

Sequence Care Limited

# Connington House

## Inspection report

20b Connington Crescent  
Chingford  
London  
E4 6LE

Tel: 02083473081

Website: [www.sequencecaregroup.co.uk](http://www.sequencecaregroup.co.uk)

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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 House is a specialist residential service designed to support up to ten adults with learning disabilities who may also have autism, complex needs or behaviours that challenge services. The house is spread over three floors which are accessible by a lift. At the time of inspection there were two people using the service and a third person was in the process of transitioning to 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 dignity was not consistently respected. 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. Staff were knowledgeable about when they needed to obtain consent. 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 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 responsive?**

**Good** ●

The service was responsive. Staff were knowledgeable about people's individual needs and preferences and about providing a personalised service. People's 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 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 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. 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 three 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. Records confirmed and we saw that there were enough staff on duty to meet people's needs.

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 been given 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 observe and you're not comfortable with what you see, you call the attention of your line manager and if you're not happy with the response, you can call CQC or the local authority to let them know what's going on." Another staff member told us, "If I see staff abuse a [person who used the service], report it to CQC, or a senior manager."

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 self-injurious behaviour. The risk management plan included a positive behaviour support plan which contained a list of triggers and warning signs and advised staff on the accepted interventions to manage the risk. Records showed that this person had been involved in their positive behaviour support plan. The provider had taken reasonable steps to ensure the risks to people were minimised when receiving care.

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 annual gas safety check was done on 12 September 2016 and the smoke detectors were last checked on 23 May 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. This meant there were systems in place to ensure the proper and safe management of medicines.



# 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.

Staff confirmed they had regular opportunities for training and told us 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. There was nobody under deprivation of liberty safeguards in place at the time of inspection. Staff were aware of the principles of MCA and the need to obtain consent before giving care. One staff member told us, "When you want to enter their [person who used the service] room, you knock." Another staff member told us they, "Always ask if [person who used the service] wants help." 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 told us they had a choice of food and drink. We saw one person making a shopping list with the assistance of staff before going to the supermarket to purchase their chosen food ingredients. Another person was observed to prepare their evening meal with the assistance of staff. The kitchen was stocked with a variety of nutritional food and drink. Staff were knowledgeable about people's individual dietary requirements including their meal preferences. For example, one person was prescribed restricted fluid intake and staff measured their daily fluid allowance which the person kept in a fridge in their room.

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 blank epilepsy chart which stated, 'I do not require this to be monitored', and documented that the reason for this was because their seizures occurred very occasionally. Records showed that people had access to health professionals as needed such as the GP, and the psychiatrist. The outcome of appointments was documented which included relevant advice and guidance from the health professional. For example, the care plan for the person on restricted fluid intake included guidance provided by the multi-disciplinary team on alternative foods that could be offered instead of fluid when their daily fluid allowance was used up to help quench thirst.

## Is the service caring?

### Our findings

At the last inspection we found people's dignity was not consistently respected. During this inspection we found this had improved. People told us staff were caring and one person who used the service said, "This place is amazing. It's much better here now." We observed 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, "I knock on the door before I go in. Ask them before doing a task such as room management. It's up to them, it's their home and I can't force them." Another staff member said, "We let [people who use the service] have personal time. Close the door when giving personal care." A third staff member said, "Knock on the door and ask if you can come into their room."

Staff told us how they got to know people and their care needs. Comments included, "Communication is key. We communicate with them. We listen to them. We interact with them. They trust us and we build the relationship of trust." "Speak to the social worker or family and friends as they are with them all the time" and "I'm familiar with the [people who used the service]. I've read the care plans. Usually they are going through transition so we get to know them and know their history."

The provider had a key-working 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 they had a weekly session with the person they were keyworker for and talked about the person's well-being, their interests and what they wanted to participate in. This staff member also told us keyworkers wrote a monthly report which summarised significant events that had occurred during the previous month for the person they key-worked and informed what progress had been made towards the person who used the service achieving their goals. Records showed weekly and monthly keyworker reports were up to date.

Staff were knowledgeable about how to offer choices to people who used the service. For example, one staff member told us, "When doing personal care, show them so they can choose instead of imposing it on them." Another staff member told us, "Most make choices, using verbal language or pictures."

Staff described how they encouraged people to maintain their levels of independence. Comments included, "We make sure they participate in everything we are doing", "Not doing for them, encouraging them, show them, monitor and observe them" and "One person goes out independently". We saw it was the case that one person did go out independently several times during the inspection.

## 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 included, "We meet and greet [person who used the service] and ask them what they want to do that day. Making sure we do what they want to do" and "It's about their likes and dislikes. We sit with [person who used the service] and talk about what they want to do for the day, what they want to eat."

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 found it difficult to express themselves verbally. For example, one person who used verbal language had a keyring with laminated pictures of different emotions. This was an effective way of assisting staff to understand what was happening emotionally for this person if they did not feel like talking. 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. Records showed the programme of activities had been expanded since the last inspection and included swimming, arts and crafts, learning disabilities clubs and day trips out to theme parks. There was an activities folder which showed each person's activity timetable. Records showed and one person confirmed they did not have a timetable because they liked to choose on the day how to fill their time. During the inspection this person told us they had just arranged a job interview for themselves and later they told us they had been given the job which they were looking forward to starting. Another person had only recently begun using the service and they were working with staff on identifying suitable activities to put together into a timetable.

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.

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 two complaints had been made since the last inspection and these were dealt with appropriately. For example, one person who used the service had complained that staff had shouted at them. The outcome of this complaint was the staff member's conduct was addressed.

The service also recorded compliments. For example, the service had received a card from the family of a

person who used the service who had moved to an alternative provider. The card stated, "Thank you for your help and support," and was shared with the staff team.

## 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. One person who used the service told us, "The [registered manager] is spot on." Staff told us the service had improved and spoke positively about the leadership. One staff member told us, "Changes have happened for the good. More activities, more going out with [people who used the service]." Another staff member said, "Yes usually we work as a team." "[Registered manager] is always willing to help. She's very understanding, is calm, like a mother and she's appreciative." A third staff member said, "[Registered manager] seems really nice. [The deputy managers] are quite good. Things are busy and hectic but everybody knows what they need to do. Teamwork is very important."

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 and one person wrote, "Staff are very nice to me." Another person had stated they wanted help to start budgeting their money. Records showed that this had been responded to and we noted that staff regularly offered this person help with this. The provider held monthly meetings with people who used the service. Records of the meeting held on 27 June 2016 noted that one resident had requested staff assistance with their weekly menu planning and food shopping and daily records showed this was happening. Records of the meeting held on 26 July 2016 noted one person had indicated which activities at home and outside they wished to participate and we saw this was discussed and planned at their keyworker meetings. Records showed the agenda was prepared in pictorial format to show what was to be discussed.

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 key-working duties.

The registered manager carried out a monthly health and safety audit which included checking records of water and food temperatures 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.