Seagrave Care (Corby) Ltd

Seagrave House Care Home

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 unannounced inspection took place on 23 May 2016. This residential care home is registered to provide accommodation and personal care for up to 84 people. At the time of our inspection there were 79 people living at the home.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager had recently left the service, and an interim manager was in place supporting the home. A new permanent manager had been appointed and was in the process of having their background checks completed.

People felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times it was needed. There were sufficient staff to meet the needs of people who lived there and recruitment procedures protected people from receiving unsafe care from unsuitable staff.

People received care from staff that had adequate supervision and support from senior staff. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from harm. Individual plans of care provided staff with information on the measures required to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred manner and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

The home had an extensive quality monitoring system in place which reviewed the quality of care that people received. People at the home reacted positively to the manager and the culture within the home focussed upon supporting people's health and well-being and for people to participate in activities that

enhanced their quality of life. Systems were in place for the home to receive and act on feedback and policies and procedures were available which reflected the care provided at the home.

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.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy was protected and promoted.

People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

People were able to have friends and family visit when they wished.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A registered manager was not in post as the registered manager had recently left the service. The provider had ensured continuity of leadership by providing extra support and arranging for an interim manager to run the home whilst a permanent manager completed recruitment procedures.

The interim manager was active and visible throughout the home and offered regular support and guidance to staff.

A comprehensive quality assurance system was in place and any actions identified for improvement were implemented in a timely way.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Seagrave House Care Home

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 May 2016 and was unannounced. The inspection was completed by three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with four people who used the service, five relatives, seven members of care staff, one member of housekeeping staff and the registered manager. We also spoke with a nurse who visited the service regularly.

We looked at care plan documentation relating to 11 people, and three staff files. We also looked at other information related to the running of the home and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started working. One person told us "The staff here are very good. They're nice." There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said "I press this button here and they come quite quickly to see if I'm alright." Another person told us, "There is enough staff here, we don't need anymore." One member of staff told us they felt there were occasions they felt there needed to be more staff but was comfortable that people received the support they required in a timely way but told us there was always enough staff to keep people safe and meet their needs. We saw that the service used agency staff to cover all shifts were adequately staffed. During the inspection the levels of staffing allowed each person to receive attentive support from staff. Call bells were answered efficiently and people were not left unsupported. The registered manager confirmed that they were in a process of recruitment to reduce the need for agency staff.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. All staff received training to support them to identify signs of abuse and most staff were able to describe sufficiently the procedures that were in place to keep people safe. One member of staff confirmed their understanding of the procedures and understood that they had a responsibility to report any concerns. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. Staff had taken appropriate action following a safeguarding concern and ensured that measures were in place to support people safely.

People's needs were reviewed by staff so that risks were identified and appropriate care plans were put in place. Most staff understood the varying risks for each person, and took appropriate action to reduce the risk of harm. For example, we saw that people at risk of pressure ulcers were provided with pressure relieving equipment and staff supported people to change positions at regular intervals. We also saw that people at risk of falls had these risks identified and they were reviewed and further action taken if required. For example, referral to the doctor or falls team. Staff understood people's risk assessments and ensured people's care was in accordance with them.

Accidents and incidents were recorded by staff and reviewed by the manager. Incidents were reviewed for immediate action and were also analysed in depth to identify trends or repeated incidents. In addition, falls were analysed on a regular basis to ensure appropriate action had been taken, and referrals to other healthcare professionals had been made. This ensured that wherever possible, action was taken to prevent repeats of similar incidents.

There were appropriate arrangements in place for the management of medicines. One person said "The staff give me my tablets. I get them at the same time every morning." We observed that most people received their medication from staff in a professional and encouraging way. People were told what their medicines were for and were given reassurance when they needed it. Staff were knowledgeable about how people preferred to take their medicine. For example, with a drink of orange squash, and ensured they had this prepared before they met the person to give them their tablets. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to manage medicines safely. People's medicines were kept locked securely at all times and staff understood that people may require homely remedies such as paracetamol at varying intervals. We saw that medication administration records (MAR) were completed accurately after each person had received their medicine.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people that lived at the home. Staff reported that they felt the training was effective and gave them the knowledge to provide good care. One member of staff was positive about the training and said, "The training is important." New staff were able to understand and learn about the people they were supporting as they were required to 'shadow' a variety of shifts to observe how people's needs were met by staff. Staff also had additional training specifically relevant to the people that lived at the home which included training on how to support people who were living with dementia. This training included the chef and they told us that as a result of the training they now prepared extra meals so people could make their own food choices at the time meals were served. Another member of staff described how the first aid training had helped them in their role when someone had a seizure. They also commented, "I have used it and find it very helpful… [All the training] boosts your confidence too." A program was in place to ensure experienced staff regularly refreshed their training and knowledge about current practices including safeguarding and supporting people to move safely.

Staff had the guidance and support when they needed it. Staff felt able to raise concerns with their manager and were satisfied with the level of support and supervision they received. Senior staff worked with other staff and were available to offer guidance when staff needed it. One member of staff said, "I've just had a supervision with my manager, but hadn't had one for a while before that. The manager has just implemented a new system so everyone should have them now." Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role. We also found that the manager made efforts to get out of the office and meet people and staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. 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 management team and staff were aware of their responsibilities under the MCA. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to support people with consideration of what may be in their best interests. The manager told us that staff had received training to complete mental capacity assessments, and if necessary, other professionals were involved to ensure the correct support was provided. Staff had an understanding of the restrictions that were in place and the impact this had on people, for example, the key pads on the doors and lift. We saw that staff worked with people and obtained their consent when providing care, for example one member of staff asked one person if they ready to be hoisted out of their wheelchair and into an armchair and respected their decision.

People were supported to maintain a balanced diet and eat well. One person told us "The food is generally pretty good. We always get a choice." We saw that people were shown different food options to help them understand what was available, and if people didn't like what was on offer they were able to choose something different. People were given equipment to enable them to eat their meals as independently as possible and staff provided sensitive assistance when people needed support to eat. Staff recognised the importance of people eating and drinking well and people had access to snacks and drinks throughout the day.

People's nutritional needs were assessed and regularly monitored. For example, people's weights were regularly monitored to ensure that people remained within a healthy range. The manager regularly reviewed these to identify any changes in people's needs and if further support from healthcare professionals was required. The chef had a good understanding of people's dietary requirements and was able to support these needs, for example by providing people to have fortified or high calorie diets.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. Staff were knowledgeable about people's health needs and understood when people were not feeling well. We spoke with one nurse who visited the home regularly and they told us that the level of care provided was usually good. Staff had also received praise from an Advanced Nurse Practitioner that staff had correctly identified one person with deep vein thrombosis (DVT) and another with a suspected stroke. The nurse reported that they were impressed with the prompt observation and reporting which had resulted in both people receiving the appropriate treatment.

Good

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "They're lovely here." And a relative said "The staff are kind and gentle, they are lovely with her."

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff were able to tell us about each person's individual choices and preferences, for example, how they liked to take their medicine, where they preferred to have their meals and important people in their lives. One person said, "They [the staff] know me inside and out!" People had developed positive relationships with staff and we heard staff complimenting people on their chosen outfit for the day.

People were enabled to personalise their own bedrooms so that they had items around them that they treasured and had meaning to them. People showed that they had pictures of family members and other items that had meaning to them. One relative told us they had asked if their relative could move bedrooms to a quieter area of the home as they preferred to stay in their bedroom and not be disturbed by others. This had been accommodated in a quick and efficient manner and the relative had seen great improvements to their wellbeing.

People were encouraged to express their views and to make their own choices. This was evident in many aspects of the care – for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People were asked if they wished to join in with activities and were supported to do so. Staff respected people's decisions if they wanted to spend time in their bedrooms and were checked at regular intervals that they were all right.

Staff understood the need to respect people's confidentiality and did not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. We saw staff knocking on people's bedroom doors before they entered. People's dignity was maintained however we saw that this was not always supported in a timely way, for example by ensuring people were supported to clean themselves after mealtimes without unnecessary delay.

People received personalised care from staff which supported people's individual requirements, for example staff asked people how they could help them and had conversations with people about their preferences. We observed staff offer reassurance and comfort when one person showed signs of distress. Staff stayed with the person until they were no longer upset and made sure that other staff monitored the person throughout the day.

Staff had received training on advocacy services and the manager had a good understanding of when they may be needed. There was nobody in the home currently requiring the use of an advocate but the manager confirmed they would be used if they were needed.

Visitors, such as relatives and people's friends, were able to visit the home as they wished. One relative said, "Seagrave welcomes and encourages families. We are very welcome at any time." Another relative told us, "It was [name's] birthday and all the family were able to come here." The relative also told us that they were able to have meals together and they both enjoyed this.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the staff could meet their needs. Staff gathered as much information and knowledge about people during the pre-admission procedure from people themselves, from relatives, advocates and professionals already involved in supporting each person. On the day of inspection one new person moved into the home. Staff were expecting the person and had a good understanding of their needs, and the chef was already aware of their dietary requirements. This resulted in a co-ordinated and smooth transition into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. People's care plans recorded their daily routines, and their care requirements. For example, the support they needed to use the toilet or how they liked to have a wash. Staff were knowledgeable about people's preferences. For example, one person liked to wear perfume and we saw staff helping them to choose which one to wear.

Staff followed people's care plans to provide the care people needed but respected people's decisions if they wished to do things differently. For example, we heard one person ask staff if they could have a shower in the morning as they wanted to look nice for a visitor that was coming in the afternoon. Staff supported the person with a shower during the morning.

People and their relatives were involved in deciding on the care and support they wanted, as their needs changed. One relative told us they worked with the staff and were fully involved in providing the care for their loved one. They said, "The home is very good at allowing us to continue to be [name's] joint carers. We are involved with her care and this is built into the plan of care. As a family we are fully involved. [We] attend doctor's reviews [and know what has been happening]." Families were updated and involved if their relatives needs changed and the new manager was in the process of arranging meetings with people's families to ensure the home was supporting people's needs in full. Care plans were usually updated or amended in a timely manner if there had been any changes to people's care, and staff had a good understanding of the support people needed.

People were involved the home's 'Resident of the Day'. This ensured that staff focussed on one particular person each day. The manager, chef and care staff were required to meet with the person and discuss their care and if there was anything the person wished to change. This focus enabled staff to ensure that people's care plans were kept up to date with people's current wishes and provided people with an opportunity to make any suggestions to key people involved in their care.

People were supported to have social interaction and prevent social isolation and loneliness. One person told us, "There are activities going on all of the time. I have a timetable in my room so I can choose what ones I want to do". Each person had an activity timetable in their bedroom, and these were also on display in the communal areas. We heard one person telling staff that she was looking forward to the singer that would be performing in the afternoon and another person commented, "We have nice things to do here. I have done things that I have never done before like ceramics." We saw that the person had a ceramic statue

that they had painted on display in their bedroom.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. People were aware they could complain. One person said, "If something is out of place I just have to tell them and they sort it." Another person told us they knew how to complain but had previously liked having a suggestion box which had since been removed. The new manager told us they encouraged feedback and would reintroduce this. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We saw that one relative raised a concern about their relative's laundry and immediate action had been taken to address their concern. Complaints that had been raised were responded to appropriately.

Good

Is the service well-led?

Our findings

The home did not have a registered manager in post as the previous registered manager had recently left after over one year's service. The provider had recruited an interim manager who was in the process of applying to become a registered manager. The provider had already recruited a permanent manager and they were going through recruitment checks. During this process the provider had maintained a strong presence with people and their relatives and offered additional support to the interim manager.

The home had an extensive quality monitoring tool in place which supported the manager to review people's care. This included incidents or falls and the quality monitoring systems in place helped to identify where improvements were required. For example, one of the audits identified that one person's falls had occurred at a similar time of day and the manager had made arrangements to change the timings of staff breaks. All staff were involved and responsible for participating in quality assurance procedures. For example, the senior staff, the manager and the provider had a role to play on a regular basis in audits and peer reviews. The manager took swift action to respond to feedback, for example when concerns had been identified about staff competencies regarding medication administration, the manager dealt with this quickly to ensure people were kept safe.

People at the home reacted positively to the new manager and staff commented that they had confidence in the management. One relative told us, "The new manager listens, she is pro-active, she actions complaints. So much has changed since the new manager came, she actions problems straight away." Staff told us that they felt the manager had made improvements, for example by ensuring staff had regular supervision. We saw that the manager ensured they visited all the floors in the home on a regular basis to meet people and make sure they were receiving the care they needed. Staff enjoyed having the additional support from the manager and seeing them throughout the day.

The culture within the home focused upon providing high quality and consistent care. All of the staff we spoke with were committed to providing personalised care and support. Staff were focussed on the outcomes for the people who lived at the home. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met. Staff clearly enjoyed their job, and one member of staff said, "I love it here, it's brilliant. I can't wait to get into work." We saw that staff were encouraged to take on new responsibilities and to lead in specialist areas of care. For example, we saw that one person had volunteered to become a dementia champion and would be responsible for ensuring that all staff were aware of the issues that dementia care raised and how they could best respond to people.

The provider worked closely with the home, particularly during difficult or unsettling periods, for example after a previous manager had left the service. The provider completed regular visits and made themselves known to visitors and relatives of the home. We saw that the provider had completed regular audits and identified where improvements needed to be made and was a visible and approachable figure at the home.

Systems were in place for people, their relatives and staff to provide feedback about the home and the quality of care people received. People and their relatives had been invited by the manager to create a

residents and relatives committee. People were supported to be involved if they needed assistance. The manager had held an initial meeting with relatives once they began their employment at the service to introduce themselves and understand if anyone had any immediate or recurring concerns. The manager had taken immediate action following the meeting which included re-introducing a particular type of biscuit that people enjoyed. The manager also listened to feedback and ensured that the names and contact details of the senior staff on duty were displayed for all relatives to see.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.

The home worked to develop community links by arranging an open day and a fete. People were supported to be involved in community events or were able to choose not to participate. The manager had also developed links with outside agencies to develop best practice by attending for example nursing forums and care group meetings with other care providers, doctors and nurses. The manager told us these were helpful at picking up ideas to improve people's health and share ideas of what worked well for other professionals.