

Sequence Care Limited

St James Mews

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

This comprehensive inspection took place on 12 December 2018 and was unannounced.

St James Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St James Mews is registered to provide accommodation and personal care support for up to nine people with a learning disability, physical disability, people who misuse drugs and alcohol, autistic spectrum disorder, sensory impairment, younger adults and mental health needs. The purpose built accommodation was situated within a gated mews and split into two parts. There was a five bedded male only house and a four bedded female only house. At the time of our inspection there were nine people living at the service.

At our last inspection on 24 April 2018, we rated the service Good. We re-inspected this service earlier than planned due to concerns that had been raised about people's safety. At this inspection we found the evidence continued to support the rating of Good.

Prior to this inspection there had been disruption to the service from people displaying behaviours that challenged the service, staff and other people. At this inspection we found that people continued to receive safe care. Risks associated with people's care and support were managed safely. People's care needs were fully assessed and people were involved in the day to day planning of their care and making choices about their lives and routines.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

People told us they felt safe and comfortable with the staff who supported them. There was a relaxed and friendly atmosphere around the home. People told us staff were kind and caring.

There were sufficient staff to provide safe and individual care to people. Staff were suitably trained and received regular supervisions and appraisals.

Medicines continued to be managed safely and people received their medicines as prescribed.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Risk assessments continued to be in place and they identified current risks to people as well as ways for staff to minimise or appropriately manage those risks.

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.

People told us they were provided with opportunities to follow their interests and hobbies and they were introduced to varied activities. People told us their privacy, dignity and confidentiality were maintained.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

The provider had a complaints procedure in place and people who used the service and their relative were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Where actions were identified as a result of these they were quickly addressed.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

St James Mews

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 12 December 2018 and was unannounced. The inspection visit was carried out by one 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. This inspection was in response to concerning information we had received about safeguarding incidents involving challenging behaviours that exposed people to potential harm. Due to these concerns, we brought the inspection date forward.

The provider had not been asked to complete a Provider Information Return. This is information we require providers to send us at least once annually 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. Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

People who lived at the service had complex needs. We spoke in depth to five people who used the service about their experiences. Other people did not engage verbally, however, we gathered information about the care received by observing how people responded to staff when care was delivered. We spoke with four staff members which included the registered manager.

We looked at three people's records to see how their care and treatment was planned and delivered. We reviewed four staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records relating to the running of the service including staff training records, quality assurance audits, complaints, accidents and incident records.

Is the service safe?

Our findings

We observed safe care during our inspection. One person said, "It is a good place to live."

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report concerns. The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. The service had safeguarding and whistleblowing policies and training on these had been provided to staff. Staff had access to the provider's safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse.

Prior to our inspection we received an allegation that an incident of potential harm had taken place. This incident had been reported to us and the allegation had been investigated in line with local safeguarding protocols. The registered manager confirmed that there was no evidence to support the alleged incident that caused an injury to a member of staff by a person living at the service.

People were safeguarded by appropriate monitoring and responses to incidents and accidents. The registered manager followed policies about dealing with incidents and accidents. Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, in order to reduce conflicts between people, staff were guided to remain calm, to use a clear voice to reassure people and to redirect people to a quieter area of the service. The management actions following incidents minimised risks across the service and meant that safe working practices were followed by staff.

Positive behaviour plans (PBS) were in place and provided instructions for staff to follow that detailed people's health needs, common triggers, ways to avoid triggers, signs of people becoming anxious and actions staff should take to support people keep safe. PBS is about ensuring people receive the right support at the right time and to improve the quality of their lives. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as from the mental health and learning disabilities team. This provided staff with specialist support to help people manage their behaviour. A health care professional said, "The registered manager and staff are very good at communicating with the team following any incidents that take place."

Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and competency checks were carried out. Staff had access to policies and procedures to guide their practice. The registered manager also undertook periodic audits, shortfalls were identified and suitable actions put in place. For example, we saw additional training and support were provided to staff where this was required. One person told us, "Staff give me my tablets everyday."

Staffing levels varied depending on the needs of the people who used the service. We found there were sufficient numbers of staff to keep people safe and support them in the local community. Staffing levels had recently been increased in order to meet the needs of one person. This included extra staff on duty at night. Agency staff covered any shortfall in staff numbers. One person said, "More than enough staff."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with people receiving care and support. Staff confirmed that checks had been carried out before they began to work with people.

Maintenance certificates were available to show the property was well maintained and equipment was serviced. Checks on environmental risks were comprehensive and included fire safety, gas safety, legionella, asbestos, water temperature and equipment checks. The registered manager confirmed that recent requirements in relation to fire safety had been completed.

There were appropriate emergency evacuation procedures in place and regular fire drills had been completed. One person told us, "Sometimes the fire alarm is tested. You have to go outside if there's a fire." People had Personal Emergency Evacuation Plans (PEEPs) in place. There was an emergency grab bag easily accessible to staff in case of an emergency. This contained a contingency plan, hospital passports, PEEPs, a business continuity plan, emergency contact details and up to date medicine administration charts (MARs) for people. This meant that appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

People were protected by the prevention and control of infection. The premises was well-kept and clean throughout without any unpleasant odours. Staff followed hand hygiene guidance and also encouraged people living in the home to wash their hands. There were paper towels and hand gels in bathrooms which minimised the risk of cross infection.

Is the service effective?

Our findings

People were cared for by staff who had the appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. One person said, "Yeah, they look after me."

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for training to understand people's care and support needs. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and form a set of minimum standards for new staff working in health and social care. New staff were also expected to work alongside more experienced staff during their induction period.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff told us they found these helpful and constructive.

People's needs were assessed before they started to use the service and continually evaluated in order to develop support plans. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, behaviours that challenge services, personal care, and communication. People were also screened for speech, language and communication difficulties as part of the assessment process.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with mental health and learning disabilities services, as well as GP and dentist. Records of these were kept in people's care files. Care plans included information about people's health needs, with details about the support that they required to maintain their health and wellbeing.

People were supported at mealtimes and with their dietary needs. Care records described what people could do for themselves and what they required staff support with. There were risk assessments in place for staff to follow where people were at risk when cooking or preparing food.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005.

The authorisation 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had a policy and procedure in relation to the MCA 2005 and DoLS. Staff had received training on this. Information about people's capacity to make decisions was recorded in their care files. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. The registered manager described how they would use the best interest process should there be a need to make significant decisions on behalf of a person who did not have capacity to do so for themselves.

People had access to advocacy services if and when they needed it. People could access advocacy services outside of the staff team if needed. One person said, "I have a social worker, advocate and mental health nurse." This protected people's rights.

People's individual needs were met by the adaptation, design and decoration of the premises. The service was set up in two separate buildings and accommodation was provided over two floors in each building. People had access to a shared kitchen and lounges with television, sofas, tables and chairs. People's bedrooms were personalised with their belongings and pictures. Each bedroom was equipped with a small kitchenette facility and an ensuite bathroom. People told us they really liked their bedrooms. Communal areas including the lounge and the kitchen were comfortable and homely. People had access to a secure outdoor courtyard and garden, where they took part in outdoor activities, such as basketball and cycling.

Is the service caring?

Our findings

People using the service indicated to us that the staff treated them with care, respect and kindness. One person said, "Yesterday staff looked out for me when I was feeling low. One member of staff was there for me the whole day, she sat with me the whole day." Another person said, "Staff are nice. I like being with different staff." People were comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the service throughout the inspection.

Staff actively engaged with people and interacted with them positively. Staff understood how to support people to make everyday choices. Staff gave people options and explained information in a way they could understand, people communicated with staff by showing them what they wanted. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner throughout the day.

There was a person-centred culture at the service. We observed people having fun with staff, laughing and entertaining interactions were taking place. People were respected, valued and treated as individuals. Staff on shift knew and understood each person's needs very well. Staff knew people's names and they spoke to them and about them in a caring and affectionate way. Staff understood the importance of respecting people's individual rights and choices. Staff showed interest in what people were doing. For example, by asking questions of people or making encouraging comments. Staff promoted people's interests by involving them in decision in the service. For example, people made choices about how their bedrooms were personalised.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Care records were personalised with pictures and had details on the level of support people required. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs was recorded in their care plans. Support was available should people want to attend places of worship. The care records also included information about people's sexuality and support provided to support them with safe expression of this.

People's privacy was respected. We saw staff knocked on a person's door and waited for permission before they went into their room. Staff said they made sure the doors or curtains were closed when supporting people with personal care. We saw staff talking to people discreetly and directed people to private areas where they could discuss their care and support without being overheard by others.

People were actively encouraged and supported to maintain and build relationships with their friends and family. The service also respected people's wishes if they did not want family involvement.

The provider had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely in the office and only accessible to those authorised to view them. The provider was aware of the recent changes to Data Protection Law with the new General Data Protection Regulation (GDPR). This new law regulates how organisations protect people's personal information. People's electronic records were kept securely and computer equipment was password protected.

Is the service responsive?

Our findings

People told us that they were happy living at the service. Staff demonstrated good understanding of people's likes and dislikes and their support needs. One staff member told us, "[Person] likes to have their meals at a certain time every day. We ensure we follow their care plan to avoid them becoming distressed." Staff told us they were given sufficient information on people's likes, dislikes and aspirations. This enabled them to provide personalised care. A staff member commented, "We work as a team and deliver the support and care in a personalised way."

People's needs were regularly assessed and reviewed. People were supported to contribute to their care planning, from the pre-assessment process through to regular reviews of their care. Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs and how this should be provided. The care plans included information on people's background history, health and medical conditions, support required in areas such as personal care, health, communication, dietary, daily living skills, behaviour, work, educational, recreational and social needs. Care plans were reviewed every six months or earlier when people's needs changed. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

People participated in a range of activities within the local community that included attending day centres, swimming, gym, walks in the park, art and craft, pool, cinema and bowling. The service had access to a minibus and a car, which were used for day trips and outings. One person said, "I go and see my friend, we play electronic games, listen to music and chill. I just do what I want to do."

The service celebrated people's achievement by presenting them with certificates. We saw the last event was organised and took place in a local hall. Pictures of the event were displayed in the communal area in the service.

The service had a complaints policy and procedure in place. People and a relative told us they knew how to make a complaint and would feel comfortable to do so. People told us they were happy with how their complaints were addressed. One person told us they would go to the registered manager and he would resolve the issue. The registered manager confirmed that there had been no formal complaints made since the last inspection.

People and their family members were asked about any future decisions and choices with regards to their care. This included if they had any religious or spiritual beliefs, choices about where they wanted to be cared for at the end of their life and an advance care plan was completed as appropriate. Advance care plans set out what is important to a person in the future, when they may be unable to make their views known.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are

given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear information explaining how people communicated to express themselves. We saw that people had access to information in alternative formats where this was required. Records contained consent details where people had agreed to share their personal information.

Is the service well-led?

Our findings

The service was well-led. People and staff told us the registered manager was visible and approachable. People indicated to us the registered manager was friendly and approachable. One person said, "He (the manager) is funny and caring." Another person said, "I feel comfortable around staff."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager, an acting deputy manager and team leaders. The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access all the care records we required. They were open to working with us in a co-operative and transparent way.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The atmosphere in the service was relaxed and friendly. Staff and people said they felt well-supported. Staff told us the management team were approachable, accessible and visible within the service, working alongside staff and providing a positive role model. They said they could speak to them if they had any issues or concerns.

People had the opportunity to participate in monthly meetings. Topics discussed included updates in the service, activities, outings and events. The meeting minutes were available in easy read formats for people who required this. .

Staff told us and meeting minutes showed regular staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Regular topics that were discussed included, health and safety, changes in people's needs, key working, activities, people's achievements and upcoming trainings. Staff told us they found the meetings informative.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care records showed evidence of professionals working together. For example, GP, learning disability liaison nurse, British transport police and Kent police.

Feedback about the service was sought through questionnaires, meetings and regular telephone calls. People's views were sought on a day to day basis, through daily contacts, a monthly meeting and at care reviews.

There was evidence of learning from accidents and incidents. Investigations took place and appropriate

changes were implemented. For example, changes to people's care plans and risk assessments to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, the registered manager communicated with other health and social care professionals to review people's plans of care and changing needs.

Regular audits were completed internally to monitor the service provision and to ensure the safety of people who used the service. The audits consisted of a range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, staff records and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. For example, we saw in a recent audit it was highlighted that the first aid box needed to be restocked; we checked and found this was carried out.

The registered manager was complying with the service registration requirements. Appropriate notifications of events, DoLS applications and safeguarding issues were sent to CQC in line with legal requirements.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating on their website and at the service.