

Sequence Care Limited

St James House

Inspection report

53-55 Spital Street
Dartford
DA1 2DX

Tel: 01322600510
Website: www.sequencecaregroup.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St James House is a residential care home providing personal care and accommodation to four people at the time of the inspection. The service can support up to six people. The service is in Dartford town centre, in an old Georgian style residential building and the service was situated behind a secured gate.

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

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had Mental Capacity Act (MCA) assessments and had been supported to apply for a Deprivation of Liberty Safeguard (DoLS) for restrictions made to keep them safe.

Some risks to people had not been safely managed at the time of our inspection. Fire and safety risks needed addressing. Some parts of the building were not clean or well maintained.

Risks to one person living with a health condition that required monitoring of fluid levels had not been safely managed.

People did not always receive person centred support. Some people's activities did not reflect their interests and there was a lack of goals and aspirations in people's care plans.

Governance systems had not always been effective in highlighting and putting right issues identified at this inspection. Some aspects of the culture of the service were not positive, as one person had been moved from the service at short notice without involving partner agencies.

Right support:

The model of care and setting did not always maximise people's choice, control and independence. People were not fully considered and involved in the planning of their care and some choices were at times restricted. St James House was located on site with another care home. The model of the service does not reflect the Right Support, Right Care, Right Culture guidance

Right care:

Care was not always person-centred and did not always promote people's dignity. People did not always

have access to meaningful and person-centred activities.

Right culture:

Some values and attitudes of leaders and care staff did not always ensure people using services led confident, inclusive and empowered lives.

Rating at last inspection

The last rating for this service was good (published 13 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about risk management and infection prevention and control. A decision was made for us to inspect and examine those risks. We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe management of risk, person centred care, premises and equipment, and good governance. The registered provider had failed to effectively monitor and improve the quality of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St James House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection.

Service and service type

St James House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St James House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager had recently left the service, and a new manager had started and was in the process of registering with CQC. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with all four people who lived at the service and one relative about their experience of the care provided. We spoke with six members of staff including the area manager, manager and care support staff. We observed staff interactions with people and observed care and support in communal areas. We reviewed a range of records. This included three people's care records and three medicines records. We looked at four staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all risks had been safely managed at St James House. On our arrival we found a door that led to a large basement. The door was marked 'keep locked' but was open and led to a basement that was being used as a storage room.
- The basement contained a large amount of combustible material. This had been highlighted as a risk on two fire risk assessments dating back 18 months. There was a known fire risk at the service and incidents where fires had been set. Following our site visit, we were informed by the provider that excessive amounts of combustible materials had been removed from the basement as per the fire risk assessment.
- One of the fire setting incidents had occurred at night-time. The provider's policy was for monthly fire drills and one night-time fire drill to happen. However, there had been no night-time fire drills. We raised this with the provider who took action to schedule night-time drills to ensure people and staff understood fire evacuation procedures at night.
- Some people required regular night-time checks to ensure their safety. However, these checks were not being recorded with the correct frequency. Entries were either not being completed at the correct intervals or were not being recorded at all.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some people were living in bedrooms with en-suite bathrooms that were not clean. We have reported on this more in the Effective domain of this report.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The environment was not consistently clean.

The failure to manage known risk safely and to ensure the cleanliness of the building is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting people to have visitors to their home in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service followed local authority multi agency policies.
- People's care plans contained safeguarding information including how to keep the person safe and which agencies to report concerns to.
- The service was logging and tracking safeguarding incidents, with different managers involved in signing off stages of any investigations. Staff were able to speak confidently about the action they would take to keep people safe.

Staffing and recruitment

- People told us they had enough staff. The service rota showed that people were receiving their funded hours.
- Staff had been safely recruited. Each staff working at St James House had the correct checks in place. References had been sought to check the character of the applicant. Disclosure and Barring Service (DBS) checks were recorded. DBS checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The numbers and skills of staff matched the needs of people using the service. Where the service needed to book agency staff, they used regular staff who people knew well.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were regularly reviewed by prescribers in line with these principles.
- Medicines were being stored and administered safely. People were able to access their prescribed medicines when needed and staff were trained to administer these in the ways that people preferred.
- People's medicines were being reviewed regularly and audited by managers to ensure that any errors were highlighted and put right, and that people had the medicines they needed in stock.

Learning lessons when things go wrong

- When things went wrong, staff apologised and gave people honest information and suitable support. The service worked with partner agencies to complete any investigations.
- There was a lessons learned section in the electronic incident management system used by the service. This had a step by step process and ensured any support plans or risk assessments were reviewed or amended following incidents. Incidents and learning were sent to staff who confirmed they had read and understood them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- One person was living with a serious health condition that required several hospital treatments a week. The condition meant the person should only drink a small amount of fluid each day. However, there were no fluid charts for the person so that staff could monitor this.
- We asked staff for the last completed fluid charts but were informed that none could be located. Staff confirmed that they had not been monitoring the person's fluid intake.
- The same person had a restricted diet with certain foods that they should avoid or try and eat less of. Their kitchen had posters displayed to help them make healthy choices. However, the choices displayed as 'great' or 'good' were specific foods to be avoided or eaten in very small amounts. This left the person at risk of serious health complications.
- A second person had guidelines from a speech and language therapist that set out measures to ensure the person could eat safely. The person's nutritional assessment did not highlight the need for some of these measures, such as to cut food up for the person if they were agitated. It also failed to state the need to supervise the person at mealtimes. This could put the person at risk of choking.

Systems had not been established to assess, monitor and mitigate eating and choking risks to people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- People's bedrooms and bathrooms were not kept in a clean state during our inspection. We looked at three of the flats, including an empty flat, and there were parts of each that were unclean, including carpets, bathrooms, floors and bedrooms.
- The service was not in a good state of repair and was in need of decoration. Some people's rooms needed repairs that had not been actioned, such as marks in the wall or furniture that was damaged. Some outdoor areas were heavily littered with cans and cigarette butts, as well as overgrown grass and plants. Railings outside the property had sharp pointed ends that were covered with protectors, but some of these were missing.
- Cleaning rotas had not been completed consistently. Night-time cleaning rotas, kitchen cleaning rotas and deep cleaning rotas all had missing entries or whole weeks missing. We handed concerns around cleaning and upkeep of the property over to the new manager who said they had booked repairs and would ensure cleaning took place.

Systems had not been established to assess, monitor and implement cleaning and upkeep of the property. This placed people at risk of harm. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed functional assessments for people who needed them and took the time to understand people's distress. People had positive behaviour support (PBS) plans and these contained analysis of people's functional communication and distress indicators.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Support plans were not always effective, for example, the person not having fluid charts in place, as reported above.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People had mental capacity assessments where they may lack capacity to make decisions. These were decision specific and where people lacked capacity for certain decisions, there was a follow up meeting that ensured any decision made was in the person's best interests.
- Where restrictions were assessed as necessary to keep people safe applications had been made for DoLS. Where these had been granted, managers had a tracker of each application, any conditions on their DoLS and when the DoLS was to expire. Conditions had been checked and implemented.

Staff support: induction, training, skills and experience

- Staff training was effective and ensured staff were skilled to carry out their role. Staff told us that they had access to the training they needed to do their job. We reviewed the training matrix and saw that several staff had training in de-escalation and physical intervention that had recently gone out of date. We also saw that the service required some staff to complete fire marshal training. We raised this with the manager who showed us the next day that staff training had been booked at the earliest date.
- Staff had regular supervision and appraisals of their performance. One staff showed us their latest supervision and it covered key areas of the service and each person living at St James House was discussed, as well as any problems the staff may be facing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During our site visit we looked at people's bedrooms. One person had bedding that did not look clean. The staff told us the person was supported to change their bedding each week on a Monday. However, their pillows looked unclean and daily notes did not show bedding being changed on any preceding Monday. The person's bed had a quilt cover that was being used as a sheet, so was not covering the mattress properly. In addition, the mattress was stained.
- We asked the staff about the person's bedding and they did not know why the bedding was in a poor state. The staff and manager also confirmed that the bedding was purchased by the person themselves and not the service. However, the service is registered to provide residential care and should have provided suitable clean bedding for the person to uphold their dignity. We asked the manager to ensure that all people had clean and suitable bedding provided to them.
- Staff had not supported people to routinely seek paid or voluntary work. Staff told us that this was something they could implement and start to look at.

Supporting people to express their views and be involved in making decisions about their care

- Not all people living at St James House had access to their care plans. One person told us, "I don't know if I have a care plan, I've not seen it." We asked staff and the manager about access to care plans and were told that people's care plans were kept in the office and electronically on portable tablets.
- One person told us they hadn't been involved in house meetings. They said, "No house meetings. Staff arrange and organise everything." We asked staff about house meetings where people could discuss issues or be involved in decisions about the service. We were shown minutes from a joint meeting with another service.
- People had communication passports that had been developed with input from speech and language therapists. During the COVID-19 pandemic people were supported to understand changes in their routines with social stories.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they liked the staff. One person said, "Staff are kind and friendly. [Name] my key worker, he's cool." Another person told us, "Staff treat me well."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We saw staff supporting one person, and their approach when the person was in a good mood was very tactile and friendly, which made the person smile.
- Later the same person was experiencing distress and the staff helped them to de-escalate with a quiet and

gentle approach. This change in approach helped the person overcome their distress.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had named key workers who took the lead in ensuring their care and support was personalised, safe and effective. However, we asked staff if there were key worker meetings where people could meet with their named staff, but there were either no recorded meetings, or the meetings were very short and did not record people's preferences. One person was unsure if they had a key worker, whereas other people told us about their key workers and why they liked them.
- People's care plans did not include goals or have aspirations for people to work towards. We discussed this with the manager who said this would be reviewed and goals for people would be identified and implemented through a reviewing process involving people.
- Support had not focused on people's quality of life outcomes and people's outcomes were not regularly monitored and adapted as a person went through their life.
- Staff had not made reasonable adjustments to ensure better health equality and outcomes for people. Some people required support with sensory sensitivities, and they were not always supported in a way which was comfortable to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had their interests recorded on interest summary sheets, with input from an occupational therapist. However, people had not been supported to participate in their chosen social and leisure interests on a regular basis.
- People's activities were being recorded by staff daily, but they contained mostly activities of daily living. For example, one person had five entries for one day but these consisted of making a cup of tea, laundry, personal care, taking the bins out and listening to music.
- The same person had an assessment that outlined the importance of sensory activities but these were lacking in the activities charts. The person had told staff in one meeting that they wanted to go out more but there was no evidence of this happening.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was mixed availability for people to have accessible information available to them. One person had

visual charts displayed to assist them in understanding food choices, dates and activities. However, other people did not have any visual communication aids.

- Some information was available to people in picture format, such as versions of positive behaviour care plans. However, things like safeguarding posters had not been made available in accessible formats. We spoke with the manager about this and they located easy read versions of important policies such as understanding abuse and mental capacity. The manager told us they had included this to be monitored in monthly audits to ensure it was displayed.

The provider failed to ensure peoples individual needs had been assessed, promoted and supported. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. The provider had ensured that learning from an inspection of a service based on the same site had been shared with St James House, and the manager was implementing changes in line with this.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us, "I would speak to [manager] if I wasn't happy."
- We reviewed one complaint and this had been dealt with and concluded in line with the providers policy.

End of life care and support

- Staff had been trained in end of life care. The provider had ensured people had access to end of life care plans that were in an easy read format.
- At the time of inspection, no one was in the receipt of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems had not been effective in identifying or putting right concerns identified at this inspection. We identified issues with general risks, cleanliness in some areas, upkeep of the property, management of some health needs, and a lack of personalised care.
- Audits that had highlighted issues had not resulted in timely action being taken. For example, an audit in February had identified that fire training had expired for a significant number of staff. This had not been put right by the time of our inspection despite an increased fire risk at the service.
- We spoke with the manager and an operations manager about why issues had not been identified. The operations manager, who was also new in their role, acknowledged that previous audits had not always identified areas for improvement.
- During our inspection we spoke to two staff members about how they access risk assessments on the electronic care planning system as we could not see them. Neither of the staff appeared to understand which documents we were requesting. We spoke with the manager who confirmed that the risk assessments were not visible on the electronic system due to an IT error. The manager was unable to say how long this had been an issue but they would ensure it was resolved.
- The provider had not invested sufficiently in the service, embracing change and delivering improvements. We have reported more fully in the Effective section of this report how there were areas of the property that were in need to redecoration, repair and cleaning.

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

- The provider had not ensured that the service was meeting the Right support, Right Care, Right Culture guidance, and there was not an established plan in place to show how this guidance would be met. The provider had failed to ensure that care and support was person-centred.
- Following our inspection, we were informed by partner agencies that a person had been moved from the service following an incident. The local authority had not been informed of the move out of borough. The person did not have capacity to make a decision and there was not a DoLS in place.
- The provider and senior staff were not always alert to the culture within the service. We identified issues with one person's bedding and were told people were expected to purchase this themselves. However, a residential care home should provide people with suitable bedding. We have reported on this in the Caring section of this report.

The provider had failed to continually assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in place and in control of day to day business at the time of our inspection. A new manager had recently been appointed by the provider and was starting to audit the service and put right issues found.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were being encouraged to take an active role in developing the service. The manager told us, "To empower staff we have champions in services who attend meetings at head office and give feedback on what's working or not and propose ideas they have, also at provider level. Staff are being supported to attend meetings by having bank cover their shifts."
- The manager had started to introduce new practices such as asking staff in team meetings for their thoughts on how to support people with distress.
- The manager had spoken with people when items had been noted for repair or replacement. People had been supported to choose replacement furniture or colours for redecorating their rooms.

Working in partnership with others

- We received mixed feedback about how the provider had been working with partner agencies. We have reported in this section how a person was moved out of borough at short notice without notifying the local authority.
- The provider had been working with the local authority to complete an action plan for improvements in the service.
- The provider was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had failed to ensure peoples individual needs had been assessed promoted and supported.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to manage known risk safely and to ensure the cleanliness of the building. The registered provider had failed to establish systems to assess, monitor and mitigate eating and choking risks to people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had failed to established systems to assess, monitor and implement cleaning and upkeep of the property.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to continually assess, monitor and improve the quality of the service.

