

Sequence Care Limited

# Connington Court

## Inspection report

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09 September 2016

12 September 2016

16 September 2016

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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

Connington Court is a specialist residential service designed to support up to six adults with learning disabilities who may also have autism, complex needs or behaviours that challenge services. The service is provided on ground floor level and at the time of inspection there were four people using the service.

At the previous inspection completed on 24 November 2015 we found breaches of legal requirements and the service was issued five warning notices and placed in special measures. The provider did not ensure risks to people were minimised when receiving care. The service did not have suitable arrangements to manage medicines safely. Staff were not given appropriate support through regular supervision and training opportunities. The provider was not providing care in line with people's consent and with mental capacity legislation. People's preferences and choice of activity were not consistently accounted for when planning care and not all staff understood the principles of providing a personalised care service. The service did not document complaints made by people or their representatives. The manager did not have a system of carrying out quality checks on the service provided. The provider carried out quality audit visits of the service and found issues not addressed by the manager. People were not asked for feedback by the provider to help shape the service and were not given the opportunity to give their views through meetings. At this inspection we found the previous issues had been addressed.

This inspection took place on the 5, 9, 12, and 16 September 2016 and was unannounced. We found significant improvements had been made and so the service is no longer in special measures.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a recruitment system in place to ensure the suitability of staff working at the service and there were enough staff on duty to meet people's needs. Staff knew how to report concerns or abuse. Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective and up to date systems in place to check and maintain the safety of the premises. The provider had systems in place to ensure the safe management and administration of medicines.

Staff received appropriate support through supervisions and training opportunities. Appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised. People were offered a choice of nutritious food and drink and were involved in meal preparation. People had access to healthcare professionals as required to meet their day to day health needs.

We observed staff treating people in a respectful and caring manner. Staff respected people's privacy and dignity and were knowledgeable about assisting people to maintain their independence.

Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. A variety of activities were offered which included trips outside of the home. The service dealt with complaints in accordance with their policy and timescales.

The provider held regular meetings for staff and for people who used the service. People were given the opportunity to complete satisfaction surveys. The provider had quality assurance systems in place to identify areas for improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

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

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

There were appropriate arrangements in place for the administration and management of medicines to ensure people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. Staff confirmed they received support to enable them to give care effectively. Records showed staff received support through training opportunities and supervision.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were knowledgeable about when they needed to get consent.

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

### Is the service caring?

Good ●

The service was caring. Staff described how they got to know people and their care needs. We observed people were treated in a caring way.

Staff were knowledgeable about offering choices and about encouraging independence. We observed staff respecting

people's privacy and dignity.

**Is the service responsive?**

**Good** ●

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

People were offered a variety of daily activities and each person who used the service had their own individual activities timetable. The provider dealt with complaints appropriately and within their policy timescales.

**Is the service well-led?**

**Good** ●

The service was well led. The service had a registered manager and a relative and staff gave positive feedback about leadership at the service.

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

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

# Connington Court

## **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 the 5, 9, 12, and 16 September 2016 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited on the other inspection dates.

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

During the inspection, we spoke with six staff which included four care staff, the registered manager and deputy manager. We also spoke with two people who used the service and after the inspection we spoke with one relative. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed four care records, four staff files and records relating to the management of the service including, medicines, policies, staff training and quality audits.

# Is the service safe?

## Our findings

At the last inspection in November 2015, we found the provider did not ensure risks to people were minimised when receiving care because risk assessments were incomplete. There were issues of concern around the management and safe administration of medicines. During this inspection, we found improvements had been made in these areas.

People told us they felt safe. A relative told us they thought there was enough staff to keep their family member safe at the service. Records confirmed and we saw that there were enough staff on duty to meet people's needs. However, the relative felt that a few more male staff would be beneficial for the male people using the service.

Safe recruitment checks were made. Records showed there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff had proof of identification, had confirmation of their legal entitlement to work in the UK and had written references. Records showed staff had criminal record checks carried out to confirm they were suitable to work with people and there were arrangements in place to get regular updates. Staff were also required to complete a health questionnaire to check they were fit to carry out their role.

The provider had safeguarding adults and whistleblowing policies which gave clear guidance on how to report suspected abuse. Staff were knowledgeable about how to recognise and report concerns of abuse and about whistleblowing. One staff member told us, "When you see any form of harm or abuse, you note it, follow up with the manager or go to the local authority or CQC." Another staff member told us, "If I see something that is not appropriate, I can whistleblow to my supervisor, deputy or higher, CQC or social services."

Records showed individual risk assessments were comprehensive and robust. Records also showed these were reviewed every six months or sooner if there was a change in need. One person had a risk assessment about their behaviours which challenged the service. The risk management plan included a positive behaviour support plan which contained a list of warning signs and advised staff on how to de-escalate the situation. The guidelines advised staff that physical intervention could be used as a last resort and detailed which techniques were approved to use with this person. Records showed staff had received training in physical intervention and that staff had not needed to use it.

The provider had a system in place to carry out general environmental risk assessments which included trips, slips and falls, lone working and food preparation. These were up to date and included guidance for staff on how to minimise risks. The provider had a fire management folder which included a general fire risk assessment and a personal evacuation plan for each person who used the service. Records showed these were reviewed annually and were up to date.

Building safety checks were carried out to ensure the premises were safe for people who used the service, visitors and staff. For example, records showed the five year electrical installation check was done on 1

September 2014 and the emergency lighting was checked on 13 July 2016.

Medicines were stored appropriately in a locked trolley in a treatment room. A deputy manager carried out a weekly medicines audit. However records showed a gap of one week where this did not happen on 24 August 2016. The deputy manager explained this was because they were on annual leave during that week. We raised this with the registered manager who told us other members of the management team were undergoing training so that this task could be shared which would mean there would be no gaps in the weekly audits.

During this inspection we saw medicines were in date, clearly labelled and accounted for. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps in administration records and any reasons for not giving people their medicines were recorded. We saw there were guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We saw PRN medicines had been administered and signed for as prescribed.

The provider had a medicine administration policy which included guidance to staff on the administration, recording and safekeeping of medicines. The provider had a system of carrying out monthly medicine audits. Records showed these were up to date with no issues identified.



# Is the service effective?

## Our findings

At the last inspection, staff were not given appropriate support through regular supervision and training opportunities. We found improvements had been made during this inspection.

A relative told us, when asked if there had been improvements in the service provided since the last inspection, "Definitely, since [registered manager and deputy managers] have come, there's been a massive change." The relative told us they thought staff had the skills needed to provide care to their family member.

Staff confirmed they had regular opportunities for training and they found it useful. The training matrix was colour coded to show staff who were due to take a refresher course and the date they were due to complete this. For example, records showed that staff had completed training in first aid and the matrix showed three staff were due to take a refresher in 2017. Records showed training courses included learning disability, mental health and dementia awareness, equality and diversity, and Asperger's and autism awareness.

The provider had a supervision policy which advised that staff should expect to receive supervision at least every six weeks. Records showed that arrangements for supervision were happening in accordance with the policy. Topics discussed in supervisions included training, attitude, attendance and following direction.

At the last inspection, the provider was not providing care in line with people's consent and with mental capacity legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that the service was now working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met. There were two people who had DoLS authorisations in place because they needed a level of supervision that may amount to their deprivation of liberty. For example, one person was required to receive support in a structured home environment and the other person needed supervision and support with taking medicines and keeping safe. The provider had notified CQC of these authorisations. The service was awaiting the outcome of one further application and the care file contained a copy of the written apology for the delay from the local authority.

Staff were aware of the principles of MCA and the need to obtain consent before giving care. One staff member told us they sought consent, "If you are going to talk on their behalf or if you are going to share their information." Another staff member told us, "Ask verbally, if non-verbal, they will push you if they don't want the assistance or will close the door on you if they want personal space." Records showed that where people

had capacity a form for consent to share information with other professionals had been signed by the person who used the service.

People who used the service chose what food they wanted to eat and were assisted to go grocery shopping with staff. We saw people who used the service were assisted to prepare their meals individually. The kitchen was well stocked with a variety of nutritional food and drink. Staff were knowledgeable about people's individual dietary requirements including their meal preferences. A relative told us their family member had a health condition that needed to be managed carefully through a healthy diet. The relative told us, "They now have a lovely bowl of fruit out so the young people can have anytime. Every day, [family member] gets a selection of fruit in a smoothie. They give [family member] lots of fish and chicken too." The service had a pictorial 'baking recipe' folder recipe and simple preparation instructions for cakes, smoothies and soups. Staff confirmed they used this folder with people who used the service to get them involved in making their own healthy snacks.

People who used the service had a separate health file which contained their important health information and observation charts. For example, one person had a weight chart and a seizure chart so staff could monitor these aspects of their health and show the charts to health professionals when there were concerns. Records showed that people had access to health professionals as needed such as the GP, neurologist and the psychiatrist. The outcome of appointments was documented which included relevant advice and guidance from the health professional. For example, one person was prescribed a gluten free diet and their file contained dietary guidelines which took into consideration their cultural needs.

## Is the service caring?

### Our findings

A relative told us, "[Staff] are really, really, really caring. All of them are." This relative confirmed they were involved in the decision making about the care their family member received and told us if their family member showed lots of behaviour that challenged the service, staff would discuss this with them and, "We try to work it out."

Staff told us how they got to know people and their care needs. Comments included, "Read their support plan." "Visit them during transition, build a good rapport, read their historic background, look at care plans, get advice from colleagues, staff where they have come from, social worker, doctor and family" and "Spending time with them getting to know them and doing activities with them."

The provider had a keyworking system in place where each person had a named care worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with professionals or representatives involved in a person's life. One staff member told us, "We assist the [person who used the service] as a keyworker. Any information we gather we can give to the GP, the parents, or the social worker." Records showed that keyworkers wrote monthly and weekly reports which were up to date. The weekly keyworker report contained the information about the person's well-being, their interests and where they wanted to go or what activities they wanted to do. The monthly keyworker report was a summary of significant events which had occurred during the previous month for the person they keyworked and informed what progress had been made towards the person reaching their individual goals.

Staff were knowledgeable about how to offer choices to people who used the service. For example, one staff member told us, "We give them [people who used the service] choices and they will point to what they want." Another staff member told us, "Open the fridge so [person who used the service] can choose, show actions or gestures to ask if they want to do an activity."

During the inspection we saw that people were treated with respect and in a kind, patient and caring way. Staff were knowledgeable about how to provide people with privacy and dignity. One staff member told us, "Make sure the door is closed. Make sure [person who used the service] bottom part is covered. Make sure people are knocking before entering." Another staff member said, "We have to respect their dignity. In the bathroom, we shut the door to give them privacy." A third staff member said, "Treat them with respect and dignity, when they get anxious, it's about knowing what to do and use distraction methods."

Staff described how they encouraged people to maintain their levels of independence. Comments included, "One person comes to the kitchen to peel potatoes and onion and will wash dishes" and "We have to give them opportunity to do things on their own. One person will open the fridge and get the milk out. [Person who used the service] puts on his clothes and takes them off himself."

# Is the service responsive?

## Our findings

During the last inspection we found not all staff understood the principles of providing a personalised care service. At this inspection, staff were knowledgeable about personalised care. Comments from staff included, "We meet and greet [people who used the service] daily. Personalised care is about individuality, their needs, their wishes and cover every single need" and "Tailor the need to [person who used the service]. One person chooses to shower, dress and go for a walk before having breakfast. Another person has their set ways so you can't change that. Work with the individual as best as you can."

People's care records were comprehensive and person centred. Care plans contained a pictorial summary to help people who used the service to understand how their needs would be met. Care records also showed pictorial information about what was important to the person who used the service and included their likes, dislikes and communication preferences. Records showed care plans were updated annually and more frequently when a person's needs changed.

The provider used communication keyrings for staff to use when interacting with people who used the service who did not use verbal language. The keyrings contained small laminated picture cards of activities and tasks and included a card with a 'thumbs up' picture to indicate 'yes' and another card with a 'thumbs down' picture to indicate 'no'. The registered manager told us they were planning to introduce a board to display photographs of staff on duty on the day and they were in the process of taking photographs of each staff member.

At the last visit we found people's preferences and choice of activity were not consistently accounted for when planning care. During this inspection we found improvements had been made. For example, one staff member told us, "A lot of activities have been introduced so they [people who used the service] are always busy." One person who used the service showed us medals and a trophy they had received for a sporting activity they participated in and told us about a trip they had been on to visit their favourite football team's stadium. It was clear from this person's communication they had really enjoyed the trip.

Records showed the programme of activities had been expanded since the last inspection and included horse riding, tennis, learning disabilities clubs, football, origami, finger painting, and garden activities. The activities folder contained each person's weekly activity timetable which contained at least two activities per day.

A relative told us they had asked for their family member to be offered more activities to do separate to the other people who used the service. We asked if this had happened yet and the relative said there was a plan for this to happen soon. The relative also told us the service would benefit from employing more staff who could drive the service's vehicle because lack of drivers meant this could limit how much activity people who used the service could participate in.

At the last inspection, the service did not document complaints made by people or their representatives. We found improvements had been made during this visit. A relative told us they would go straight to the

registered manager or the deputy manager if they had any concerns and were confident they would be listened to and responded to appropriately. This relative said they had no reason to complain since the improvements had been made and, "They call me every evening or I call them to get an update."

The provider had a complaints policy and a pictorial complaints leaflet which explained in language that people who used the service could understand, how to complain and the timescales they could expect their complaint to be dealt with. The complaints log showed six complaints were made since the last inspection and these were dealt with appropriately. For example, a relative complained about the way they had been spoken to by staff and a laundry issue. The outcome of this complaint showed the staff member had been addressed and the laundry issue had been resolved.

## Is the service well-led?

### Our findings

At the last inspection we found people were not asked for feedback by the provider to help shape the service and were not given the opportunity to give their views through meetings. During this inspection we found improvements had been made in these areas. Also at the last inspection, the manager did not have a system of carrying out quality checks on the service provided. The provider carried out quality audit visits of the service and found issues not addressed by the manager. During this inspection we found improvements had been made in this area.

There was a registered manager at this service. A relative spoke positively about the new registered manager and their leadership. Staff told us the service had improved and spoke positively about the leadership. One staff member told us there had been lots of changes, "For the good of the [people who used the service]. It's a better place to work. The [registered manager] is okay. I get along with [Deputy Manager] who is helping me to get skills of being a senior [care worker]." Another staff member said, "I feel supported by colleagues. [Registered manager] is fine, easy to talk to and has got time for you. The managers here are okay."

During this inspection, we found people who used the service had been given the opportunity to give feedback through a pictorial survey. Two people had responded to the feedback survey saying that overall they were satisfied with the service. However a relative said they had not yet been asked to complete a survey. The provider held monthly meetings with people who used the service. Records showed the agenda was prepared in pictorial format to show what was to be discussed. For example, we saw day trips and signs of abuse were discussed at the meeting held on 26 July 2016 and going to college to learn new skills was discussed at the meeting held on 23 August 2016. A relative told us they would like it if the service held meetings for families to attend to discuss ideas and issues.

The provider had a system of holding regular staff meetings. Records showed these were up to date and topics discussed included service updates, training, staff supervisions and keyworking duties.

The registered manager carried out a monthly health and safety audit which included checking records of water and food temperature and food use by dates. These were up to date with no issues identified. Records showed the registered manager also carried out monthly quality audits which included reviewing care records, staff records and maintenance records and these were up to date. The report included a list of actions to be done with a date to be reviewed. For example, the audit carried out on 20 July 2016 showed there were gaps in the daily notes section of care records and the noted action was to raise this with staff in the team meeting. Records showed this action had been completed.

The provider carried out quarterly quality assurance monitoring. Records showed the operations manager had carried out a check on 21 July 2016 which included looking at staff training and knowledge, clinical documentation, and culture and values. The report indicated actions that were previously identified were now completed or were still outstanding.