Sequence Care Limited

Crossbrook Court

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

Crossbrook Court is registered to provide accommodation, personal care and treatment for 12 people with mental health needs and learning disability or autistic spectrum disorder. At the time of our inspection there were 10 people living at the home and another person was expected to move in on the day of the inspection. There were three bedrooms in one building and nine in the other. Both buildings spread over two floors.

At our last inspection on 25 November 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Staff spoken with were aware of how to keep people safe from harm and demonstrated their awareness to us of identifying when a person may be at risk of harm or abuse. Risks to people's physical and mental health were assessed and appropriate measures put in place to mitigate the risks. People's medicines were managed safely.

Where people had been diagnosed with a mental health condition, staff sought the advice of a psychiatrist who regularly reviewed people's mental health needs and was on hand should people's mental health decline.

Staff completed a range of training and they felt supported by the managers at the home to carry out their roles effectively. Staff demonstrated their awareness of how to support people who may not be able to make their own decisions about their care or treatment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat a nutritious and healthy diet and could choose what they ate. Staff involved health and social care professionals in people`s care.

People told us that staff were kind, caring and patient and they were treated in a dignified and respectful manner and staff understood the importance of respecting their dignity and privacy.

People were actively involved in developing and shaping their care in a manner that was important to them. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. Where people's care was reviewed by a multi-disciplinary team, that involved the person, their key worker, occupational and behavioural therapists, the manager along with any other relevant professionals.

People told us they were supported to pursue individual interests and leisure activities with support from staff. People told us that staff responded when they made a complaint or raised a concern. Complaints were listened to, recorded and responded to appropriately.

There were quality assurance systems in place effectively used by the manager and the provider to constantly improve the service provided to people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good
Is the service effective? The service remains Good.	Good
Is the service caring? The service remains Good.	Good
Is the service responsive? The service remains Good.	Good
Is the service well-led? The service remains Good.	Good

Crossbrook 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.

The inspection was comprehensive and carried out by two inspectors on 06 July 2018. The inspection was unannounced. On the 10 June 2018 we had a teleconference with the manager to ask them questions about the management of the service as they were not available on the day when we visited. We also gave them feedback about what we found on the day of the inspection.

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the deputy manager, the occupational therapist, behavioural analyst, three staff members and three people who used the service. We looked at four people's care records along with medicine records, and other documents relating to the management of the service. Following the inspection, we spoke with the manager.

Is the service safe?

Good

Our findings

People spoken with told us they felt safe living at Crossbrook Court. One person said, "I feel safe here." A second person said, "I like it, I'm safe and happy it's my home and I'm never leaving." Staff spoken with were aware of how to keep people safe from harm and demonstrated their awareness to us of identifying when a person may be at risk of harm or abuse. One staff member said, "The signs can be subtle, like a change in behaviour, or they are quieter. Other times it can be more obvious like a bruise, scratch or where they have struck someone. My mind thinks, what's wrong and if I can`t get an answer I report it straight away."

We looked at how staff had reported incidents and found that when an incident occurred, staff reported this appropriately to the manager, monitored the person's behaviour, and reviewed the care plan, referring where needed to the appropriate professional for review. Where necessary, staff reported the incident to the local authority safeguarding team and informed CQC as required. The staff and organisation demonstrated they monitored incidents in the home and took necessary action when they reviewed these. For example, following an increase in the number of altercations in the home, the provider had changed their approach to managing behaviours that may challenge others. Where previously they had used a psychological approach, they had reviewed this, and changed to a more person centred behavioural approach. Staff spoken with told us that as part of supervision and team meetings they reviewed incidents in the home and considered how staff had responded. They told us this allowed them to think about whether they could have identified, responded or managed the incident differently. Staff told us about one person who became agitated around lunchtime, and to counter this they increased the one to one time staff spent with them. This meant the provider and staff took a proactive approach to keeping people safe from harm and constantly reviewed their practise to learn and improve their practise where necessary.

People were supported by sufficient numbers of staff. One person said, "There are enough staff to help me, I think that's good." One staff member told us, "Yes we have enough, it's been a bit up and down with staff coming and going but it's settled down recently and things are okay. There's always someone who calls in sick but we use the same agency staff if we need cover, so I think it's okay." We saw that the manager reviewed their staffing levels based on the needs of people living in the home. On the day of our inspection a new person was moving in and the manager had increased staffing levels accordingly to support this person`s needs.

Risks to people's physical and mental health were assessed and appropriate measures put in place to mitigate the risks. The provider employed their own specialist staff such as occupational therapists and behavioural analyst. People's needs were initially assessed by them ensuring a robust and comprehensive assessment was completed. They were at the service for the arrival of the new person to continue their assessment of them as they settled into the home.

Where risks were identified, for example with people's mobility we saw staff supported them to use appropriate equipment. Where people had been diagnosed with a mental health condition, staff sought the advice of a psychiatrist who regularly reviewed people's mental health needs and was on hand should people's mental health declined. Where people required a specialist diet for example a softer consistency due to swallowing difficulties, then a speech and language therapist employed by the provider carried out a full assessment and ensured staff were aware of a person's needs. Staff had detailed guidance about how to support their needs, but also this recorded how the person should be positioned when eating to help reduce the risk of choking whilst eating or drinking.

People's medicines were managed safely. Staff were trained to administer people's medicines and their ability to do so was assessed regularly by the management team. When people's medicines were received or returned to the pharmacy these were recorded clearly. Temperature checks were completed for medicines and for the fridge where some medicines were stored to ensure they were kept within safe temperature ranges. However, on the day of our inspection, the weather was exceptionally warm. The medicines cabinet showed a temperature of 31 degrees, which was too warm for the safe storage of medicines. The provider responded by placing an air conditioning unit in the office to keep it cool.

People received their medicines as prescribed. Medicine records we looked at were completed accurately with no gaps or omissions and the recorded amount of medicines tallied with the stocks held for people. People had 'as required' medicines in place to support them when they felt agitated or restless, and we saw that these were only given as a last resort. This suggested that staff did not simply medicate people to keep them compliant but sought alternative ways to manage behaviours before using medication. People's medicines were regularly reviewed and monitored by both the GP and psychiatrist who supported people living at the service. People spoken with were aware of the medicines they were prescribed and why they took them.

People lived in a clean, well maintained environment. There were development works ongoing in the small cottage and we were assured as part of this work the carpets would be changed, as they were heavily stained and soiled. Staff were observed to wear personal protective equipment when supporting people's needs, such as aprons, and gloves, and domestic staff ensured the service was well maintained. Storage and disposal arrangements were in place.

Good

Is the service effective?

Our findings

People told us they felt staff were well trained and able to support them well. One person said, "I think they [staff] must have done a lot of learning about us because they look after us very well." Staff spoken with told us they were well supported and received regular training. One staff member said, "The support and training is excellent, when I started I didn't feel confident but now I do." A second staff member said, "I feel very supported, I have regular supervision where we can talk not just about the job, but about me and my wellbeing, how I fell about the job and what help I need. Like at the moment I find it hard to supervise others, I find it difficult to tell them [staff] about where they need to improve, but the manager is helping me with that."

Staff told us they completed a range of training, that included safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS), key work training and basic mental health awareness. However, staff told us they did not undertake any specific training for the needs of people using the service. For example, where people lived with either Bipolar or Schizophrenia staff had not undertaken training to develop their awareness in these areas. The provider assured us that they would ensure staff received training that enabled them to better understand people's needs and had staff available who could provide this.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated their awareness of how to support people who may not be able to make their own decisions about their care or treatment. Where people had DoLS in place to help ensure that they were safe staff were aware of the conditions on these. Although care plans did not always detailed how staff met the conditions on people`s DoLS we found that they had. For example, on one person`s DoLS one condition detailed that staff had to work with the person to build their confidence so they could move to live more independently. We found that there were plans in place for this person to move on from the service soon.

People were supported to eat a nutritious and healthy diet and could choose what they ate. Staff supported people to prepare their breakfast and lunch, and eat their evening meal as a group. People chose their evening menu during weekly resident meetings, and these also took account of people's individual preferences or cultural choices. For example, staff described how they supported one person to purchase and prepare Halal meat. People were supported to go shopping and purchase food for both their own meals and the collective menu. One person said, "My weight has gone down now, I was overweight, but I eat small portions now with lots of fruit." We saw throughout the day of the inspection that people were provided with snacks and sufficient drinks.

People told us they were able to see the GP or other health professionals when needed. One person said, "I can see the Doctor whenever I want." In addition to the regular multidisciplinary meetings there where professionals employed by the provider but also external psychiatrist and community psychiatric nurses, GP, chiropodist, social work teams and other professionals supporting people to keep in good health.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us that staff were kind, caring and patient. One person said, "Staff are all caring and kind to me, they listen to me." Throughout the inspection we observed staff interact and support people in a patient, understanding and non-judgemental way. One person was seen to be particularly upset that they had lost their coat following a holiday away. The deputy manager and staff member understood the importance of this for the person, and listened to what they had to say about their missing item and how much it upset them. They then stopped what they were doing at the time to help the person look for their coat, which visibly assured them and enabled them to settle. The approach from staff clearly demonstrated they understood the importance of listening to people and responding in a manner that made people feel they, and their concerns mattered.

People were treated in a dignified and respectful manner and staff understood the importance of respecting their dignity and privacy. One staff member said, "Keeping people's dignity intact is always ongoing. See now, we have workmen in and a lot of ladies, so we have to be extra alert to that making sure people are dressed. Workman know where they can and can't go, the curtains are closed when we give personal care."

Staff demonstrated they were passionate about their work and appeared to be genuinely happy in their roles. Staff told us that they enabled people to be as independent as they could, whilst acknowledging their dignity and choices. For example, when supporting people with their personal care, staff told us people wanted to do more when washing that they at times could achieve independently. Staff said they waited for the person to ask for support, and would only then assist when asked. One staff member said, "When we help with their washing, we leave them to decide how much help they need that day. When they ask we don't then just get on with it we say things like, I'm going to touch your back now, I'm going to wash your hair, is that okay?"

Our observations on the day were that people were clean, wearing clean clothes and presentable. Staff demonstrated their awareness to us of meeting people's dignity and privacy as we toured the home. When we arrived at two people's rooms the doors were closed, before we approached the area, staff were quick to advise that the rooms had female people living in them, and they did not want to be disturbed at that time.

People were actively involved in developing and shaping their care in a manner that was important to them. One person told us, "[Key worker] listens to me, actually all the staff do really. I think I have a lot of say about living here." People's behavioural support plans clearly demonstrated that people's care was based on their choices, views and opinions. These plans were developed to positively reinforce people's behaviour, and outlined to staff how to support people on a day to day basis or when they required additional support when feeling agitated or anxious, or when experiencing hallucinations. These plans captured what behaviour the person would display, how often this may occur and reasons why the person may demonstrate the behaviour. The plan gave clear guidance to staff about how to support a person to reinforce appropriate behaviours, and this had been developed with the person to capture their views.

We found that people`s records were kept confidential and locked. People were asked for their consent before their information was shared with family, or other professionals.

Good

Is the service responsive?

Our findings

People and where appropriate family members had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. Where people's care was reviewed this was completed as a multi-disciplinary team, that involved the person, their key worker, occupational and behavioural therapists, the manager along with any other relevant professionals.

People told us they were supported to pursue individual interests and leisure activities with support from staff. One person clearly enjoyed drawing and colouring and looked extremely satisfied as they gave one of the inspection team a picture they had completed. Staff showed an active interest in their work, praising them which clearly gave the person a boost so they drew a picture for the rest of the inspection team. This person gave us an overview of their week and said, "I went to day centre, because I like it and they have things to draw, just to see if I want to go. Then I went to the cinema, and on Wednesday I went to the gym. Thursday was really hot so we stayed home but staff kept me busy and later we are going to the disco. Tomorrow we will go shopping, I like shopping, I'll get some clothes and on Sunday, well I have to rest sometimes don't I?"

In addition to meeting people's individual interests, staff supported people to have an annual holiday. We were able to see one person return from a week's holiday at the sea side, which they told us was their choice and they had enjoyed being away very much. We found that even though the person required two staff to support them the provider had met the cost of the staff going along. Had they not done this then this person would have missed out on a holiday and the chance to build relationships with staff while away. One staff member echoed this and said, "I have done a few holidays, and although it's not a holiday for me, it's work, it is lovely to be able to take that time to do what they [people] want and spend some time away from the house to really get to know them."

People told us that staff responded when they made a complaint or raised a concern. We observed throughout the day that staff listened when a person raised concerns about others conduct, and they immediately took action to resolve the issues. One person told us how they had reported to staff and the manager that they felt the night staff were, "Not very nice." However, they also told us that after they raised their concern, they felt things had improved.

Good

Is the service well-led?

Our findings

There was a manager at the home who had transferred from another home owned by the provider. They were in the process of registering to manage Crossbrook Court. 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 manager had been transferred to Crossbrook Court a few months before the inspection. We found that they implemented a service improvement plan following their evaluation of the service provided to people. They effectively identified areas where the service had to improve and we saw that actions were scheduled for completion. For example, the manager identified that the TV`s were boxed in and secured to the wall which gave the home an institutional feel. We saw that this was discussed with senior managers and there were plans to ensure TV`s were secured to the wall but not in the plastic boxes. Care plans were re-developed to ensure they clearly reflected people`s identified needs and the support they needed.

Staff told us they felt supported by the manager and that the service was well -led. One staff member said, "I do feel supported by the manager. The home is well-managed."

The clinical manager told us that although the provider employed their own health care professionals they had external health professionals who visited people regularly and participated in the multidisciplinary meetings. This ensured that the provider worked in line with current best practice and registering the right support guidance published by CQC for services who supported people with learning disabilities.

The clinical manager told us that the provider created new job roles like the behaviour analyst as they recognised the need to better support people to achieve positive behaviours and not just react and respond to incidents. We saw that this had been implemented and people had positive behaviour support plans in place with clear goals that motivated people to have positive behaviours. This meant that the provider was constantly looking for ways to improve the service and ensure they were following current best practice.

There were various meetings held for people, staff and senior management. People had been given the opportunity to feedback on the service in monthly resident's meetings. We saw that agendas were set before the meeting that included, health and safety, respect toward people and staff, and the support people received. We found that people gave positive feedback about the support they had and also they expressed their opinions freely. For example, it was recorded in one meetings minutes that a person shared their opinion on why it was a good idea not to keep lighters in their rooms and what dangers were associated with fire.

We found that the service had a fire risk assessment carried out by an outside company which recommended some high, medium and low priority actions. The provider addressed some of the actions immediately like starting weekly fire tests and also regular fire drills. The manager told us they were training more staff to the roles of fire marshals to ensure there was always one on shift in case of an emergency to take the lead.

The manager told us they were still in process to audit all aspects of the service including care plans, environment and recruitment processes. These were then evaluated and if actions were needed to improve these were implemented. Notifications had been completed in a timely way and sent to the Care Quality Commission as required.