

Seymour House (Hartlepool) Limited

Seymour House (Hartlepool) Limited

Inspection report

The Front
Hartlepool
Cleveland
TS25 1DJ

Tel: 01429863873

Website: www.beaumontsupportedliving.co.uk

Date of inspection visit:

26 August 2021

06 September 2021

13 September 2021

21 September 2021

Date of publication:

18 October 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seymour House (Hartlepool) Limited is a care home which can provide nursing and personal care for up to 20 people who live with mental health conditions. At the time of this inspection there were 18 people living at the service.

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

People were protected from harm as risks had been assessed and plans put in place to mitigate these. Improvements had been made to the assessment and support plans. However, staff needed to ensure they clearly detailed any restrictions and the legal framework in place to support them. The registered manager needed to ensure staff fully understood and consistently applied the principles of the Mental Capacity Act 2005 and associated code of practice.

Care staff, in general, adhered to COVID-19 guidance on working in a care setting. We raised the need to ensure supplies of PPE were available at more points throughout the service. The deputy manager immediately ensured PPE was made at both entrances of the home.

There were enough staff on duty and staff were recruited safely. There had been some staff turnover recently and the provider was actively recruiting permanent staff.

People told us they were treated with kindness. People told us the care was safe and, overall, they were happy at Seymour House. Staff were dedicated and committed to providing an effective service.

People were protected from abuse by staff who understood how to identify and report any concerns. Medicines were managed safely.

Staff had received mandatory and condition specific training. Staff supervision sessions were completed.

People were receiving nutritious meals, but some people felt these could be a bit repetitive at times. Work is in progress to develop a more rehabilitation focus and a skills kitchen was being created.

Staff worked closely with local healthcare professionals and commissioners. These good working relationships ensured people received care and treatment in a timely manner.

The provider had ensured the governance arrangements were used to critically review practices within the service. We received positive feedback about how the service was managed.

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

Rating at last inspection

The last rating for this service was good (published 6 December 2018).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seymour House (Hartlepool) Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Seymour House (Hartlepool) Limited

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.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors completed the inspection.

Service and service type

Seymour House (Hartlepool) Limited is a 'care home'. People in care homes receive accommodation and nursing or 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 manager who is 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 was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with the provider, registered manager, deputy manager, two nurses, two support workers and the cook. We observed how staff interacted with people using the service.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We reviewed a range of records. This included five people's care records, medicine records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager regularly reviewed dependency levels and ensured staffing consistently reflected people's needs.
- Due to recent staff changes on occasions agency nurses were being used. The registered manager ensured there was consistency in the staff deployed from the agency. They were working to recruit to vacant posts.
- Our observations indicated that staff were prompt to respond to people's needs. One person said, "I have no concerns and there seems to always be enough staff."
- The provider operated systems that ensured suitable staff were recruited safely. We discussed with the registered manager the need to keep current photographs of staff members on file, amend the application to allow nurses to record their Nursing Midwifery Council registration PIN number and keep copies of NMC checks. The registered manager confirmed the necessary changes would be made.

Preventing and controlling infection

- On the whole staff adhered to COVID-19 regulations and procedures. PPE was not made available at the entrance at back of the home and we found staff travelled the home to the office to obtain masks. We raised this with the deputy manager who immediately installed a PPE station at the back door.
- Checks were in place at the entrance and visitors were being tested.
- We noted the poster on display at the front of the home was out of date and this was changed immediately.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- Risk assessments were in place to reduce the risk of harm to people. These included environmental and individual risk assessments and provided staff with guidance on the actions to take to reduce the risk.
- The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.
- The environment and equipment were safe and well maintained. Refurbishment work was being completed, which was enhancing the décor and the provider was creating areas in the home to be used for rehabilitation such as a skills kitchen.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

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.

At the last inspection this key question was rated as requires improvement. At this inspection we found this key question remained the same. Assessments had improved but further work was needed to ensure staff were supported to fully understand and implement the requirements of the Mental Capacity Act 2005.

Ensuring consent to care and treatment in line with law and guidance. Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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 Mental Capacity Act 2005 (MCA).

- Staff had received training around the requirements of the MCA and its associated code of practice. When people were making unwise choices, staff liaised closely with the multidisciplinary team to ensure individuals were fully aware of the risks and consequences of their actions.
- Work was still needed to be completed to ensure staff understand the remit of the Mental Capacity Act 2005. Restrictions were in place for people, such as staff managing their monies and cigarettes and for some people they only go out with staff. People said, "The boss, he decides who gets their money, I have to go to the office to get it. It's a pittance what I get" and "I get 20 cigarettes on a morning and 5 at night and this is just how it is."
- We were informed no one at the home lacked capacity to consent. None of the home's care records address this or under what framework (legal or consensual) the restriction of their money and items was based. The registered manager undertook to address this matter immediately.
- People's needs were assessed in line with recognised guidance. The registered manager had worked over the last few years to enhance the assessment tool and these presented clearer information. These were regularly reviewed. They undertook to ensure staff consider people's capacity when completing the assessments.
- Staff had received a range of mandatory and condition specific training. They had regular supervision and appraisals. Staff told us they felt supported. The registered manager undertook to revisit with staff the requirements of the MCA and the associated code of practice.

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

- People told us staff encouraged them to eat a healthy diet. A nutritional assessment tool was in place.
- The cook provided healthy and nutritious meals throughout the week. They were very knowledgeable and had completed all relevant training.
- People were complimentary about the food but some people felt the menu choices could be repetitive. One person commented, "We get fish every Friday and a picnic tea every Sunday, wish at times they would do something else." We discussed this with the registered manager who undertook to discuss menu options with the people who used the service.

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

- The registered manager and staff worked closely with health professionals to deliver support according to people's needs. The registered manager and deputy manager had formed excellent links with the community mental health teams and these good working relationships had led to people receiving all the support they needed in a timely manner.

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

- People's rooms and communal areas were adapted to their needs and preferences.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us the registered manager was approachable and acted swiftly to address any issues. One staff member said, "The manager is very easy to speak with and does listen to our views."
- The service involved people and their families in discussions about individuals care and support needs. People told us staff had the skills they needed to provide them with the right care.
- The registered manager regularly reviewed the systems and processes in the home to determine if improvements could be made. They used the information to identify and monitor where changes were required and how these could improve the service. For example, following the last inspection they had worked with staff to improve the assessment tools but understood more work was needed to ensure the rational used to implement any restrictive practices were clearly documented.
- The registered manager had reviewed the service and determined work was needed to provide a focus on rehabilitation. This had led to works being completed to install a skills kitchen.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager maintained clear oversight of the service. Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- There was a positive culture in the home. Staff provided a happy yet calm atmosphere and encouraged people to participate in their care and lead lives with meaning.
- Reports had been sent to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The registered manager had put a variety of arrangements in place to assist people to remain in contact with their relatives. The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The service had openly engaged with various partners including the local authority and clinical commissioning group to review the service. They used the advice to ensure the service delivers effective care.