

# Hendon Universal Property Company Limited

## Seaton Court

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Seaton Court is a care home providing personal and nursing care to 17 people at the time of the inspection. The service can support up to 68 people.

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

There had been a period of instability at the service due to multiple management changes. There was a new manager at the service who had been in post one week at the time of inspection and had not yet registered. Statutory notifications had not always been submitted to the CQC in the correct format.

Audits were in place; however, some were not recorded consistently to ensure follow up actions could be monitored.

People were protected by staff that understood safeguarding procedures and had received appropriate training to enable them to support people safely.

Care plans were in place and staff told us they used these to help them support people in line with their needs and preferences.

People's medicines were stored and administered safely. There were enough staff to support people and to assist them to eat and drink when required.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

People were offered activities by the activities coordinator and care staff. People were able to choose how they spent their time and we saw people partaking in various activities during inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 11th December 2019.

### Why we inspected

This was a planned inspection based on concerns received regarding lack of management oversight and whistle blowing concerns.

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 coronavirus and other infection outbreaks effectively.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Seaton Court

## 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 control and prevention 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

The inspection was carried out by one inspector and one inspection manager

#### Service and service type

Seaton court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission at the time of our inspection. Although the current manager was in the process of registering.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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.

We used all this information to plan our inspection.

#### During the inspection

We spoke to two people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, clinical support nurse, care workers and domestic staff. We looked at a range of records including care files, training records and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and spoke to staff members.

# Is the service safe?

## Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had a good understanding of safeguarding procedures. Staff we spoke with told us they had received training and records supported this. One staff member said, "If I saw something, I would report it to the manager, and I could also raise it with the safeguarding team or CQC."
- Safeguarding concerns had been submitted to the relevant local authority when needed, however some notifications had not always been submitted to CQC in the correct way. The new manager was aware of the process to submit CQC notifications.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed regularly. Staff told us they used care plans and risk assessments to manage risks. One staff member said, "We have access to people's plans electronically so they are easily accessible, we use these to help us manage risks such as any triggers for when people may get anxious."
- Risks to people had been assessed and care plans and risk assessments were in place for staff to use. For example, where a person required assistance with their mobility, the equipment needed and process for helping them was recorded in their plans.
- During the inspection we observed some minor safety issues with doors to some cupboards and the hairdressing room not being locked to ensure people's safety. However, at the time of the inspection this floor was not accessible by people who were able to mobilise, and the issues were rectified immediately following the inspection.

Staffing and recruitment

- People were supported by enough staff. During the inspection we observed there were enough staff to meet people's needs in a timely way. One person said, "I don't have to wait for them to come." Our observations during inspection were that people were not waiting to receive support.
- Staff had been recruited safely. The provider had followed safe recruitment practices to ensure staff were suitable to support vulnerable people.

Using medicines safely

- People received their medicines as prescribed from staff that had been trained to administer them safely. Guidance was in place for 'as required' medicines for staff to follow.
- Body maps were in place for people who required topical medicines or in medication in patch form.
- Medicines were administered, stored and disposed of safely. Stock checks were carried out to ensure people had received their medicines.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The provider had processes in place to learn lessons when things go wrong. For example, accidents and incidents were recorded and these included what happened before, during and after the incident to enable analysis of the incident to try to prevent re-occurrence.
- Where documentation had not been completed correctly, action had been taken and staff had been re-trained to improve consistency.



# 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.

This is the first inspection for this service under the new provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, staff received an induction which included shadow shifts with an experienced staff member. One staff member said, "We get a lot of training here such as safeguarding, dementia awareness and moving and handling and this all gets refreshed every year."
- Staff told us they felt supported and were kept informed of any changes. One staff member told us, "We have daily 'flash' meetings and have other meetings when needed. We can speak with the manager anytime if we have any concerns." And, "We have staff meetings and have regular supervisions, these are very informal, and we are able to make suggestions and we are listened to."
- Mandatory training and some specialisms to help staff assist people safely was in place. A training matrix was viewed that showed training was on-going.

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

- Staff told us people got to choose what meals they wanted each morning, and alternatives were available if the person changed their mind. We observed one person who did not want their lunch, so alternatives were offered until the person chose something they wanted.
- For people that were unable to choose for themselves this was done by considering their usual preferences. We observed staff assisting a person with their main meal being patient and using encouragement to ensure the person ate all of their meal.
- Where required people had their food and fluid intake recorded and this was used to ensure they were eating and drinking enough to maintain their health. Care plans and risk assessments were in place describing specific ways people needed their food to be prepared and served.

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

- All areas of the service viewed were clean and tidy. There were reminiscing items located on the walls. There were also boxes placed outside people's bedroom doors containing items that were familiar to them to help them locate their rooms more easily.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had access to other professionals when needed and this was recorded in their care files. For example, we saw where one person had received advice from a speech and language professional and this had been updated in their care plan and was followed by staff when supporting the person.
- Staff told us and records showed that people received support from other health professionals when needed. One staff member said, "If we think a person isn't well or needs more support, we report this to the

nurse and then an appointment can be made for them to see their GP." And, "People have access to other healthcare services when needed. We have a folder, and this contains all contact details of relevant healthcare services that may be needed for that individual."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed and documented in care plans.
- We saw DoLS applications had been submitted to the local authority where needed for people which looked at the least restrictive options for people to maintain safety.
- Staff were able to tell us about supporting people who lacked capacity, one staff member told us, "Where someone doesn't have capacity to make their own decisions we use what we know about them to choose things like their food or clothes for the day that we have learnt that they usually like."

# Is the service caring?

## Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who knew them well. One person said, "The staff are all very nice." We observed kind and caring interactions between people and staff throughout the inspection. For example, we saw where one person was becoming anxious a staff member sat with the person to help calm them.
- From our observations we saw that people were comfortable with the staff that were supporting them as they were laughing and engaged in conversations.
- Care plans contained information about people's preferences and hobbies. Staff told us they used this information to help them talk to people about things they were interested in.

Supporting people to express their views and be involved in making decisions about their care

- We observed staff getting people involved in decisions about their care. People were asked where they wanted to sit, if they wanted to take part in any activities and if they needed assistance when eating.
- People and relatives were involved in the care planning. One staff member told us, "[residents name] enjoys nature so we try to encourage conversations around birds and gardening as we know they enjoy that."

Respecting and promoting people's privacy, dignity and independence

- We saw carers retaining people's privacy and dignity whilst supporting them. For example, speaking to people when assisting them with eating, and wiping any spills away from their mouths.
- Staff told us what they did to support people's independence. One staff member said, "I always ask people what they would like me to do, I offer choices to make it easier for them and only offer help if they need it as encouraging people to try to do things for themselves if they can is important."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service under the new provider. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's differing communication needs and we saw effective communication between staff and people during the inspection.
- Communication preferences and guidance were available for staff to follow regarding the person's protected characteristics
- Care plans contained information regarding preferences around how people wanted carers they to support them, and also if they liked or disliked any physical affection such as hand holding or reassuring hugs.

### Improving care quality in response to complaints or concerns

- Care plans contained details of how a complaint or concern could be raised and contained details of how that person would need it to be made accessible for them. For example, one person would need an advocate as they would not be able to do this themselves.
- A complaints file was in place; however, none had recently been received. The manager was able to explain the process for dealing with any complaints received.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples hobbies, current interests and preferences were documented in their care plans. For example, where a person would be comfortable to discuss their past lives, whether they enjoy socialising or prefer to spend time alone.
- There was an activity coordinator available to assist with getting people involved, and staff were seen engaging with people throughout the inspection. For, example one person was being supported to write a letter to a relative and another person was having their newspaper read to them by a staff member.
- Spiritual or cultural needs were recorded in peoples care plans.

### End of life care and support

- End of life wishes had been discussed with people if they were able and wanted to and recorded in their care plans. At the time of the inspection no one was receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under the new provider. This key question has been rated Requires improvement. This meant quality monitoring tools were not consistently effective at identifying and implementing required improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service has undergone a period of instability due to multiple management changes. The previous two managers had left the service and the new manager had only been in post one week and had not submitted an application to the CQC at the time of the inspection. They told us they would be making an application to become registered manager.
- Some statutory notifications to the CQC had not always been submitted in the correct way. Training was being delivered for this to improve consistency and was an on-going process. The new manager understood the process for ensuring all notifications to CQC were submitted in the correct format and a timely manner.
- There were quality assurance systems in place to look at all areas of the service such as accidents and incidents, infection control and medication, however some checks were being carried out without consistent recording. For example, the manager was conducting random checks of people's files to check for any inconsistencies, however there were no names or initials being used which meant duplication could occur, these checks could not be followed up to ensure any relevant changes had been actioned. The manager told us a new process was being implemented to ensure consistent monitoring of resident's wellbeing, however this was not in place at the time of the inspection.
- Monthly visits from a senior manager are also conducted to carry out their own inspection of the service, and the new manager was receiving support from a support manager and a nurse to enable a full induction into the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff gave positive feedback about the management team and the changes that had been made since the new manager had started. We saw that people felt comfortable around the staff and management team members.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people safe. The manager explained the process of what they would do if things had gone wrong and was aware of notifying the local authority and submitting notifications to the CQC as necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People were supported to communicate in their preferred way which suited them.
- Care plans contained information regarding people's preferences including any protected characteristics
- We saw feedback surveys are sent out to people and their families on a 6 monthly basis to help gain feedback. Surveys were due to be sent out in the near future due to the new manager now being in post.
- Staff told us they had regular meetings with the management team and were listened to.

#### Working in partnership with others

- There was evidence in people's care files that the service worked well with other professionals to get best outcomes for people. For example, one person had been seen by a community nurse to review their medication. □