Sequence Care Limited

Park House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 23 January 2017 and was unannounced.

At our previous inspection on 5 and 6 August 2015 there were four breaches of legal requirements due to a lack of person centred care planning, people not being protected from risks, poor maintenance of the home and people not receiving one to one staffing that they needed. At this inspection we found improvements in these areas. Care plans had improved but were still not fully person centred. People were protected from risks to their safety and were receiving the one to one staffing they needed. The maintenance of the home had improved but there were maintenance issues outstanding at the time of this inspection.

Park House provides accommodation and care for six people who have a learning disability, some of whom also have mental health needs, an autistic spectrum condition and other complex needs. At the time of this inspection there were six men living at Park House. Each bedroom has ensuite bathroom and one of the six rooms is a flat where a person could live more independently.

We found that the person registered with us as manager was no longer managing the home. A new manager had been appointed and they were in the process of applying to become the registered manager. 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.

People living in the home gave us positive feedback including a comment that, "the standard of care is good, it's excellent." Another person said, "mostly it's good. There's just tiny things…" and, "They're doing a real good job." Another person signed to us that staff were his friends which suggested he felt comfortable with staff. Staff had formed good relationships with people and were able to describe their needs and personalities well.

People's families gave mixed feedback about the home. The comments ranged from, "I couldn't think of anywhere nicer" to saying the communication between the home and the family was "poor" and being unhappy with the care provided. People who had lived at the home for longest and their families were the most satisfied. Some families felt their family member would benefit from a more specialised service.

People received support with their medicines and health care needs and were happy with the food.

Staff were happy with the training provided to them and felt well supported by the manager and the provider, Sequence Care Group. People received support from the provider's multidisciplinary team which included a psychiatrist, psychologist, speech and language therapist and occupational therapist.

People were supported to have choice and control over their lives as much as possible. Four of the six

people were living a good quality of life, going out every day, following their interests and maintaining regular contact with their families. Staff were trying to support the other two people to lead a more active life.

We made two recommendations at this inspection. One was to ensure people had suitable handwashing facilities and support to wash their hands. The other recommendation was to arrange a more responsive and timely repair and maintenance service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe. Staff were knowledgeable about safeguarding people and whistleblowing which reduced the risk of abuse in the home. Safeguarding concerns were reported to the local authority and the police promptly but the new manager had not sent one to CQC until asked to. There were detailed risk assessments for each person to address known risks to their health or safety. Staffing levels were good and people had individual attention as needed. People received their medicines safely.

There were some maintenance issues which had not been fixed quickly and there was a lack of soap to ensure that hand washing facilities prevented any spread of infection.

Is the service effective?

Good

The service was effective. People received support with their diet and with their mental and physical health needs. The trained and well supported multidisciplinary staff team worked well together to address people's needs. Staff sought people's consent to their care.

Is the service caring?

Good

The service was caring. Staff had formed positive relationships with people and understood their likes and dislikes. People told us they liked the staff working at Park House.

Is the service responsive?

Good

The service was responsive. People could choose what to do, what to eat and where to go on a daily basis. Although some families considered that their relative was not doing enough to fulfil their social needs, others were satisfied.

Care plans had improved since the last inspection but were

based on risks and safety rather than a person centred holistic approach. There were a number of documents to read to find out the person's holistic needs. The provider was about to introduce a new care planning system which they thought would be an improvement.

Is the service well-led?

Good

The service was well led. There was a new manager, supported by the operations manager who was previously the registered manager and knew the people living in the home and staff team well. The provider ensured regular audits were carried out to see where improvements were needed. There was a multidisciplinary team in place and staff reported that they worked well as a team and were supported well by the manager and the provider.

Park House

Detailed findings

Background to this inspection

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

This inspection took place on 23 January 2017 and was unannounced. The inspection team consisted of one inspector, one inspection manager and a pharmacist inspector (who had visited in December 2016).

Before the inspection, we reviewed all the information we held about Park House including a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered feedback from professionals, notifications and safeguarding alerts.

We met five of the six men living in the home and talked to them, as much as they were willing and able to talk to us. We received written feedback about the home from the person we were unable to meet on the day. We spoke to the relatives of all six men to find out their views on the service provided at the home.

We interviewed one support worker, one senior support worker and talked to the operations manager, the new home manager and the deputy manager. We carried out pathway tracking for two people. This was where we read all the care records for that person to see if their planned care was actually taking place and we observed interaction between staff member and people living in the home.

We looked at records. We looked at three people's care files, shift plans, staff rotas, records of staff training and supervision, health and safety, fire and maintenance records, records of quality monitoring, two staff recruitment files, menus and records of food eaten, and we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for all six residents.

We also inspected the building to check safety and cleanliness. We contacted six professionals involved with people living in the home to ask their views and we received feedback from one of them.

Requires Improvement

Is the service safe?

Our findings

One relative told us, "It's a safe place for him, it's good." Three people living in the home said they felt safe in the home. The others were not able to tell us.

There were some maintenance concerns in the home. The central heating had not been working since December, so portable heaters were being used. One of these was very hot to the touch. The deputy manager said that there was no risk of people touching it but they had not carried out a risk assessment on the use of portable heaters. A week after the inspection the manager informed us that the heating had been repaired and the portable heaters removed.

In two bedrooms we had to ask the deputy manager to remove nails which could cause injury. Three radiator covers were broken. Three radiator covers in communal areas had rubbish in them which had been placed there by a person living in the home and staff had not removed. One person's shower was broken and he was using the ensuite bathroom belonging to another person in the home. One room needed a new door frame and skirting board and flooring to be repaired or replaced. Two people had a piece of furniture with a drawer missing. One person's curtains were taped in place as they were not attached properly.

Due to the complex needs of people in the home there was regular damage and frequent maintenance required. The provider had a contract with an external maintenance company but some repairs had not been completed in a timely way. We recommend that the provider arranges a more responsive and timely repair and maintenance process.

Three bedrooms did not have any soap in the ensuite bathroom. Staff told us that for some people their soap had to be locked away when not in use for safety reasons. We looked in the safe for one person but there was no soap available.The manager agreed to ensure people were supported to wash their hands with soap. We recommend that arrangements are put in place to support people to wash their hands effectively to minimise risk of infections in the home.

The service had not notified us of a recent safeguarding alert. The manager sent it to us once we asked for this at the inspection. We asked staff how they protected people from abuse and from the risk of assault by other people living in the home. Staff had a good understanding of how to protect people from possible abuse or poor care. All staff had completed training in safeguarding vulnerable adults. One senior support worker was a qualified trainer in appropriate restraint if this became necessary, but there was a policy of no restraint in the home and training on how to positively support people with challenging behaviour. This training helped staff to help keep people safe from harm.

Staff were able to describe how they safely supported people and strategies they used to help people calm down. They also knew about whistleblowing which is how to report concerns if they thought their colleagues were not caring for people properly.

One person was at risk of choking on food. The deputy manager had a good knowledge of how to reduce

this risk and written guidance was displayed for all staff to follow at mealtimes.

There were window restrictors in place and fire risk assessments to minimise risks of accidents in the home. Each person had a personal emergency evacuation plan. One person living in the home told us they knew the sound of the fire alarm and knew where they should go in the event of a fire. The majority of staff had been trained in what to do if there was a fire. The operations manager knew which staff needed to complete this training so that it would be done shortly after the inspection.

We saw in people's care files that they had a risk assessment detailing any risks to their health and safety and a management plan for staff to follow to minimise those risks. These were regularly reviewed. At the same time staff encouraged people to become more independent. One example of this was that one person had learned to make their own hot drinks and breakfast. Staff had minimised risks by keeping sharp knives locked away and by teaching the person how to use the kitchen safely. The deputy manager told us that everybody was allowed to use the kitchen and staff supervised those who needed it. We saw one person cooking the evening meal with a staff member. This was carried out safely.

There were enough staff to provide the support that people needed. Staffing levels had increased since our last inspection. There were now five staff on duty during the day. Previously there had been three staff working during the day and some people who were assessed as requiring one to one staffing were not receiving it. We found at this inspection that staffing levels were good and were sufficient for people to have one to one staffing as required. Staff said they thought staffing levels were good and they could meet people's needs. At night there were two staff on duty. One person had one to one staffing 24 hours a day. A record was kept to plan which staff member would be working with which people throughout the day.

People's medicines were managed safely. Medicines were stored in a safe place. The medicines fridge had been too warm on occasions but there were no medicines requiring refrigeration being stored at the home at the time of the inspection. Therefore there was no immediate risk to any residents as a result. We advised staff to rectify this issue before the fridge was used again.

Staff had a good system for ordering medicines. A local community pharmacy supplied medicines to the service on a monthly basis. Most tablets and capsules were dispensed into a monthly monitored dosage system. Staff checked medicines on arrival and ensured that the Medicines Administration Records (MAR) charts were accurate. Staff kept records of the stock levels of 'when required' medicines. The records were checked daily. Staff wrote the 'date of opening' on all medicines. Staff disposed of unwanted medicines by returning to the local pharmacy. We saw records of this. There were no missed doses seen on the MAR charts. This provided a level of assurance that residents were receiving their medicines safely, consistently and as prescribed. One person was refusing their prescribed medicines and this was being dealt with by their psychiatrist. When medicines were given 'when required', we saw that a record was made of the reason for giving the medicines, and whether the dose had been effective or not. There were no people who were self-administering their medicines. Two people had been able to reduce their medicines to the benefit of their health since being in the home. Staff completed daily checks of the MAR charts and medicines.

Staff and people living at the home wore suitable protective aprons and hair covering when cooking and all staff were trained in safe handling of food.

Soiled linen was dealt with appropriately and the home had a contract for clinical waste which was disposed of safely and collected twice a week. The fridge and freezers were at a suitable temperature for safe storage of food and staff checked the temperatures daily.

There was no cleaner employed so support workers were expected to clean the home. The standard of cleanliness was good in the kitchen and adequate in other areas. Gas, electricity, fire risks and infection control matters were all checked regularly for safety.

We checked the recruitment process followed with two staff who had been employed since our last inspection. We found that suitable checks had been carried out to reduce risk of unsuitable people being employed.

Good

Is the service effective?

Our findings

We spoke to the families of each person living at Park House. Three were very happy that the home provided effective care for their relative, one thought the care was effective but there could be some improvements, two thought the care was not effective and were not happy. We gave feedback to the manager after the inspection to help them address the concerns and make any necessary improvements.

The provider ensured staff received training in relevant topics to enable them to deliver appropriate care. All staff were trained in medicines, first aid, health and safety and food safety. They had also been trained in appropriate support for people whose behaviour presents challenge to services. One staff member said, "there's loads of training" and "they are constantly sending training for us." Staff received regular supervisions and appraisals and said they felt well supported by the staff team, the manager and the company.

There was a multi-disciplinary team who worked with people in all the provider's care homes and independent hospitals. The team included a psychiatrist, occupational therapist, speech and language therapist and psychologist. These people visited regularly to advise staff and work with people individually. The speech and language therapist had provided guidance on people's communication needs and advice on safe eating. One person had a weekly session with an occupational therapy assistant who supported them to plan, shop for and cook a meal. Two people had weekly massage and yoga which was available to anyone who wanted it.

Staff obtained people's consent to their care. Where a person was assessed as not having the mental capacity to make a decision there was a best interest decision in place. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We did not read people's Deprivation of Liberty Safeguards (DoLS) as part of this inspection. After the inspection two relatives told us that the recommendations in their relative's DoLS were not complied with. Their local authorities were responsible for following up these concerns and families made them aware of the concerns.

One person told us they thought, "the standard of care is good, and it's excellent."

There was a written menu in the home but the deputy manager told us this was for inspection purposes only. He said that people choose each day what they want to eat. We saw records of food eaten by people over the last two weeks. Usually people ate the same meal but on some mealtimes there were two meals eaten. One person followed their own diet which was separate to the food eaten by the others. This person said they were happy with their food. There was no cook employed. Staff cooked and involved people living

in the home in the cooking. Two people were learning to cook independently. Most people could make themselves a hot drink. Another person had no pork for religious reasons and staff knew this. People said they liked the food. On the day of our visit, staff cooked lunch for one person and the others had lunch out either at a daycentre or restaurants with staff. The evening meal for five people was shepherd's pie with vegetables which looked appetising and one person was proud to have helped to cook it. The meal had been planned in the morning. Staff were aware of people's food likes and dislikes and any cultural dietary requirements.

People were registered with GP at a local practice. They were also looked after by a Consultant Psychiatrist who was the responsible clinician for all six residents. If medical assistance was required in an emergency, staff were trained in first aid.

People visited local dentists and opticians. One relative said that they were not happy with the home not recognising a person's medical condition. After the inspection we checked to ensure that this person was now receiving appropriate medical care.

Two people had been able to reduce their mental health medicines since living at Park House which their relatives reported had a positive effect on their wellbeing. One person's mental health had deteriorated but the manager was able to explain to us what action was being taken to change this person's medicines to help their mental health improve. This person had been fully involved in the decisions.

Good

Is the service caring?

Our findings

Two families were unhappy with the care being provided to their relative and we discussed the concerns with the manager. We were satisfied that relevant authorities were involved to try to resolve the concerns.

Comments from other relatives included; "they are kind to him," "I can drop in any time" "I feel so fortunate" and "I can't imagine anywhere nicer." One relative said, "He seems quite happy and I'm quite happy" and, "he likes being there."

People living in the home said it was "good" and one person said that staff were his friends.

One person said they preferred staff of one gender to support them and we saw that there were recorded valid reasons for not meeting this request. One person said they didn't like being "told off" about their behaviour and would like more responsibility. The manager was aware of this request.

People could see 'easy read' leaflets about medicines and how to make a complaint. This meant that people could find out information in a format that they could understand if they could not read.

Staff supported people to maintain relationships with their families. One person stayed with their family every weekend. Staff supported two others to visit their family every week and to make phone calls regularly. Families visited the home. Feedback from relatives about the way the service communicated with them was variable. Three said they were kept informed of how their relative was, and that staff would phone them regularly. One said they received regular feedback but it contained limited information and one had no regular feedback from the home on how their relative was doing. The manager agreed to start this when we asked.

Staff had a good knowledge of individuals and their preferences. One person loved going out in the car and was supported to do this daily. Another person disliked the car and staff supported them to go out on the bus. We saw that staff used two lounges so that people did not sit together as a group the whole time, to reduce noise and prevent possible incidents between people. Staff said that two people liked to sit with staff quietly with a cup of tea when they needed to calm down and others liked to go to their room. Staff responded well to people when they asked for something and respected their privacy during personal care.

Nobody needed support to visit a place of worship at the time of this inspection. Their cultural needs were mainly met by their families and most people had frequent contact with their families. Some staff had learned a few words of another language to help one person communicate with them.

We saw that people were comfortable with staff and there was a positive atmosphere in the home.

Good

Is the service responsive?

Our findings

Two people's families felt there was not enough meaningful activity and opportunities to lead a full life. We passed this feedback to the manager. We found that staff were trying to motivate one person to do more outside the home. Others led active lives doing things they enjoyed including going out every day.

We read the care plans for three people. Each person had several care plans, up to seventeen in total. Care plans were based on problems and safety issues rather than a person's holistic needs. There were no specific care plans for social, leisure, cultural, religious or relationship needs. There was limited recording of people's own views and wishes. The operations manager showed us a Plain English summary of the care plans which had been read to each person. A comment had been recorded indicating that the person had agreed to their care plans. At the last inspection we raised a concern about lack of person centred care planning. The operations manager told us that the provider was planning to introduce a new system of care planning imminently and that this would be more person centred. There was a speech and language therapist to advise on communication and provide written guidance to staff which formed part of the care plan documents. People had their own social stories in their files which staff used to help support positive behaviour. People had communication passports which were detailed and person centred. A combination of the person's needs assessment and these other documents formed a holistic picture of the person. An occupational therapy assistant assessed people's daily living skills and helped them learn new skills such as cooking.

Three relatives of people living in the home told us, "They keep in touch" "If there's any problems they always ring me up" and "I've had no problems at all" when we asked them about complaints. Those with concerns said they felt able to raise complaints. We looked at complaints over the last year and there had been two about noise which the provider had addressed. There were also written compliments received.

Good

Is the service well-led?

Our findings

The registered manager had been promoted to operations manager and had recently stopped managing this home. The new manager was in the process of applying to become the registered manager and had previous experience and training for the role.

The manager told us that they had been provided with a suitable induction and their line manager was always available for advice. The staff team worked well together and said they were happy with both the manager and the provider. The manager said that the Chief Executive Officer for the provider had an open door policy and so was available to staff. This was evidence of a positive open culture where the manager felt "very well supported" and staff said the same.

At the last inspection we made a recommendation about improving communication with professionals. One professional contacted us to give feedback about the care provided to their client which they were happy with. They told us the communication from the home was "excellent" and that they spoke with the manager almost daily to communicate how the person was. They also said that staff acted on their feedback and recommendations. This contributed to their satisfaction about the service provided.

An external auditor visited monthly to complete an audit which included a medicines management review, reviews of Deprivation of Liberty safeguards, the environment. We did not read these reports though they were available.

The provider had contracted a private company to carry out some audits along the lines of a Care Quality Commission inspection. We saw one of these reports and saw that the manager had produced an action plan which had been completed.

Staff learned from any incidents that occurred. They had a debriefing meeting and amended people's risk assessments and care plans to minimise the risk of similar incident occurring. The number of incidents where people had assaulted each other had reduced as a result of this.

Staff were well organised in planning the day with a record made of who would be responsible for medicines, cleaning, who would be working with each person throughout the day and who would be cooking the meals.

The provider sent a survey annually to people living in the home and to staff. The results of the last surveys were collated by Head office to see if any improvements were needed in the home. We saw the results which were positive.