

# The Daughters of Charity of St Vincent de Paul Seton Care Home

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



## Overall summary

This inspection took place on 11 June 2015.

Seton Care Home is registered to provide accommodation for 12 older people who require personal care. There were 11 people living at the service on the day of our inspection.

A registered manager was not 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 new manager had recently been appointed and told us they would be making an application to the commission to be the registered manager, as required.

# Summary of findings

Medicines were not always safely managed to ensure people received their prescribed medicines to meet their needs. The provider's systems to check on the quality and safety of the service provided were not always effective in identifying areas where improvements were needed.

People were involved in planning their care. Care plans were regularly reviewed and included people's preferences. However, improvements were needed to some areas of care planning so that staff had clear information on how to give people the care that they needed. The provider had a clear complaints procedure in place.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the home.

People were supported by staff who knew them well and were available in sufficient numbers to meet people's

needs effectively. People's dignity and privacy was respected. Visitors were welcomed and people were supported to maintain relationships and participate in social activities and outings.

People were cared for by staff who were being provided with improving opportunities for support and training. Improvements were planned to the way people's ability to make decisions was considered so the provider fully met the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People told us that they received the care they needed and this was provided in a kind and caring way by people working in the service. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal preferences.

People knew the manager and found them to be approachable and available in the home. People living and working in the service had opportunity to say how they felt about the home and the service it provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People's medicines were not always safely managed.

The provider had systems in place to manage safeguarding concerns.

There were enough staff to meet people's needs.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Guidance was not being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

Staff received improving opportunities for supervision and training.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

People were supported to access appropriate services for their on-going healthcare needs.

**Requires improvement**



### Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

People's privacy and dignity was respected, as was their right to make their own lifestyle decisions.

**Good**



### Is the service responsive?

The service was responsive.

People, or their representatives, were included in planning care to meet individual needs.

People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

**Good**



### Is the service well-led?

The service was not consistently well led.

**Requires improvement**



# Summary of findings

There was no registered manager in post. The provider's systems to assess and monitor the quality of the service were not always effective in identifying areas where improvement was required.

People felt involved and had opportunities to express their views about the service they received.

# Seton 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 11 June 2015, was unannounced and was completed by one inspector.

Before the inspection, we looked at information that we had received about the service. This included any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with four of the people and one of their relatives. We also spoke with the manager and six staff working in the service and received information from a healthcare professional.

We looked at four people’s care and medicines records and a range of records relating to staff support. We also looked at the provider’s arrangements for managing complaints and monitoring and assessing the quality of the services provided at the service.

# Is the service safe?

## Our findings

People's medicines were not always managed safely. One person's medication administration records (MAR) showed that they were prescribed one or two tablets for pain relief as required. We could not check if the amount of remaining tablets tallied with the records as staff had not always recorded the number of tablets given on each occasion. There was no guidance in place to tell staff when each person should receive medicines prescribed on an 'as required' basis so that its effectiveness in meeting their needs could be monitored.

Medication administration records showed occasions where one person had not received some of their medicines. Staff had recorded that the person was sleeping at the time of the morning medication administration round. The medicines remained in the container. Staff could not explain why the person had not been offered these medicines at any other time during the day. Another person's MAR showed that they had not had one of their medicines for a period of five days. Staff told us that the medication had not been provided by the pharmacy when expected. While this had initially been followed up, the manager confirmed that appropriate action had not been taken to ensure that the person received their medication as prescribed, so as to ensure their safety and well-being.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe living in the service. They told us this was because they were well looked after and had no worries. One person who told us they felt safe said, "I am well looked after. This is my home and it feels like it and that is what I want to feel safe." Another person who told us they felt safe said, "I could say if I was not happy or worried, but I am not. I am sure they would listen if I told them that I wasn't happy about something. I have settled in well and everyone is very nice."

The manager had a clear understanding of appropriate actions in reporting and recording any safeguarding incidents. When we made them aware of medicines concern, the manager informed the local safeguarding team as required that the person had not received their prescribed medicines. Apart from that issue, we found that people were protected from abuse, or the risk of abuse. Staff told us they were provided with suitable training on

safeguarding people and they were aware of the whistleblowing policy. They were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and confirmed they would escalate concerns where necessary.

Risks were identified and actions were planned to limit their impact. People's care plans included information about risks individual to them. Staff we spoke with were aware of people's individual risks and how to manage them safely.

Plans were in place to help staff deal with unforeseen events. The manager told us that they were in the process of reviewing the main contingency plan for the service to ensure it provided the greatest level of safe support to people. Personal evacuation plans, tailored to people's individual health and mobility needs, had been drawn up for each person living in the service. Maintenance staff carried out regular checks which ensured the environment and equipment used, including safety equipment, was well maintained and kept people safe.

Staff were suitable to work with people living in the home. Safe recruitment and selection processes were in place. Staff files showed that appropriate checks had been undertaken before staff had started working at the service. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references. Written confirmation had been received to confirm that staff employed from an agency had also been safely recruited.

People told us there were enough staff to meet their needs. One person said, "Staff are there if you need them." Staff told us there were sufficient staff to enable them to meet people's needs safely. There was no assessment tool in place to show how the service decided how many staff were needed to meet people's needs. Staffing levels had been increased to meet increased dependency levels and one person was provided with one to one care.

We saw that staff were not rushed during the day and had time to spend with people. We looked at four weeks' staff rota records. These showed that the levels advised by the manager had been maintained. They also showed that efforts had been made to ensure that continuity was

## Is the service safe?

maintained where agency staff were used. This enabled people to be cared for by staff who were familiar with them and who would be more likely to identify any changes or concerns in relation to their welfare and safety.

# Is the service effective?

## Our findings

We saw that doors were fitted with keypads to stop some people leaving the service unescorted. Sensor mats were in use to alert staff when some people got out of bed. No information was available to show if people had consented to these restrictions of their liberty, or how decisions were reached if people were not able to consent. The manager told us that, since coming into post, they had identified that people's capacity to make decisions had not been assessed in line with the Mental Capacity Act (MCA) 2005 and that relevant applications had not been made to the local authority in relation to the Deprivation of Liberty Safeguards (DoLS). The manager confirmed they were working to complete these in the near future.

People were positive about the skills, experience and abilities of the staff who looked after them. One person told us, "They do a wonderful job." Staff told us they received the training they needed to support the people they cared for and that this was updated regularly. A system was in place whereby staff completed at least two separate training days each year, to update core subjects including moving and handling, dignity in care and medication systems. Records were not available to show that all staff had completed updated training. However, the manager was reviewing the training records, and plans were in place to ensure that all staff would have updated their training by September 2015. The manager had also identified the need for staff to be provided with additional updated training such as in the Mental Capacity Act 2005 and dementia awareness to ensure they could meet the needs of people using the service.

Staff told us they received the support and information they needed to do their job well. This included the recent re-introduction of formal supervision. The manager had completed supervision sessions with staff including where issues such as medicines or safeguarding had been identified. They had also arranged staff meetings for both

day and night staff where issues and outcomes were discussed. Staff told us they felt able to approach the senior staff and the manager for advice and support. The manager had recently reviewed the policies on staff induction, supervision and appraisal and confirmed that staff were to be provided with an annual appraisal.

People were supported to eat and drink sufficient quantities. They told us that the food was good and the staff were always there to assist them in any way they needed. One person said, "The food is grand. There is plenty of it and no one starves here for sure." Another person said, "There is a choice of food. We always have plenty to eat and drink. Staff encourage you to drink lots." People were offered a choice of meals and drinks throughout the day. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner. Staff were knowledgeable about people's preferences and dietary needs and how these were to be met.

People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and suitable actions taken. Where appropriate, referrals had been made to a suitable healthcare professional. We found that people at risk of not eating enough had been provided with supplementary drinks and fortified foods appropriate to their needs. Advice, guidance and support had been obtained where necessary from healthcare specialists such as the GP and dietician.

People were supported to maintain their health and well-being. People told us that staff made arrangements for them to see, for example, the doctor, if they did not feel well. A healthcare professional told us that people's health care needs were well monitored and supported within the service. They told us that staff knew people very well and carried out any advice given by professionals to support people's health.



# Is the service caring?

## Our findings

People made many positive comments about the quality of the care provided at the service. All the people we spoke with told us that staff were kind and caring and treated them with dignity and respect. One person said, "Staff are kind, they do care about you and you are asked about what you would like." Another person said, "Staff are kind and could not do more for you."

People were involved in making day to day decisions. People told us that staff always asked for their agreement before carrying out any tasks or personal support. We saw that staff sought people's consent throughout all interactions. One person said, "Staff always ask if they can help you."

People told us they were not sure whether they had been involved in their care plans but confirmed that they were asked for their preferences and these were respected. This included choices about where to spend their time, what to wear, what to eat and drink and whether or not to join in social activities. One person said, "I don't remember my care plan, but it doesn't matter. I take it as it comes and really, all is fine here for me. We are well cared for, I am very content here."

Staff addressed people by name or by their preferred title as recorded in their plan of care. We saw that staff spent time asking people for their views and listened to their responses. People were encouraged to make choices and their independence was promoted and encouraged. One person said, "I can keep my independence. I can do as I please and do what I am able to do for myself."

People's privacy and dignity were respected and they had keys with which to lock their own rooms should they choose to. Staff knocked on people's bedroom doors and waited to be told they could enter. People told us that staff always respected their dignity and closed doors while personal care was being provided. We saw that staff spoke quietly when discussing a matter of personal care with a person, so as to protect the person's dignity. People's personal information was securely stored.

People were supported to maintain relationships with others. People told us their visitors were always welcomed. Many of the staff had worked in the service for a number of years and people told us they had been able to build good relationships with them. One relative told us that they were able to visit their relative whenever they wished.

# Is the service responsive?

## Our findings

People told us they received personalised care that met their needs. They told us that they had been asked about their care needs and their preferences before they came to live in the service and that these were met on a day to day basis. This was confirmed by a relative who explained that staff had spent an afternoon with them assessing the person's needs and how they would like these to be met. They said, "We were involved in everything." The relative told us that the care provided was just what the person needed and was provided in the way that they wished for. They told us, for example, that the service responded to the person's lessening mobility and subsequent falls in a way that suited them, such as more frequent use of a wheelchair when this was needed.

People had been involved in planning their care. We saw that care plans included information on, for example, people's religious preferences or personal interests. Staff were aware of these and we saw that these were met during the day. One person said, "We have opportunity in our routine for prayers as is part of our community's way." Some areas of the care plans had limited guidance on aspects of people's individual needs, such as support for a specific behaviours or a skin condition. The manager confirmed that additional information would be added to these to provide better clarity. Discussion with staff and observation of practice showed that the care provided to the person was responsive and consistent to meet these needs.

The service responded to changes in people's needs. One person, for example, had had an increased number of falls. In response to this, an additional member of staff was on duty over the 24-hour period so that the person was constantly supported to ensure their well-being.

People's preferences were respected. One person had recorded in their care plan that they preferred not to have a life story as part of their care plan as they felt this information was personal and did not wish it to be shared. Another person's care records advised that they had

requested not to be checked at night as they did not wish to be disturbed. The person's care plan identified that they had no history of falls and that this preference was to be respected. It was agreed with the person that staff would check with them at the beginning and end of each shift. The person confirmed that staff did not disturb them at night.

People had opportunities to follow social and leisure pursuits. One person's care plan advised the person enjoyed being involved in fund raising activities. The person confirmed this in conversation and told us they were looking forward to taking part in such an event that was planned at the service at the weekend. People told us that because of their increased frailty, they were more restricted in what they were able to do, but they were supported to do the things they still could when they wanted to. This included watching sport on TV, going for walks in the grounds, gardening in pots, reading and doing crossword puzzles. One person said, "There is an open programme really for you to do as you wish at other times such as reading the paper, going out and using the garden." The manager told us that since coming into post, they had identified additional social opportunities that people might enjoy and was in the process of arranging these.

People felt able to express their views about the service and they had no complaints. One person said, "I could say if I was not happy, or if I was worried, but I am not."

The provider had a complaints procedure in place that was in the process of being updated by the manager. A system was in place to record complaints and to show any outcomes or learning identified. No complaints had been received since our last inspection and so we could not assess if it was used to respond to people appropriately. The complaints information was clearly displayed where people using the service could access it easily. It gave people timescales within which response and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response.

# Is the service well-led?

## Our findings

### Our findings

The provider had recently notified us that the registered manager was no longer in post and that a new manager had been appointed. The manager confirmed that they would be making a formal application to the commission to be registered as the manager of the service as soon as possible. With the support of the administrator, the manager was continuing the review of the provider's policies and procedures, so as to ensure that they reflected clear and up to date guidance for staff on expected and current good practice.

While there were checks and audits in place, the provider's system to assess and monitor the safety and quality of the service provided was not always shown to be effective. It had not identified areas needing improvement, for example, medicines, care records, staff training, or their duties regarding the MCA 2005 and DoLS.

The manager told us they were assessing and getting to know the service and its culture to identify its strengths and areas that needed improvement. We saw actions that the manager had identified and taken in their five weeks in post. These included medicines and staff support and communication systems. While the manager had not as yet developed a written action plan, they were able to demonstrate the progress to date in taking actions to improve some of these areas.

The manager was aware that further work was required to improve the provider's quality assurance system. This included reviewing records and procedures and analysing information from checks and audits so that actions could be implemented to improve the service people received. An example of this was using the detail of falls and accidents to identify any trends so that actions could be implemented to limit the risks. The information will be included in a monthly report to the provider so that actions and improvements could be clearly monitored.

People told us that they had confidence in the management team. People knew who the manager was and saw them regularly. One person said, "I really like the new manager. She is so ordinary that you could talk to her easily and she always has a smile. She always pops her head in to say hello and see that everything is all right." Staff told us that the manager was approachable and supportive.

People had opportunity to share their views about the service. The manager had set up a meeting for people, however no one had attended. A further meeting will be offered, to be led by a long serving member of staff, who the manager felt people may be more comfortable with. People told us they would feel able to say if there was any aspect of the service they were dissatisfied with, but there was not. One person said, "It is no problem to say what you would like, they do involve us and ask us what we want."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe management of their medicines. Regulation 12 (g).