

Sequence Care Limited

St James House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

This service supported people with learning disabilities and/or autism and mental health needs. The service is registered to provide care for six people and had full occupancy at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People using the service told us that they were happy with the support that they were receiving. People said that they felt safe living at the service and liked the staff who worked with them. Risks to people from physical and mental health conditions were assessed and there were mitigations in place to protect people. There were some concerns relating to medicines documentation, however these were addressed at the time of the inspection and had not impacted on people receiving their medicines as prescribed.

The staff at the service were caring and provided people with emotional support where this was needed. There were enough staff to keep people safe, support people to participate in activities and access the community. Staff knew how to protect people's dignity and people had privacy when they wanted to be alone in their own room.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people were provided with opportunities to develop their skills, people were supported to participate in daily living activities, access the community and increase their independence.

Staff provided people with appropriate levels of support to shop and cook for themselves where possible. People were encouraged to exercise and had access to healthcare services where this was needed. People participated in a wide range of meaningful activities in line with their needs and preferences. 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.

There was information for people on how to complain if they chose to do so and complaints were investigated and acted upon. People told us that they felt listened too and involved in planning their own care. People had keyworkers who led on their support and gave people the opportunity to feedback on their support and any concerns.

People knew the registered manager and deputy managers well and spoke to them regularly. This meant that people were able to discuss concerns with the management team directly if they wanted to do so. There were house meetings for people where they could raise issues and they were invited to feedback through surveys.

The service continued to meet the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

At the last inspection (published on 11 November 2016) the service was rated Good.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

St James House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supported people with learning disabilities and/or autism and mental health needs.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

Due to CQC technical problems, the inspector did not receive the Provider Information Return before the inspection was commenced. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to five people who lived at the service about their experiences at the service. We also spoke with the registered manager, two deputy managers and three support workers.

We looked at three people's support plans and health support records. We viewed medicine management and records relating to the management of the service. We looked at the recruitment records of one new staff employed at the service.

We sought feedback from relevant health and social care professionals and commissioners from the local authority on their experience of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were stored and disposed of safely. People told us they were happy with the support they received with medicines and had received their medicines as prescribed.
- When some medicines had been administered the medicine record should have been to be signed by two members of staff, this had not been done consistently. However, since the inspection staff had undertaken further training to ensure that they were recording medicines correctly. The audit system had been updated to ensure that these records were checked regularly. An external audit of medicines was also completed which and a copy was sent to the inspector. This audit showed that the concerns we identified during the inspection had been addressed.
- There was information for staff on what people's medicines were for. Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.
- People had STOMP plans in place. STOMP stands for stopping over medication of people with a learning disability or autism with psychotropic medicines. Since moving the service some people had been supported to reduce their medicine. This meant that they were not taking medicines that were no longer necessary.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed. For example, one person had long term health condition and there was information for staff on how to support the person to remain well, how to identify concerns and that to do if concerns arose. People told us that they felt safe living at the service, one person said, "I go out with staff and they keep me safe."
- Where people needed support to manage their emotions to reduce the risk of an incident occurring there were positive behaviour support plans in place. These support plans contained information on what might cause the person to become upset and what staff could do to reduce the risk of an incident occurring. For example, staff had identified that one person became upset more often at certain times of the month. Measures had been put in place to support the person to feel less anxious at this time. Staff at the service monitored incidents and had seen a reduction in the number of occurrences as a result of changes to the persons support.
- Where forms of physical restraint had been assessed as being appropriate to use this was clearly documented in people's positive behaviours support plans. There was detailed guidance for staff on how to de-escalate incidents to avoid the use of restraint and under what circumstances physical restraint could be considered. There was also specific guidance about what type of restraint could be used for each person. High risk restraints such as holding people down on the floor was not used at the service. Restraint was not used regularly and was only used as a last resort.
- Staff had received appropriate training in the use of restraint which was recognised by British Institute of

Learning Disability (BILD). People were provided with extra support after any incident involving restraint. Staff attended de-briefing sessions to discuss and share any lessons learned.

- People continued to be protected from risks from the environment. Appropriate checks such as gas safety checks had been carried out and there were regular fire drills. There were restrictors on the windows to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. Where safeguarding concerns had been raised these had been appropriately reported, investigated and acted upon.
- Staff had talked to people about how to keep themselves safe from abuse, what abuse was and what to do if they were worried about anything.
- Staff knew how to identify concerns. Staff and the registered manager knew how to report concerns to the local authority. Where there had been concerns these had been reported, investigated and acted upon as appropriate. Staff knew how to blow the whistle if they had concerns about poor practice.

Staffing and recruitment

- There continued to be enough staff to support people. Regular agency workers provided cover when staff were off sick or on holiday. The registered manager was also able to provide support to people if this was needed and regularly worked alongside staff.
- Staffing was arranged flexibly, and we observed that people were provided with one to one or two to one support where this was needed. For example, when people accessed the community.
- Staff continued to be recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

- Staff supported people to keep their own flats and communal areas clean. We observed that the service was clean and free from odour.
- Staff used appropriate equipment such as gloves and bags to use when clothing or bedding were soiled. Staff had undertaken training in infection control and food hygiene to enable them to support people safely.
- An infection control audit was completed in April 2019. Where actions were needed an action plan was put in place and actions were undertaken in a timely manner. For example, where a bathroom required deep cleaning.

Learning lessons when things go wrong

- Lessons continued to be learned when things went wrong. Incidents were reported and investigated and where action was needed this had been taken. For example, where staff had identified new early warning signs that an incident may occur this was added to the person's support plan. This meant that other staff had the information they needed to reduce the risk of an incident re-occurring.
- Trends had been analysed and findings from this analysis had been used to plan and amend people's support.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been appropriately assessed. Assessments included what support people needed with communication, accessing the community, emotional behaviour, nutrition and hydration, and personal care needs.
- Assessments were used to plan people's care and support. This included making sure that support was planned for people's diversity needs such as their religion, culture and expressing their sexuality.
- One new person had moved to the service since the last inspection as an emergency placement. Due to the circumstances surrounding the move staff had limited access to the person's previous support records. Staff had received support from the service the person moved from. This was to help reduce the person's anxiety about the move and to share knowledge about their support needs.

Staff from the person's previous placement came and worked alongside the service staff to support the person through the transition and share their knowledge about the person's support needs.

Staff support: induction, training, skills and experience

- Staff continued to have the training and skills they needed to support people with learning disabilities and mental health needs. Staff training included, mental health, positive behaviour support and the safe use of physical restraint. Where appropriate there were focused workshops for staff and relatives met to discuss the support provided to people and shared knowledge and learning. Staff also continued to complete training in areas such as safeguarding adults, health and safety, mental capacity and fire safety and prevention.
- Training was a mixture of face to face sessions and online learning, staff were positive about the training provided. New staff continued to complete an appropriate induction and undertook a period of shadowing more experienced staff before working alone. Staff said they felt that the induction prepared them well for the role.
- The registered manager regularly worked alongside staff and was able to check staff performance and that they were following policies and procedures. Staff had regular supervisions and there was a system of annual appraisals in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink safely and to maintain their wellbeing.
- People did their own shopping for food with staff support and choose their own meals. People had their own kitchens and some people told us that they were able to make some meals independently. Where people needed staff support to make meals said this was provided.
- People told us that they made their own decisions about what they ate and drank and whether they cooked at home or ate meals out. However, they also said that staff encouraged them to eat healthily and

one person had been supported to lose weight.

- One person needed support to manage their fluid intake due to a health condition. There was information about this for staff in the person's support plan. This included how much fluid the person could drink each day. Staff were aware of this guidance and knew how to support the person to remain safe. For example, the person was supported to use a measuring jug to measure their drinks. Staff encouraged the person to drink the recommended amount and there was information for staff on what to do if the person made the choice to drink more than they should.

Supporting people to live healthier lives, access healthcare services and support

- People told us they continued to have access to services to help them remain well and staff supported them to access healthcare when they needed. One person said, "If I feel unwell staff ask me questions, and if they need to, they take me to the doctors". People were also supported to access regular health screening sessions such as annual medicine reviews.
- People continued to have health action plans in place, these included information on people's health appointments and the outcomes of these appointments. This meant that staff could support people to manage their health.
- Staff encouraged people to be active to maintain their health and wellbeing. For example, there were joint exercise sessions for people and staff. People told us that they enjoyed these sessions. Staff said that joining in encouraged people to participate. People also told us that they were supported to access other physical activities such as swimming, the gym and walking. One person said, "I like to walk in the park and staff take me walking. I like the staff, they're nice to me."
- Where people needed to access a mental health service at times of crisis staff had supported them to do so. During times of crisis people have been provided with extra support. For example, one person's support had been increased from one staff to two staff for a temporary period until they were well again.

Staff working with other agencies to provide consistent, effective, timely care

- People had information to take with them if they needed to go in to hospital. This included information for hospital staff on how to support a person should they need to stay in hospital. For example, what to do if the person felt anxious and how to support the person to communicate.
- Staff worked with health care professionals where this was needed. For example, staff were working with the speech and language team to improve one person's communication by introducing new tools to help them communicate.

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

- People had their own flats with access to cooking facilities and en-suite bathrooms. People's flats were personalised with their own decorations to suit their taste. There was also a communal kitchen and lounge if people wanted to use these.
- There was a large courtyard which was shared with another of the providers services and an accessible garden. The service was based in a town centre. This meant that people had good access to shops, cafés and pubs which they used on a regular basis.

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 with appropriate legal authority.

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 found that they were.
- Where people needed one to one support to access the community but were not subject to DoLS they had consented to this support and told us they were happy with this arrangement.
- Staff were aware that people had the right to make unwise choices and supported people in their decisions. For example, staff understood that one person had the right to choose to ignore medical advice. Staff encouraged the person to follow the advice. However, there were plans in place to support the person to remain safe if they decided not to.
- Some people had variable capacity meaning that they were able to make some decisions for themselves but not others. Where people had undertaken a capacity assessment which had determined that they were able to make a decision for themselves this was documented in the person's support plan. Where people were unable to make decisions for themselves, such as consenting to their support, these decisions had been made in the person's best interests and recorded in line with the MCA.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they were happy living at the service. One person said, "I love it here, the staff are really good, and they look after me really well." Staff treated people with kindness. For example, we observed staff supported one person to remove the labels from their clothing as this made the person feel more comfortable.
- We observed that people were happy in the company of staff. People enjoyed talking to staff and chatted to them about the events of their day. Staff called people by their preferred names and spoke to people in a polite and friendly manner.
- Staff had considered and respected people's diversity needs. For example, people were supported to maintain their relationships with partners and actively participate in their religion.

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

- People told us that they continued to be involved in planning their own support and that they felt that staff listened to their views. One person said, "They listen to what I have to say, I'm happy here. If I don't like something they listen, and they change it."
- Staff understood when people needed support to express themselves. For example, one person needed time to respond to questions. We observed that staff listened to the person patiently and gave them the time they needed to answer for themselves.
- People had access to advocates where they needed this support. Advocates are independent workers who support people to express themselves and make their voice heard.
- Where people needed support to express their emotions there was information in people's support plans for staff on this, such as how a person expressed that they were upset or unhappy.
- People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers discussed with people what aspects of their support they were happy with and if they had any concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and we observed staff do so. For example, by asking people if the inspector could visit them in their flat before inviting us in and knocking on people's doors. People also had keys to their flats so that they could lock them when they were out. People's records were stored securely so that they could not be accessed by others who did not have the authority to view people's person details.
- One person could become anxious in public and displayed behaviours which could affect their dignity. Staff were aware of this and had put measures in place to reduce the risk. We observed staff putting these measures in to practice.

- People told us that they were supported to be independent. For example, one person told us that they assisted staff in the office and that they enjoyed this. People were also encouraged to develop their skills such as improving their writing and use of public transport.
- People said that staff supported them engage in aspects of daily living where possible undertaking tasks such as cooking, cleaning and washing with staff support.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There continued to be information on people's needs preferences and goals in their support plans. Goals were broken down in to manageable steps to support people to work towards these. For example, one person's goal was to have a voluntary job and there was a plan in place to support them to achieve this.
- People were being supported to improve their communication skills through speech and language sessions and use new tools such as talking matts. Staff also used picture cards and objects of reference to support people to express their needs and preferences.
- Support plans were focused on individuals needs and included information on any support people wanted with their equality and diversity needs, such as support to maintain religion, culture or sexuality.
- People discussed and planned their activities with their keyworker. Activities were planned in line with people's needs and interests. People told us that they enjoyed the activities they participated in which included shopping, swimming, sports, exercise classes and going to the gym and accessing the local community such as walking in the park and karaoke in the local pub. People participated in meaningful activities such as developing their skills and leaning, for example, through courses at a day centre.
- Some people needed encouragement to participate in activities and staff provided this. For example, one person's activities were planned for later in the day as this was the person's preference. Staff told us that this meant that they were more likely to choose to participate in the activity.
- Some people preferred to follow routines and have activities planned. Staff were aware of this and understood the importance of supporting the person to follow the plan so that they did not feel anxious. For example, one person was supported to write out their plan for the week and staff helped them to follow it.
- Where people had external restrictions in place which impacted on their choices, such as those under the mental health act, staff provided people with appropriate levels of support to understand and comply with these. People had been supported to have external restrictions removed when they were no longer appropriate.
- People told us that they were supported to maintain relationships including relationships with partners.
- The service identified people's information and communication needs by assessing and documenting them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information shared with people was provided in easy read format including support plans and information used to discuss their care and support.

Improving care quality in response to complaints or concerns

- There continued to be an easy read complaints policy in place. Where complaints had been raised these had been investigated and acted upon including verbal complaints and those made anonymously, this meant that the complaints system was accessible to people who did not want to identify themselves.

- People were also asked their views about the service and if they were unhappy with anything when they met with their keyworker.

End of life care and support

- The service was not supporting anyone at the end of their life. However, end of life care and support had been discussed with some people and their relatives. Where people had said that they were not ready to have this conversation, their wishes were respected.
- Where people and their relatives were happy to discuss their preferences there were end of life support plans in place. These included information on how people wanted to be supported at the end of their life and what they wanted to happen to them and their possessions after their death.
- Where people had experienced bereavement, they had been supported appropriately and referred for support from health and social care professionals where this was needed.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had a clear vision for the service which they shared with staff. This vision was based around providing personalised support to people.
- There continued to be an open culture within the service. Staff told us that the registered manager and the deputy managers were approachable, and they could raise concerns if they had these. Where information needed to be shared with relatives we saw evidence that it was.
- Staff continued to have supervision meetings with their line manager to discuss their practice and to share any issues. The registered manager regularly worked alongside staff and this gave them the opportunity to ensure that staff were following people's support plans. Staff competency was also assessed to make sure that they were following safe practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Learning from incidents and other events were shared with staff and staff knew about events at the service and the outcomes from these. For example, people's positive behaviour support plan had been updated following incidents and staff were aware of these changes. There was a positive behaviour support coordinator at the service who supported staff to develop these plans with people.
- Where staff had raised concerns with the registered manager these were recorded and investigated, and action was taken where this was needed.
- There was a registered manager in place. The registered manager was aware of their responsibility to inform CQC about certain events such as safeguarding concerns and serious injuries. Notifications had been received in a timely manner when they needed to be.
- It is a requirement for services to display their CQC rating on their website and at the service. The rating was appropriately displayed.

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

- There continued to be regular house meetings for people who used the service, during these meetings people raised any concerns that they had about the service. People were also supported by their keyworker to raise any issues. People were supported to complete an annual survey about the service and their support. People were positive about the service and the support they received and had not expressed any concerns about their care.

- People were comfortable approaching the registered manager and regularly went in to the office to speak to them throughout the day. The registered manager knew people well and people were relaxed in their company.
- There were also surveys for relatives and health and social care professionals and the feedback had been positive. Staff told us that they were able to share their views and that the registered manager listened to them.

Continuous learning and improving care

- Regular audits were completed of all areas of the service, including medicines, support plans and the environment. The audit of medicines had not identified the concerns we identified on inspection. However, since the inspection the registered manager had amended the audit to ensure that future concerns were identified. Where concerns were identified these were addressed. For example, the audit of health and safety had identified that the courtyard gate needed to be repaired, and this was in progress at the time of the inspection.
- The registered manager attended events such as local forums and training to ensure that they were up to date with best practice and to share learning. They were able to demonstrate that they had used this learning to improve people's care. For example, by increasing their knowledge about other services which could provide people with support.

Working in partnership with others

- The registered manager worked with external agencies to make sure that people received the right support such as mental health services and GP's. For example, staff had recently begin working with the local police. The police had been invited to a meeting to talk to people about the role of the police and how people could keep themselves safe.
- The provider had in-house specialist support staff such as trainers who worked with the service staff on positive behaviour support and managing emotional behaviours.