves people living in the home using the garden to plan, prepare and grow vegetables and flowers. Staff said the registered manager ensured there were regular staff meetings that provided another opportunity for staff to contribute their views. This helped them to feel they were an important part of the services being provided to people. Staff described the registered manager as very approachable and committed to the home and the people living in it. They said they felt quite comfortable to raise any concerns with the registered manager.

Since the last comprehensive inspection the registered manager told us they had put in place a new supervision matrix to help improve staff support through regular and formal supervision. Additionally to this a new deputy manager had recently been appointed in the home. The registered manager told us that this now meant staff were receiving improved support through more regular and better structured supervision. We saw evidence of the matrix in place that identified dates for staff supervision every month. It was too early to comment on whether these improvements were properly established yet, although staff commented positively about this area of their support and development.

The registered manager had worked at this home since it opened in 2015 and knew both the staff team and the people who lived in the home well. Staff said they always had access to management support during the day and night. We saw staff were positively motivated with their work and they told us and we saw they had access to good and relevant training. The registered manager supported a culture where staff training and development was emphasised.

We saw staff were required to read the home's policies and procedures and then sign to say they were understood. This had helped staff to keep up to date with all aspects of running the home and of the procedures to do with caring for and supporting people.

The provider and registered manager had quality assurance processes in place. We saw evidence that a monthly audit was carried out by the registered manager. This included checking information about staffing levels and monitoring of people's care files and daily records of their health and social care.. Checks on the home's record keeping, service's maintenance and accidents and incidents were also reviewed and we saw that improvements were made where needed. There were also checks on the general cleanliness of the

premises, health and safety checks and an audit of medicines and the administration of medicines. We saw that all of this was part of the overall quality assurance process. Any concerns highlighted by these audit checks and were actioned appropriately by the registered manager. For example where the audit highlighted a member of staff had not completed a medicines administration record appropriately they were provided with extra support in supervision as well as given additional training to ensure they met the standards expected of them.

Records showed environmental risk assessments were also carried out every three months by the registered manager and by the service manager. These checks covered a variety of service areas including, for example, infection control practices in the home, food preparation and incidents and accidents. All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able review the notifications and decide whether any action was needed on their part.