

Sequence Care Limited

Somerford Place

Inspection report

71 St. Pauls Road
London
N17 0ND

Tel: 02088858750
Website: www.sequencecaregroup.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Somerford Place is a residential care home that provides personal care for up to six adults with a learning disability, autism or a mental health problem. At the time of the inspection six people were residing at the home.

The original home had been divided into two smaller units, the residential home and a supported living unit next door. This reduction in size was in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People trusted the staff and felt safe with them. Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

Where possible people were involved in all aspects of their care decisions and assessing potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was reviewed on a regular basis.

All staff had clear roles and responsibilities and understood the values of the service.

Staff had been trained and suitable policies and systems were in place to help manage medicines safely. People told us they were satisfied with the support they received to manage their medicines.

Staff were positive about working for the organisation and told us they appreciated the support, encouragement they received from the registered manager.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

People knew how to complain if they needed to and were asked if they were satisfied and happy with the service at monthly review meetings. Everyone working at the home understood the need to be open and honest if mistakes were made.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

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

Rating at last inspection

This service was registered with us on 23 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our agreed inspection frequencies for newly registered services.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Somerford Place

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us on 23 November 2018. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met all six people who lived in the home. We spoke with three people. We also observed the interactions

between people using the service and the staff supporting them. We spoke with five members of staff including the registered manager, the operations manager and three support staff.

We reviewed a range of records. These included three people's care records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

The registered manager sent us documents and additional information we had requested at the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff and trusted them. One person told us, "I feel safe with the staff."
- Staff had completed safeguarding training and were able to explain the potential signs of abuse and the procedures they needed to follow if they suspected abuse.
- Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.
- The registered manager told us that moving people across to the new home layout had been challenging for everyone and this had led to several safeguarding notifications as people were unsettled by the move. People had come from a more clinical based service and it had taken time to adapt to a homelier environment. We saw that people were relaxed with each other and had begun to personalise their rooms and enjoy shared activities. The number of safeguarding notifications had reduced significantly.

Assessing risk, safety monitoring and management

- Records showed that, where possible, people had been involved in discussions about any risks they faced as part of the assessment of their care needs. For example, people told us they understood that staff needed to accompany them when they went out of the home for their own safety. One person we spoke with was very keen to go out without staff. The registered manager showed us how this person's goal was being managed and how staff were gradually giving this person more space each time they went out.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. This matched the information in people's support plans and was being reviewed regularly.
- Systems were in place to monitor the safety of the home environment. Regular health and safety audits were taking place and the organisation had an outside contractor to manage repairs and monitor the safety of the building.
- Staff had completed training in fire safety and first aid and were aware of their responsibilities and knew how to raise concerns and record safety incidents and near misses.

Staffing and recruitment

- We saw, and records confirmed that six support staff were on duty throughout the day and three staff working during the night. The night staffing levels had only recently been reduced from four to three and the registered manager told us this ratio was still in the test phase. We were informed that people's dependency

levels were assessed by the in house multi-disciplinary team. In addition to the registered manager and area manager the multi-disciplinary team was made up of an assistant psychologist, an occupational therapist and a speech and language therapist.

- People told us they were happy with the staffing levels and did not feel rushed. Staff told us they had enough time for meaningful interactions with the people they supported. The area manager told us that more staff would be deployed if this was required.
- Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.
- Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check.

Using medicines safely

- People told us they were satisfied with the way their medicines were managed at the home. One person told us, "I'm happy with it."
- We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.
- All staff undertook medicine training on a regular basis and confirmed the registered manager carried out an observed competency check before they were able to administer medicines. Two staff checked and administered medicines to reduce the risk of errors.
- We saw that people's medicines were regularly checked and reviewed by their GP and community psychiatrist. The registered manager was very positive about how the use of PRN medicines, used to control people's behaviour, had reduced significantly following a recent medicine review.
- The registered manager told us that there was a positive behaviour team within the organisation who helped staff to understand people's behaviour and who developed non-medical interventions such as gently distracting the person when staff noticed they were becoming agitated. We saw that the use of non-medical interventions had meant staff no longer used as much medicines to control peoples' behaviour. Staff we spoke with were aware of the actions and techniques they needed to follow if a person was becoming more agitated.

Preventing and controlling infection

- The kitchen had very recently been inspected by the local environmental health agency and had been awarded the top score of 'five scores on the doors'.
- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.
- We saw records of regular infection control audits to monitor the cleanliness of the home. All parts of the home were clean on the day of our inspection.

Learning lessons when things go wrong

- Accidents or incidents were recorded and sent to the quality manager at the organisation's head office. These were monitored and checked to ensure any learning outcomes could be shared with the registered manager and staff. Discussions took place in staff meetings and handovers to share any learning.
- The registered manager gave us examples of how they had learnt from past safeguarding issues and what action they had taken to reduce the likelihood of the same problems being repeated.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs we saw were comprehensive, people's goals and care preferences were identified, and care and support regularly reviewed.
- People's care plans included the person's life history, support needs around mobility, medicines, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and preferences such as care staff gender.

Staff support: induction, training, skills and experience

- The provider was supporting staff to receive the right skills to support people properly. Staff received monthly supervisions and annual appraisals where they reflected on their work and practices.
- Staff told us that the induction process was useful and involved training as well as shadowing more experienced staff before they felt confident to work alone. Talking about the induction process one staff member said, "It was really informative because they explained things to you." The registered manager told us, "Nobody starts a job before they go through the induction period. It takes about eight days and covers mandatory training and other relevant training such as epilepsy and dementia."
- Staff told us, and records showed that they were provided with the training they needed to support people effectively. The registered manager told us, "It's very good and it happens quite a lot. We have a full-time trainer within [the provider's organisation]."
- We saw records of staff training were being maintained and monitored so refresher training could be booked when required.
- Staff confirmed they received regular supervision from the registered manager and team leaders and felt supported by this process. One staff member told us, "It's about speaking with your manager and expressing any concerns about work and looking at areas of weakness or strength."
- Staff had undertaken yearly appraisals. We spoke with a staff member who told us, "I felt very well. You are being told how well you are doing your job and supporting people, that boosted me."

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

- Most people went shopping each week and chose their own meals with guidance from staff about healthy eating. Where people were unable to shop, staff provided their meals having regard to their individual preferences, religious and cultural requirements.
- People told us they had access to sufficient food and drink throughout the day and were encouraged to cook their meals with staff support. One person told us, "Sometimes I make it and sometimes staff make it."

- Meal times are set to suit people's individual needs, were not rushed and there were enough members of staff to provide personal support.
- Where risks had been identified with regard to eating and drinking, there were clear instructions in people's care plans about how risks should be reduced. Staff understood these risks and followed the advice given by dietitians and other health care professionals to ensure risks were mitigated. People's weight was being monitored and action taken if concerns were identified.

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

- People we spoke with told us they were happy with how staff supported them to attend healthcare appointments.
- People were assisted to access other agencies for mental health support. One person told us, "I went to the mental health doctor." Records confirmed that people attended healthcare services and support.
- Staff worked collaboratively across services to understand and meet people's needs. The service had clear systems and processes for referring people to external services as well as in house provision such as occupational therapists. We met the occupational therapist who was linked to this service. It was clear from discussion that they knew the people well and they told us that there was good communication between them and the staff.
- Records showed the service had worked with other professionals to promote people's health such as GPs, dietitians and pharmacists.
- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

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

- The home was originally registered as an independent hospital for 14 people. The building had been divided into two separate units by the provider and there was now this residential home and a separate supported living unit on the same site. Despite the original hospital layout, the provider had tried to ensure that Somerford Place was as homely as possible.
- People had their own rooms with their own bathroom and toilet and there was one self-contained flat included in the six rooms in the home. People had individualised their rooms as far as possible and there were two lounges, one with a television and dining area and one quiet lounge. We saw people were able to move around the home freely and chose where they wanted to be. There was also a sensory room which people were able to go, with staff support, to play their own music or just relax.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was obtained in line with law and guidance. All the six people living at the home had appropriate safeguards in place to ensure their safety and these were being reviewed in line with legislation.
- People told us the staff always asked permission before providing any support and made sure they were involved in making decisions about their care. One person told us, "I do what I want to do."
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place, with the relevant stakeholders to discuss what was best for the person.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. They understood the ways people communicated their consent including how people expressed themselves non-verbally.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff developed caring relationships with people using the service.
- Throughout the inspection we observed staff treating people with respect and compassion. Staff spoke to people in a way they understood and, in line with their individual communication requirements, as detailed in their care plan.
- People told us that staff were caring. One person told us, "The staff are kind and friendly and helpful."
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and respectful way. One staff member told us, "I like it here the service users are really nice. They tell us all the time how supportive we are, which is nice."
- Staff received equality and diversity training. Records included details of people's spiritual and cultural needs and staff were able to give us examples of how they met these needs. One staff member told us, "[Person] goes to church every Sunday."
- Discussions with the registered manager, staff and the area operations manager demonstrated they respected people's sexual orientation so lesbian, gay, bisexual, and trans people could feel safe, accepted and welcome in the service. A staff member told us, "Everyone has their rights."

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

- Staff had a good understanding of people's individual needs and preferences. People were supported to express their views and make decisions about their care in key worker sessions and resident meetings.
- People told us they were involved in making decisions about their care. One person said, "My key-worker, [staff name] talks about how things have been." A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life.
- Where people did not communicate verbally, staff told us they recorded people's reactions to their care provision and relatives were involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected.
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Respect for privacy and dignity was at the centre of the service culture and values and staff knew this.
- People told us they maintained their independence as far as possible. One person told us, "I'm independent." Records showed staff supported people to do as much for themselves as possible. We saw

one person's record of a recent key worker session and saw the following had been recorded, 'I am very independent now, but I need a little prompting from staff'.

- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant that people's needs were met through good organisation and delivery.

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

- We saw that, as far as possible, people were involved in planning and reviewing their care. Relatives' views and comments had been included in care plans where people were not able to plan their own care. There was a strong emphasis on collaboration and we saw people who used the service and their relatives had been involved in updating care plans as required.
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Most staff had worked with the people at the home for a long time and knew them well. Where new staff had joined they told us care plans were a good source of information as well as talking with people using the service and their relatives.
- Staff understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.

Meeting people's communication needs

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

- The registered manager was aware of the AIS and records showed they, in conjunction with the internal multi-disciplinary team, had identified people's individual communication needs and set up bespoke programmes. Some people used pictures to communicate and staff understood the ways people who did not communicate verbally express their feelings and needs.

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

- People's interests and those people close to them were recorded in their individual care plans and this important information was known to staff. Everyone had an individualised activity programme which was in pictorial format where required.
- People told us they were happy with the activities and trips out that they had planned with staff. One person told us, "I go swimming and walking, and I go on bus rides." All six people living at the home had gone on a trip to Southend the week before. One person told us, "We all went to the seaside, we all agreed." Other people preferred not to take part in group activities. One person told us, "I like to be on my own."
- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends. One person told us, "My Mum visits." We saw that another person attended college twice a week. On the day of the inspection most people went out to the local cinema and when they

returned they told us they had enjoyed the film.

Improving care quality in response to complaints or concerns

- The provider improved care quality in response to complaints.
- We noted that complaints had been investigated by the registered manager appropriately. One person told us they had made a recent complaint and were satisfied with the response and felt their concerns had been taken on board and their day to day lives had improved. They told us, "[The registered manager] dealt with it really well."

End of life care and support

- The provider had an end of life care planning policy.
- The registered manager told us that currently no one using the service required palliative care. However, the relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed at staff meetings and during supervision sessions.
- The registered manager told us that since the service changed from a long-term hospital to a residential home there had been challenges in relation to people and staff moving away from a more clinical based approach to care towards person centred care.
- The registered manager had a clear understanding about person centred care and how this was communicated to staff. Staff confirmed they understood the principles of putting people at the heart of their own care planning and decision making. Talking about this change in emphasis on care provision, a member of staff told us, "I prefer it now, service users get more freedom and are more independent."
- People who used the service were positive about the registered manager. One person told us, "I talk to [the registered manager] she's a nice lady."
- Staff told us they felt valued, respected and supported in their role. One staff member told us, "She's a good manager, you can talk to her anytime." Another staff commented, "I like her, she's supportive. I feel confident."
- Staff confirmed there was equal treatment of employees.
- Records showed that audits took place on a regular basis to make sure the continued safety of both people using the service and the staff supporting them.
- People who used the service and staff had regular opportunities to comment on how the service was run and make suggestions for improvements.
- There were regular meetings with the registered manager and people living at the home. We looked at minutes from these meetings which had been recorded by a person who used the service. One person told us, "We have meetings. We talk about activities, menus and what we want to do."
- There were regular surveys for people using the service, their relatives and the staff. The results from these surveys were positive about the service. A relative had written, 'It is a comfort knowing that [the staff] will work to ensure [my relative] is safe and as happy as they can be. [The staff] are very good at communicating with myself and my family'.
- The operations manager told us that all the information captured by the various quality assurance systems fed into a larger service improvement plan which was regularly discussed with the registered manager and staff and monitored by the quality assurance manager at the head office.

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

- Both the registered manager and staff understood their responsibility to be open and honest if mistakes were made. Staff told us that the registered manager had spoken to them about this issue at team meetings.

Working in partnership with others

- From discussion with the registered manager, staff and people using the service, it was clear the registered manager was transparent, collaborative and open with all relevant external stakeholders and agencies.
- We saw the registered manager worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities, community groups and health care professionals.
- The registered manager wrote to us after the inspection and told us, "Somerset Place has developed a good working relationship with all the agencies that help to provide health care and support to all our service users. These agencies include General practitioners, Community mental health teams, local hospitals, district nurses, opticians, dentists and chiropodist. We work very closely with these agencies to ensure that the service user's health and care needs are met effectively."