

Sequence Care Limited

Oakdene House

Inspection report

31a Oakdene Avenue
Erith
Kent
DA8 1EJ

Tel: 01322600513
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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 March 2016 and was unannounced.

Oakdene House provides care and support for up to six people with learning disabilities, autistic spectrum disorder, mental health needs or sensory impairment. There were three people using the service at the time of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a breach of regulations because people's medicines were not safely managed. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

We found further breaches of regulations because staff were not always up to date with training in areas considered mandatory by the provider, and had not always received regular supervision in line with the provider's policy. We also found that quality assurance systems used within the service did not always identify areas of risk to people's health and safety. You can see the action we have asked the provider to take in respect of these breaches at the back of the full version of the report.

Risks to people had been assessed and plans implemented to manage risks safely. There were sufficient staff deployed within the service to meet people's needs and the provider undertook appropriate recruitment checks on staff before they started work. People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

People were supported to maintain a healthy diet and had access to a range of healthcare professionals when required. The service worked within the requirements of the Mental Capacity Act 2005 (MCA) and people were only deprived of their liberty where lawful authorisation had been sought under the Deprivation of Liberty Safeguards (DoLS).

People were treated with kindness and consideration and their privacy was respected and maintained by staff. They were supported to make day to day decisions about their care and treatment and encouraged to maintain their independence where possible. The provider had a complaints procedure in place and people and relatives told us they knew who they would speak to if they had any concerns.

People's relatives spoke positively about the leadership of the service. Staff told us that the management team was available to them when needed and offered them support and encouragement in their roles. Improvements had been made to the service in response to feedback.

People had care plans in place which were person centred and reflective of their views and preferences.

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.

Accurate records relating the administration of people's medicines were not always maintained. People did not always receive their medicines at the times prescribed.

Risks to people had been assessed and reviewed to ensure people's current needs were safely met.

There were sufficient staff deployed within the service to meet people's needs and the provider undertook appropriate recruitment checks on staff before they started work at the service.

People were protected from the risk of abuse because staff were aware of the potential types of abuse and the action they would take if they suspected that abuse had occurred.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff were not always up to date with training in areas considered mandatory by the provider, and did not always receive regular supervision in line with the provider's supervision policy.

People told us they enjoyed the food on offer at the service. They were involved in planning the menu and staff supported them to maintain a healthy diet.

Staff were aware of the importance of gaining consent from people when offering them support. Where people lacked capacity to make decisions about their care or treatment staff worked within the requirements of the Mental Capacity Act 2005 (MCA), although some improvement was required to the way in which decisions made in people's best interests were recorded.

People were lawfully deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement 

People had access to a range of healthcare professionals when needed to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and staff worked to ensure their privacy was respected.

People were treated with kindness and compassion by staff who were familiar with their needs.

People were involved in day to day decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and reflective of their individual needs and preferences.

People told us they enjoyed the activities on offer within the service.

People knew who they would talk to if they had a concern. The provider had a complaints procedure in place which provided clear guidance on how to raise any concerns and this had been followed by staff when addressing any complaints received.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had quality assurance systems in place but these were not always effective in identifying issues and reducing risks to people. Action had been taken to address issues where they had been identified.

Staff and relatives spoke positively about the leadership and culture within the service.

People's views about the service were sought and used to drive improvements. The provider held internal meetings for staff to keep them informed and update to date in respect of people's needs and the running of the service.

Oakdene House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March 2016 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also sought feedback from a local authority responsible for commissioning services at the location and used this information to help inform our planning.

We spent time observing the care and support being delivered, spoke to two people receiving services, two relatives, four staff, the registered manager and two health and social care professionals who had involvement in the care and treatment of people at the service. We also looked at records including the care records of the three people using the service, four staff member's recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt happy living at the service and their relatives told us they felt staff supported them safely. One person told us, "I like all of them," when asked if he had preferences in the staff who supported him. A relative said, "I do think [their loved one] is safe there." However, despite the positive comments we received from people and relatives, we found that there were risks to people in the way medicines were managed at the service.

Records relating to the administration of medicines had not always been accurately maintained, placing people at risk of misadministration. Staff told us that they had administered a dose of an 'as required' medicine to one person on the morning of our inspection due to their high levels of anxiety. However, on reviewing the person's Medicine Administration Record (MAR) during the afternoon, we found that it had not been updated to confirm the dose had been administered. This placed the person at risk of receiving a further dose of the medicine before it was safe to do so because their MAR was not an accurate reflection of the medicines they had received.

We were unable to determine whether this was an isolated incident when cross referencing the remaining tablets with the person's MAR because staff had not made a record of the quantity in stock at the start of the medicine cycle. We were also unable to determine whether the person had consistently received the correct dose of a second medicine because staff had not always signed their MAR in the correct places to confirm the full dose had been administered, and records of the number of tablets received did not tally with the remaining number of tablets.

People did not always receive their medicines at the prescribed times. On the day of our inspection we found that one person had not received their midday dose of one medicine at that time because they were out on an activity and staff had not made arrangements to take the medicine with them. We talked to the service manager and registered manager about this and they contacted the clinician responsible for prescribing the medicine who confirmed that it would be safe for the person to take in when they returned to the service at 14:00.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

The service had procedures in place to protect people from the risk of abuse. Staff we spoke with were aware of the potential types of abuse that could occur and how to report any concerns they had in line with the provider's safeguarding adults policy and procedure. Senior staff knew the correct action to take in response to any concerns raised by staff and we saw that a notification had recently been made to CQC and the local safeguarding team following an incident involving people at the service. Senior staff had followed the correct procedure in reporting the concern, although the local safeguarding team had subsequently decided that the incident did not meet the threshold for a safeguarding investigation. Staff were also aware

of the provider's whistle blowing procedure and how to escalate any concerns they had to external parties if they felt they needed to, although they told us they had confidence that the management team would deal with any concerns they had appropriately.

There were safe recruitment practices in place to ensure only suitable candidates were employed to support people at the service. Staff files contained copies of their application forms which included details of their qualifications and work history. Each file also contained proof of the applicant's identification, criminal records checks, references and proof of their right to work in the United Kingdom. The registered manager explained that new applicants were assessed at the point of application and then underwent a telephone interview conducted by staff at the provider's head office. Any applicants who were successful at that stage would then be invited to attend an interview at the service to determine their suitability for the role.

People were unable to comment on whether there were enough staff available to support them when needed, but one relative we spoke with told us, "There have always been enough staff around when I've visited." We also contacted a healthcare professional who visited the service and they confirmed that they felt the staffing levels were sufficient to meet people's needs. The registered manager told us that staffing levels had been calculated based on an assessment of people's needs and that the current staffing levels slightly exceeded the assessed requirement. We observed staff to be on hand and available to people during the time of our inspection but noted that the current staffing level would prevent two people who had high support needs whilst out in the community from going out at the same time. The registered manager explained that this issue was managed by ensuring activities were scheduled in a way which considered the staffing numbers, but where needed senior staff would be on hand to support people at the service if two people went out at the same time.

People's support plans included risk assessments which had been conducted by staff in areas including self-harm and self-neglect, physical violence, verbal abuse, road safety, choking and epilepsy. Assessments had been reviewed on a regular basis in line with the provider's policy and included information for staff on how to manage the level of risk in each identified area. Staff we spoke with were aware of the areas of risk to people, and could describe how they worked to ensure risks were mitigated. For example one staff member was aware of the specific risk areas to one person whilst being supported in the community and knew how they should be managed in line with the guidance in the person's support plan.

The management team told us that they felt one of the things the service did well was to allow some positive risk taking when supporting people to promote their well-being. For example, one person was supported to go out on an activity on the day of our inspection despite their high level of agitation because it was something they enjoyed and staff knew how to manage the person's behaviours safely.

There were arrangements in place to deal with emergencies in order to reduce the level of risk to people. Staff we spoke with were aware of the action to take in the event of a medical emergency or a fire and we saw people had Personal Emergency Evacuation Plans (PEEPs) which provided guidance on how to evacuate people safely if needed. The service operated an on call service when a member of the management team was not on site so that staff were able to access support or advice promptly if required. Health and safety checks had been conducted on the environment and any equipment to ensure their safety and any concerns identified were reported so that action could be taken to reduce the level of risk to people. People's support planning also included missing person's profiles which contained information to be shared with emergency services in the event of a person going missing.

Is the service effective?

Our findings

People did not comment directly on whether they felt staff were competent in their roles but told us they were happy with the support provided. One relative said, "The staff know what they're doing," and told us they had no concerns about the support their loved one received. Staff we spoke with told us that they felt they had the skills necessary to meet people's needs. One staff member told us, "I've had all the training I need, including some specialised training. For example one person here has epilepsy and I was able to attend a training course about it." However despite the positive feedback from staff on the training they received we found that some staff were overdue training in areas considered mandatory by the provider.

The registered manager confirmed that mandatory training areas at the service included emergency first aid, safeguarding, training around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, and specialist training in the management of behaviours that require a response. Records showed that some staff were overdue training in some mandatory areas in line with the providers training policy. For example, five of the nine regular staff required training or refresher training in safeguarding, four were overdue training in managing behaviours that require a response and eight required training in Mental Health, Learning Disability and Dementia Awareness.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have told the provider to take at the back of this report.

Staff told us they had undergone an induction when starting work at the service to give them the skills to support people effectively. The induction included training, reviewing policies and procedures, and time spent shadowing more experienced colleagues. They told us they felt well supported throughout the process by staff and the management team. Staff also confirmed they received formal supervision which they found supportive, although this was not always happening frequently. The registered manager told us that the provider's policy was for staff to receive supervision every six to eight weeks, but staff responsible for undertaking supervision acknowledged that this target was not being met.

The provider did not have an up to date record of when staff supervision had taken place during the last year but we reviewed a sample of staff records which showed one staff member had only received one supervision in the previous four months, and another had only received two supervisions in the previous six months. A third staff member's file contained no records of supervision in the previous year although senior staff told us they had undertaken supervision with the staff member in question.

These issues were a further breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have told the provider to take at the back of this report. Despite these concerns staff told us that they felt well supported in their roles by the management team and that senior staff were available for them to talk to whenever they had an issue. The registered manager also told us that staff would receive an annual appraisal of their performance but we were unable to check on this at the time of our inspection as the service had not been open for a year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

Staff were aware of the importance of seeking consent from people when offering them support and recognised that people using the service were able to make many decisions about the how they were supported from themselves. One staff member told us, "We always try to respect people's wishes; we cannot force them to do anything they don't wish to." Staff also demonstrated an understanding of the requirements of the MCA and how it applied to the way in which they supported people.

All of the people using the service had DoLS authorisations in place and we saw most of the areas where people had been assessed as lacking capacity to make a decision were covered under their authorisation. However we also saw separate mental capacity assessments had been completed where people lacked capacity to make a decision in areas not covered by their DoLS authorisation, for example regarding the administration of their medicines. Whilst the assessments had been completed correctly, some improvement was required because records had not always been maintained of the way in which decisions had subsequently been made in people's 'best interests'.

Where conditions had been placed on people's DoLS authorisations we saw that these had been, or were in the process of being met by the service. For example one person's authorisation included a condition that sensory equipment be transferred from their previous placement and we saw that some smaller pieces of the equipment were already in place and that a work order had been submitted for the remaining items to be transferred and fitted as soon as possible.

People were supported to access a range of healthcare professionals such as a GP, Speech and Language Therapist (SALT), psychologist, district nurse and Occupational Therapist (OT). Staff confirmed that they supported people to attend appointments whenever needed. People had health action plans in place which provided information about all aspects of their health. We also saw that people had hospital passports in place which gave hospital staff background information about them and their conditions when they attended appointments.

We spoke to a visiting healthcare professional involved in supporting one person at the service. They told us, "Staff have always taken and acted upon the advice I've give them, and I have always been able to co-ordinate [the person's] care with the Multidisciplinary team effectively." We also spoke with a social care professional responsible for reviewing one person's care at the service and they commented that one person had needed a chiropody appointment when they had last visited. We spoke to senior staff about this and they confirmed that an appointment with the person's chiropodist had been requested but they were still waiting confirmation of the date. They agreed to follow this up but we were unable to confirm that they had done so during our inspection.

People's nutritional needs and preferences were met. Staff supported people to complete food preferences forms when planning for meals and we saw examples of people's preferences being catered for. Senior staff explained that they were careful to ensure people maintained a balanced diet which included fresh fruit and vegetables and we observed staff encouraging and supporting one person to eat fruit rather than a less healthy option when they indicated they were hungry between meals. People also told us they enjoyed the food on offer at the service with one person commenting positively about the breakfast they'd eaten on the day of our inspection.

We saw that professional advice had been sought where required from relevant healthcare professionals, for example a SALT, to ensure people received the correct nutritional support. Staff we spoke with were aware of any guidance that had been provided and could describe how they supported people's nutritional needs safely, for example by ensuring their posture was correct whilst eating.

Is the service caring?

Our findings

People did not comment directly on the way in which staff treated them but confirmed they liked the staff who supported them, and one person's relative told us, "The staff are caring and have always been very pleasant when I've visited." Another relative also said, "The staff are very attentive; I'm happy that [their loved one] has been placed there." We observed staff treating people with kindness and consideration during our inspection and noted that people often responded positively to the way in which staff engaged with them.

Staff demonstrated a good knowledge of the people they supported and were aware of their likes and dislikes, and their life histories were people had chosen to disclose them. They were also aware of people's preferences in their daily routines and how important these were to them, and we observed staff working accordingly, supporting people at specific times in line with their regular habits.

Staff worked to ensure people's privacy and dignity were promoted within the service. They could describe the actions they took when supporting people to ensure their privacy was respected, for example by closing curtains and doors when supporting them with personal care or ensuring they were given private time when they wished. We observed staff knocking on people's doors before entering their rooms and their interactions with people were respectful throughout our inspection. A healthcare professional who regularly visited the service also told us that in their view, "[Peoples] needs are well met in a respectful and dignified manner."

People were encouraged to maintain their independence in aspects of their daily living. Staff told us they encouraged people to be independent wherever possible, for example by making their own drinks or being involved in meal preparation. We also observed staff supporting one person to tidy their own room on the day of our inspection.

People were involved in making decisions about their day to day care and support as much as they wished to be. Staff we spoke with told us that they gave people choices when offering support and respected people's wishes, for example in the clothes they liked to wear each day or the activities they wanted to undertake. Staff also displayed a good understanding of how best to communicate with people and were aware of the importance of giving people time when making decisions about the support they received.

Is the service responsive?

Our findings

People and their relatives spoke positively about the activities on offer at the service. One person said, "I like going to the café for cups of tea." A relative told us, "I'm happy that [their loved one] is getting out more since moving in." Another relative said, "[Their loved one] has always enjoyed going bowling," and we noted that this activity had been arranged for the person on the day of our inspection.

Other activities on offer included visits to local shops, craft activities, listening to music and playing games. We spoke to a social care professional responsible for reviewing the care of one person using the service and they told us that whilst they felt there was room for activities to improve at the service, the management team had some good ideas in this area which they hoped would be rolled out in future. We spoke to senior staff about this and they confirmed they were looking at how a wider range of activities could be managed safely, although we were unable to check on their implementation at the time of our inspection.

People had individual support plans in place which had been developed based upon an assessment of their needs. These had been reviewed on a regular basis, in line with the provider's policy and included information for staff about the areas in which people required support, details of how that support should be provided, and feedback from the person requiring support indicating their views on the support they needed. We saw that plans had been developed to support people in areas including communication, nutrition and hydration, personal hygiene and participation in activities. Staff we spoke with were aware of the details of people's support planning and told us they provided support accordingly in order to meet people's individual needs.

People were supported to maintain relationships with the people that were important to them. The registered manager told us family members were always welcome to visit and this was confirmed by relatives we spoke with. One relative told us, "I visit regularly and know the staff." Relatives also told us that senior staff kept in regular contact to keep them informed about how their loved ones were doing.

People told us they would speak to staff if they had any concerns but did not comment on whether they had ever complained about the service they received. Relatives we spoke with told us they would speak to the management team if they had any concerns and that they were confident any issues they raised would be addressed. However, they told us they had not needed to complain and were happy with the service provided.

The provider had a complaints policy in place which was on display within the service. This provided information on how any complaints received would be investigated, including information about the timescales for response and how concerns could be escalated if the complainant remained dissatisfied. The management team maintained a complaints log which showed the small number of complaints received had been investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

People did not comment directly about the leadership at the service but their relatives told us they felt the service was well managed. One relative said, "The manager is in regular contact with me; I'm grateful for the support they provide." Another relative told us, "The manager is very good and has always been very open." Staff we spoke with also spoke positively about leadership within the service. One staff member told us, "The manager is always available to offer support when needed; I can talk to her at any time." Another staff member said, "The manager is very hands on and is very active in supporting the people here."

The provider had quality assurance systems in place but these were not always effective in identifying and addressing issues. A recent health and safety audit had failed to identify that the recorded temperatures of the kitchen fridge had regularly exceeded safe limits in line with the requirements of national regulations, despite this being an area covered within the audit. Senior staff confirmed that this had been an oversight and that they would turn up the fridge temperature and monitor more closely in future, although we were unable to check on this at the time of our inspection. We also found an external medicines audit that had been conducted a few days prior to our inspection had failed to identify the issues we found with the way in which people's medicines had been recorded.

Additionally, we found that there was no planning system in place prior to our inspection to inform the management team of when staff were due their next supervision session, and we identified the frequency at which staff received supervision as an area of concern. The registered manager started developing a supervision matrix during our inspection but we were unable to check that this helped drive improvements at that time. We also saw that the management team had identified the issues with staff training and the registered manager told us the provider had a system in place to address these needs. However, the training programme provided listed courses available to staff across multiple locations and did not specifically identify when staff at the service would receive their outstanding training. This meant we could not be assured that this would result in the necessary improvements.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have told the provider to take at the back of this report.

We saw that audits and checks had been carried out in areas including, infection control, internal audits of people's medicines and checks on the environment. Action had been taken to address identified issues. For example, we also saw that a range of environmental issues found at the service had recently been addressed including installing a door guard on a door to one person's room and a magnetic lock on a fire door. We also saw that more specific instructions had been implemented on one person's Medication Administration Record in response to findings from a recent internal medicines audit.

There was a registered manager in post at the time of our inspection. They explained that another member of the management team was currently in the process of applying to become the registered manager of the service because their role working for the provider meant they were not always on site. However, senior staff confirmed the registered manager visited the service regularly and was available to provide support when

required. Both the registered manager and the staff member applying to become the registered manager demonstrated a good understanding of the requirements of the role and their responsibilities with regards to the Health and Social Care Act 2008.

People's views on the service were sought on an informal basis to help drive improvements. The registered manager told us that garden furniture had been purchased for people in response to their feedback and staff had arranged for one person to have subscription television channels in their room at their request.

The provider held monthly management meetings to discuss the running of the service and senior staff told us that feedback from these meetings had led to improvements at the service. For example, they told us that changes had been made to the way in which maintenance work requests were submitted and undertaken as a result of feedback so that any identified issues were addressed more promptly.

The management team also held staff meetings to discuss the running of the service although senior staff said these weren't always well attended. However, they told us that because the staff team was small, it was easy to ensure information about the running of the service was communicated to everyone and staff we spoke with demonstrated a good knowledge of recent changes within the service, for example where people's medicines had recently been adjusted.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate training and supervision as necessary to enable them to carry out their duties.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.

The enforcement action we took:

We served a warning notice on the provider and registered manager.