Sequence Care Limited

Sequence Care Supported Living

Inspection report

69 Bloomfield Road
London
SE18 7JN

Date of inspection visit:
12 February 2019

Date of publication:
26 March 2019

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: Supported Living South is a supported living service for people with learning disabilities and mental health needs operated by Sequence Care. At the time of this inspection 11 people were using the service.

In line with Registering the Right Support guidance, people were placed at the heart of the service, their views, opinions and wishes were sought and acted on to deliver person centred care tailored to their needs and aspirations. People had achieved excellent outcomes based on a robust care planning approach to meet their changed needs. People's independence was promoted and valued enabling people to maintain and develop skills and abilities to meet their desired outcomes.

•People using the service told us they felt safe. One person said, "Yes I do feel safe here."
•There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.
•Risks were identified, and risk management plans were in place to manage these safely.
•Medicines were safely managed and staff followed appropriate infection control practices to prevent the spread of infections.
Accidents and incidents were appropriately managed and learning from this was disseminated to staff.
•Sufficient numbers of suitably skilled staff were deployed to meet people's needs.

•Assessments were carried prior to people joining the service to ensure their needs could be met.
•Staff completed an induction when they started work and were supported through regular training and supervisions to ensure they performed their role effectively.
•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 were supported and encouraged to eat a healthy and well-balanced diet.
•People had access to healthcare professionals when required to maintain good health.
•The environment had been adapted to meet people's needs.

•People told us staff were caring and respected their privacy, dignity and promoted their independence.
•People were involved in making decisions about their daily care and support needs.
•Staff understood the Equality Act and supported people's individual diverse needs if required.
•People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.
•Staff were knowledgeable about people's individual support needs to support recovery.

•People were involved in planning their care and support needs.
•People's needs were regularly reviewed and updated following a change in care or support needs
•There was a variety of activities on for people to take part in if they chose to do so. Information was available to people in a range of formats to meet their communication needs if required.
•People were aware of the home's complaints procedures and knew how to raise a complaint

•The service was not currently supporting people who were considered end of life, if they did this would be recorded in their support plans.

•There were effective systems in place to assess and monitor the quality of the service provided.
•Regular feedback was sought from people and staff about the service and acted upon if necessary.
•The provider worked in partnership with key organisations to ensure people's needs were planned and met and deliver an effective service.
•People were complimentary about the registered manager and said the service was managed well.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection in line with CQC regulations. We found the service met the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Sequence Care Supported Living

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: This service provides care and support to people living in a supported living setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection: This inspection site visit took place on 12 February 2019 and was announced. We gave the service 4 days' notice of the inspection site visit because we needed to be sure people using the service would be available to speak with us in person.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. Usually the provider is 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 use all this information to plan our inspection. However, on this occasion they had not been asked to complete

the form.

During the inspection, we spoke with three people to ask their views about the service. We spoke with three members of care staff and the registered manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse.
•People told us that they felt safe living in their homes and receiving support from the service.
•There were appropriate systems in place to safeguard people from the risk of abuse. All staff had completed safeguarding training and staff knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their registered manager.
• Where there were concerns of abuse the registered manager had notified the local authority, CQC and the police (where necessary).

Assessing risk, safety monitoring and management.
•Risks to people had been assessed in areas including mental and physical health, diabetes, self-neglect, self-harm, finances and accessing the community. Risk management plans were in place to provide guidance for staff to manage these risks safely.
•People were allocated a keyworker who they met on a monthly basis or whenever needed. A keyworker is staff member that assists people with individual and focused support. Meetings were documented and recorded people's progress, concerns and any actions to be taken.
•Care Programme Approach (CPA) review meetings had taken place, and reports from these meetings were available in people's care files. CPA is a way that services are assessed, planned and reviewed for someone with mental health needs. This meant that staff were aware of any issues arising from these meetings and whether or not any changes to people's care needed to be made and keep people safe

Using medicines safely.
•Medicines were stored, administered and recorded appropriately.
•Staff had completed medicines training and their competencies had been checked to ensure they had the knowledge and skills to support people safely.
•Medicines administration records (MAR) were completed in full. We checked medicines stock against information in the MAR and this matched each other. This meant people were receiving their medicines as prescribed.
•People were encouraged to administer their own medicines independently where appropriate. Risk assessments had been carried out and staff had ensured medicines could be stored safely in individual flats.
•Health professionals reviewed people's medicines regularly to ensure they were effective for people's recovery.

Staffing levels and recruitment.
•Appropriate recruitment checks took place before staff started work. Staff files contained a completed application form which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record

checks undertaken for each staff member.
•There were sufficient numbers of staff on duty to meet people's needs. We observed a good staff presence and staff were attentive to people's needs.
•The numbers of staff on shift matched the numbers planned for on the rota. Staff we spoke with told us the staffing numbers in place were appropriate and met people's needs.

Preventing and controlling infection
•There were systems in place to manage the control and prevention of infection. There were policies and procedures in place which provided staff with guidance.
•Staff had completed infection control and food hygiene training and followed safe infection control practices. We saw staff washed their hands regularly and wore personal protective equipment such as aprons and gloves when supporting people.
•People were also supported to understand and practice safe hygiene levels.

Learning lessons when things go wrong.
•Accidents and incidents were appropriately recorded and investigated. There was guidance for staff in place to minimise future incidents and learning was disseminated to staff during handovers and staff meetings.
•When things went wrong, the registered manager responded appropriately and used this as a learning opportunity. For example, one person became extremely agitated and demonstrated antisocial behaviour. The registered manager re-visited the triggers for this behaviour and the de-scalation techniques staff were required to use to diffuse the situation.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•Assessments of people's needs were conducted prior to them starting to receive support from the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs.
•During these assessments, people's family, friends, keyworkers, care coordinators or social workers were involved to ensure appropriate information was acquired to develop care and risk management plans.
•These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.
•Staff knew of best practice guidelines and supported people to improve their mental health and be as independent as possible.

Staff skills, knowledge and experience.
•People told us staff had the skills and knowledge to support them with their individual needs. One person said, "Staff know what they are doing, they help me and know my needs."
•Staff training records confirmed staff had completed an induction and carried out job shadowing when they started work.
•Staff told us they were up to date with their mandatory training which included medicines, safeguarding, first aid, epilepsy, diabetes, equality and diversity and mental capacity. Records we looked at this confirmed this. One member of staff told us "We have good training and helps me do my job".
•Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this. At these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Staff told us "I attend regular supervisions, I have the opportunity to discuss my training, goals and concerns and get feedback from my manager."

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had the appropriate legal authority and were being met.

The registered manager understood the requirements of the Mental Capacity Act 2005 and acted according to this legislation. 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. The application procedures for this in community services are to be made to the Court of Protection. We checked and saw the service was working within the principles of the MCA.

•Staff had a good understanding of the mental capacity act and when it should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
•Support plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as managing finances or accessing the community.
•People's consent to their care was regularly reviewed or when people's needs changed to check the arrangements in place were appropriate.
•People's rights were protected because staff sought their consent before supporting them. One staff member said, "I always ask for people's consent before helping them with personal care and explain what I am doing."

Supporting people to eat and drink enough with choice in a balanced diet.
•People using the service were either independent or supported to buy and prepare their meals.
•There was no-one at risk of malnutrition or self-neglect, however, staff knew the signs to look out for and told us that they would provide additional support such as referring them to healthcare professionals if required.
•People were encouraged and educated to make healthy meal choices and were supported to eat healthy meals if required. For example, about eating less fatty and sugary foods and more fruits and vegetables.

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations.
•People had access to a range of healthcare services and professionals which included GPs, dentists, mental health team, occupational therapists and psychiatrists.
•The service worked in partnership with health and social care professionals to ensure people received effective care and support. For example, the service was working with a specialist psychologist to educate and update staff knowledge on mental health management, including areas such as hearing voices.
•Where required, information was shared with other agencies such as social services, mental health social services, mental health teams, hospitals and the police teams, hospitals and the police.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported.
•People told us that staff were kind caring and respectful. One person said, "Staff are caring, they take me to see the doctor and support me with what I need."
•The service had a relaxed and calm atmosphere and people positively interacted with staff.
•Staff knew people's individual needs that were documented in their care plans well.
•People's support plans included their life histories, likes, dislikes and preferences.
•People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Supporting people to express their views and be involved in making decisions about their care.
•People were involved in making decisions about their daily needs and level of support.
•People had monthly key worker meetings to allow them the opportunity to discuss concerns, their goals and objectives. A key worker is a named staff member who is responsible for coordinating a person's care and providing regular reports on their needs and progress.
•Staff knew how to support people; they understood, and were able to describe the individual needs of people who used the service. For example, the time people liked to wake up and go to bed and the activities they liked to do.

Respecting and promoting people's privacy, dignity and independence.
•We saw staff respected people's privacy, dignity by knocking on doors and obtaining permission before entering. One staff member said, "I knock on people's doors and wait until I am asked to enter. I shut doors and curtains when assisting people with personal care."
•People's information was kept securely. People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.
•In line with Registering the Right Support guidance, people were encouraged to be independent as possible in relation to cleaning, preparing meals, shopping, managing their finances and accessing the local community. This enabled people to develop their daily living skills to go onto independent living is appropriate. Staff supported people where required.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care.
•People had individualised support plans. People's relatives, key workers and healthcare workers were involved in planning and reviewing their care and support needs. The extent people were involved depended on the complexity of their needs.

•People had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
•Personal profiles also included information about the person's diagnosis and support requirements, for example, support required to promote independence and help with personal care.
•Support files included individual support plans addressing a range of needs such as communication, personal hygiene, nutrition, physical needs and life histories.
•Staff were aware of signs to look out for to identify if people's mental health was declining, such as being agitated or self-neglect.
•People were supported to achieve good outcomes and to access services including substance misuse and no-alcohol to support their recovery.
•When required people were supported to practice their faith, and engage in relationships that were important to them. People were supported and encouraged to maintain relationships with their family and friends where this promoted their recovery.
•People were supported to follow their interests and take part in activities that interested them. This included attending day centres and college, swimming, meals out, bus rides and day trips to the zoo and the seaside.
•In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence in the service and out in the community. People told us about how they were supported with their independence and how they valued this. People would be supported to move on to more independent living arrangements to meet their needs and choices when this was appropriate. This included advocating on behalf of people with other professionals to achieve the best outcome for them.

• Improving care quality in response to complaints or concerns.
•The provider had a system in place to handle complaints effectively. The service had investigated and resolved complaints received within timeframes set in the provider's complaints procedure.

•Staff told us how they would support people to make a complaint and ensured they received an appropriate response.

End of life care and support.

•The service did not currently support people who were considered end of their life. The registered manager told us that if they did then they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Good

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.

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.
•The management team and staff consistently monitored and reviewed each person's progress to ensure their needs were being met.
•The management team and staff encouraged, motivated and supported people to achieve good outcomes and move onto independent living without support.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.
•People were positive about the care and support they received and the way in which the service was managed. People told us, "The registered manager is lovely and helpful." One staff member said, "The registered manager is approachable and competent."
•The provider operated an effective out of hours system known which provided staff with additional support where required.
•The ethos of the service was to provider tailor-made support for individuals which allowed goal-setting and helped to empower each person to achieve their personal targets. Staff told us that the service was fulfilling this.
•The home had a registered manager who had been in post for some time and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Continuous learning and improving care
•Information gathered from monitoring checks, accidents and incidents and safeguarding adults was used to develop the service and make improvements where required.
• There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of this.
•Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included support plans, medicines, infection control and complaints.

Engaging and involving people using the service, the public and staff.

•Regular resident meetings were held to obtain people's feedback. Minutes from the last meeting in January 2019 showed items discussed included healthy eating, meals, the environment and activities,
•The registered manager told us that an annual survey would be sent out to obtain people's opinions and use feedback to drive improvements where needed.
•Staff attended regular team meetings. Minutes from the last meeting in January 2019 showed areas discussed included people using the service, medicines, documentation, health and safety and learning from incidents. These meetings were also used to disseminate learning and best practice so staff understood what was expected of them at all levels.

Working in partnership with others
•The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.
•The service worked with other organisations such as MIND in the local community to support people's recovery.
•Feedback we received from the service commissioners was positive