

Liaise (London) Limited

St James Mews

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St James Mews is a care home providing personal care and accommodation for up to nine people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were nine people using the service. The service is separated into two separate living parts, Mews 1 and Mews 2. The service was situated behind a secured gate on the same site as another service registered with the same provider.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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 did support this practice. The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

The model of the service did not follow the RSRCRC guidance. However, the provider had a plan in place as to how they are going to mitigate the effects to people in the service and how they were going to remodel the service. The provider had made improvements since the last inspection. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests, for example, one person loved horses and staff supported them to go horse riding regularly. Staff supported people to achieve their aspirations and goals, for example, monthly key worker reviews detailed what aspirations people had and then this was reflected in the following review as a completed action. The provider had made improvements regarding the environment to ensure people were supported in a clean and safe environment. The provider told us they were also continuing to improve other areas of the environment.

Right Care

People's daily notes were not always being completed and reflective of the care and support people were receiving. The home manager had already identified this as an area that needed improving. However, people received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Relatives gave positive feedback about the staff and the support they give. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The provider had worked hard to ensure people were able to communicate in their preferred way, staff and the

provider told us people were less frustrated now they were able to express their choices in a way that suited them.

Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People and those important to them, including advocates, were involved in planning their care. Relatives told us they were always informed if there were any incidents, accidents or if their relative was unwell. The provider had worked to ensure risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 29 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 05 May 2022 and rated the service inadequate. Breaches of legal requirements were found. We imposed a condition on the providers registration for this service which required them to send us updates on the action they were taking to address the issues. The provider was complying with this condition. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St James Mews on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St James Mews

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

The inspection was carried out by two inspectors and a specialist advisor who looked at medicines.

Service and service type

St James Mews 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 Mews 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was a home manager who planned to submit an application to register as manager for this service.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to one person who lived at the service. Not everyone using the service was able to speak with us about their experiences. We observed staff interactions with people and observed care and support in communal areas. We spoke to one relative about their experience of the care provided. We reviewed feedback from relatives and people that had been gathered by the service. We spoke with seven members of staff including the quality improvement manager, home manager, deputy manager and care support staff. We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection the provider had failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. This was a Breach of Regulation 12 (safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this regulation.

- At the last inspection we identified concerns regarding the environment and managing people's specific health risks, including epilepsy, diabetes, choking and constipation. At this inspection improvement has been made however, further improvement was needed regarding the management of constipation and diabetes risks.
- People who were at risk of being constipated had a protocol in place to manage this with medicines. However, this required people's bowel movements to be recorded accurately and consistently and this was not always happening. For example, one person's constipation plan detailed they needed their 'as required' medicines followings two days of not opening their bowels. The person's bowel chart was not consistently completed, and we could not be assured they would receive their medicines when required. Although people's records were not always up to date there had been no impact to people becoming unwell with constipation.
- There was not always guidance in place for staff to follow when supporting people who lived with diabetes. For example, one person who was diabetic did not have any details in their care and support plan regarding the testing of their blood sugar levels, when or how often they needed this done. However, following inspection the home manager informed us that this person no longer needed their blood sugar levels checked.
- Detailed guidance was not always in place to inform staff how to support people who refused care. One person's care plan outlined they may refuse to take their medicines, but their personal behaviour support guidance did provide staff with guidance about how to manage this.
- The provider had good systems in place regarding fire safety. The service had a recent fire inspection from the local fire brigade which did not highlight any concerns. Staff were involved in fire drills that were carried out at different times of the day. Fire evacuation records and PEEPs (personal emergency evacuation procedures) were in place to ensure people could be escorted out of the building safely, taking into account their support needs.

Using medicines safely

At the last inspection the provider failed to ensure medicines were being administered and stored correctly

and failed to ensure protocols were in place for 'as required' medicine. This was a Breach of Regulation 12 (safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- At the last inspection we identified concerns relation to the management of 'as required' medicines and people's epilepsy medication. At this inspection, the provider had made improvements in both areas.
- People were supported by staff who followed systems and processes to administer, store and record medicines safely. People who were prescribed 'as required' medicines had guidance in place for staff to follow. For example, people who were prescribed psychotropic 'as required' medicines had guidance for staff and behaviour support plans in place.
- 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-medicating of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with guidance. People's MAR (medication administration record) charts confirmed this.
- People who lived with epilepsy had the medication they needed in stock and stored appropriately. This included people who required emergency rescue medicines to help with their seizures.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider failed to protect people from abuse and improper treatment. This is a Breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At the last inspection people told us they did not always feel safe and safeguarding referrals to the local authority did not always contain accurate information. At this inspection the provider had improved the concerns we identified around safeguarding.
- People were kept safe from harm because staff knew them well and understood how to protect them from abuse. One staff member told us, "If I suspect abuse, I will raise it with the service manager or senior staff."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Relevant incidents were referred through the correct processes to CQC and local authority safeguarding teams.
- Relatives told us they felt their loved ones were safe. One relative told us, "Even though (relative) can't talk, I can tell by (persons) behaviours and mannerisms that they feel safe."

Staffing and recruitment

At the last inspection the provider failed to deploy suitably qualified, competent, skilled and experienced staff. This was a Breach of Regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At the last inspection we identified concerns relating to staff knowledge and agency staff suitability. At this inspection the provider had made improvements in these areas.
- The provider was not always able to deploy their assessed number of their own staff in the service to

support people. Where they could, agency staff were used to fill in any gaps in the rota. On occasion this was not always possible, and the deputy manager and home manager would step in to support staff on the floor. When agency staff were used, they tried as far as possible, to request the same agency staff for continuity for people.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. We reviewed an agency induction folder which included a profile for each agency staff member. This included what training they had completed.
- The provider carried out safe recruitment checks, such as a DBS to ensure staff were safe to work within the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

At the last inspection the provider had failed to ensure staff were complying with current COVID-19 guidance. This was a Breach of Regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - 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 responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - 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 provider ensured that visitors were symptom free to mitigate the risk of transmission to people living in the service.

Learning lessons when things go wrong

- The service managed incidents effecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection people's needs had not been sufficiently assessed prior to admission to the service and people's care plans were not consistent with the level of detail. This placed people at risk of harm. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- At the last inspection care plans were not reviewed regularly or personalised, pre-admission assessments did not contain all relevant information and behaviour support plans were not detailed. At this inspection, improvements had been made, however there were still areas that required improvement.
- People's care plans contained more personalised information. However, we found one person's care plan didn't give enough guidance to staff around a person safety and wellbeing when they left the service independently. The care plan didn't detail when staff should contact other agencies to ensure the persons safety and wellbeing.
- The service had not admitted anyone to the service since the last inspection and this was intentional on the part of the provider to ensure improvements were being made first. However, one person had moved into the home on a temporary basis. The service had ensured the person's support needs were shared with staff and a detailed care plan and behaviour support plan in place.
- People were supported to communicate using their preferred method. The staff had improved their engagement with people using methods preferred by each individual. For example, one person's communication passport detailed they used PEC's (picture exchange communication system) and social stories. One staff member told us, "(person) is much happier as we are able to communicate more in the way they want."

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff had the skills and knowledge to deliver effective care and support. This was a Breach of Regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this

regulation.

- At the last inspection we identified concerns relating to staff not having up to date, relevant and good quality training. At this inspection we found improvements to staff training.
- Checks of staff competence in delivering good quality care and support were carried out. However, medicines competency checks were not carried out by a staff member who was qualified to do so. This was an area for improvement.
- Staff had completed training that was relevant to their role. For example, staff had completed PROACT-SCRIP training which was identified as a need in people's behaviour support plans. Staff had also completed dysphagia and epilepsy rescue medicine training. Where there were gaps in people's training, the home manager was aware of this and had booked staff members onto training.
- Staff were completing The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the provider failed to assess people's capacity to make decisions and ensure any decisions made on their behalf were made in their best interests. This placed people at risk of harm. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At the last inspection we identified concerns relating to the kitchen being locked and not freely accessible to people. At this inspection these concerns had been addressed and people were able to access the kitchen when they wanted.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff told us they supported people to make their own choices around everyday tasks. One staff member told us, "(person) has a ring of cards to help them communicate and show us what they need or want."
- The service ensured the appropriate authorisations were requested where people were deprived of their liberty.

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

- People received support to eat and drink enough to maintain a balanced diet. Guidance was available to staff for people who needed their meals modified. For example, guidance was displayed in the kitchen which detailed who needed modified meals. Staff were able to tell us how they supported each person and if they had a modified diet.
- Staff completed food hygiene training and ensured food temperatures were taken and recorded. Colour coded chopping boards were also available for staff and people with clear posters to identify what foods should be used on which colour board. This ensured the safety of the food they were supporting people to cook.
- People's individual preferences for food were taken into consideration. People had individual shelves with their food of their choice in the kitchen cupboards.

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

- The provider had improved the environment by making repairs where they were needed and redecorated communal areas. The home looked clean and homely and there was a clean space for people to prepare and cook their meals with staff.
- People were able to personalise their rooms with items that they liked. One person really liked horses and their room had many items relating to horses and horse riding. One relative told us, "(person's) room has been done out lovely."
- The service had an improvement plan in place for the building and had already actioned some areas identified. The service had ensured that a run-down building within the grounds was no longer in use and made safe.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to seek healthcare advice and primary care services when needed.
- People were supported to maintain good oral health hygiene. People's care plans outlined how they needed individual support for brushing their teeth. For example, one person's care highlighted they needed support to visit the dentist and needed to brush their teeth for two minutes. This was in a picture format for the person to help aid communication.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At the last inspection the provider failed to monitor and mitigate the quality of the service and to individual people using the service. This was a Breach of Regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At the last inspection, we identified concerns relating to risk management, training, staff deployment, record keeping and people's dignity. At this inspection improvements had been made. However, there were areas that needed continuing improvement.
- Record keeping for daily activities, health needs and cleaning were not always up to date or being completed by staff. Daily cleaning schedules were not always being completed; however, the service was clean and tidy. The home manager was aware there was issues with staff recording and was addressing this issue.
- People's daily notes were not consistently recorded with the same level of detail and information. The home manager was aware that work was needed around recording daily notes and ensuring they are effective and accurate. They told us this work was ongoing with the staff.
- The provider had a system in place to review and analyse incidents. Medicine audits were carried out and identified any shortfalls. These shortfalls were then addressed with the staffing team and lessons learned were shared for continuing of learning and improvement.
- The home manager ensured that safeguarding incidents were recorded and reported using the correct process and system. A recent incident was discussed with staff in a team meeting to ensure everyone was aware and understood the importance of reporting accurately to ensure people received the most appropriate support.
- At the last inspection we imposed a condition on the providers registration. The provider was complying with this by sending monthly updates to show the improvements being made.

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

At the last inspection the provider had failed to evaluate and improve their practice 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of the regulation.

- At the last inspection the provider had failed to instil a positive culture and ensured care and people's care and support plans were person centred. At this inspection improvements had been made in these areas.
- The provider had worked hard to ensure people's care plans were person centred and reflected each person's individual support needs. Although this work was ongoing, most care plans contained information such as likes, dislikes, hobbies and goals and aspirations.
- Staff told us they felt more valued and that the provider had worked hard to ensure management were visible in the service. Senior management team carried out quarterly night audits to address any concerns raised by the night staff. Where concerns were identified during the audits a plan was put into place to address the concerns.
- Staff told us they felt like they can raise concerns or suggestion with the home manager and other senior leaders. These were discussed on a 1-1 level or in team meetings whichever was appropriate.

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 provider made improvements in ensuring the duty of candour was upheld. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- Relatives told us that they were informed if there were incidents or accidents involving their loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had made improvements to ensure staff, relatives and people were fully engaged and involved in the service. The staff had worked hard to ensure people were supported to be involved in the service. Monthly key worker reviews were being held with people where they could discuss things such as activities, food, how they are feeling and if they are happy.
- The provider sought feedback from relatives in the form of questionnaires. The provider acknowledged the number of responses was lower than they would like and this was an area they were continuing to improve. The surveys were multiple choice answers and responses outlined relatives were happy with the care the service provided and the staff were kind and respectful.
- The provider has worked hard to improve their relationship with other professionals. The home manager explained how they have engaged with safeguarding in a positive way if they have raised any concerns.
- The provider had ensured that people's individual equality characteristics are considered. Care plans highlighted people were asked if they wanted to discuss their sexuality and if they needed any support regarding this topic.
- The provider had a plan in place to ensure they were meeting the Right support, Right care, Right culture guidance to ensure people receive person centred care. The plan included areas they were addressing moving forward, including the size and model of the service.
- Staff told us they had supervisions where the home manager was supportive with their role. The home manager also held team meetings where staff were expected to attend. This allowed staff to raise concerns and talk and share learning.

