

# Linkage Community Trust Limited(The) Seaton House

## 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

We inspected Seaton House on 10 June 2016. The inspection was unannounced.

Seaton House is situated in Louth, close to the town centre. The home is registered to provide accommodation and personal care for up to nine adults who experience needs associated with learning disabilities. At the time of the inspection nine gentlemen were living in the home.

There was an established registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's rights were respected and they were supported to make decisions and choices for themselves wherever possible. Staff understood how to support people to make decisions and choices in line with legal guidance. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection two people were awaiting the outcome of applications for DoLS authorisations.

People were supported to stay safe by staff who understood how to help them avoid the risk of accidents and protect them from abuse. Their support was provided in a kind and caring way. Staff promoted their privacy and dignity and respected their confidential information.

People were treated with respect and they were involved in planning the ways in which staff supported them. They were encouraged to express their views and opinions about how their support was provided.

People had access to the healthcare services they needed and staff supported them to eat and drink enough to stay healthy. Their medicines were managed safely.

People had the support they needed and wanted to enable them to develop active social lives and pursue the hobbies and interests that were important to them.

Staff were trained and guided about how to provide people's support in the right way and there were enough staff on duty to do so. The provider had systems in place to ensure staff who were employed were suitable to work with the people who lived in the home.

The home was run in an open and inclusive way. People who lived there and staff members were encouraged to express their views and be involved in how the home was run. Systems were in place to

regularly check the quality of the services and facilities provided in 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 were supported in a way that minimised risks to their health, safety and welfare.

There were enough safely recruited staff on duty to meet people's individual needs and wishes.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

People had access to the healthcare services they needed and they were supported to eat and drink enough to stay healthy.

People were supported to make their own decisions wherever possible and staff understood how to support people who lacked the capacity to make some decisions for themselves.

### Is the service caring?

Good ●

The service was caring.

People were supported in a warm and caring way. They were treated with respect and their privacy was maintained.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

### Is the service responsive?

Good ●

The service was responsive.

Staff provided people with all of the support they needed and wanted and people were involved in planning the support.

People were supported to lead active social lives and pursue their hobbies and interests.

There was a system in place to manage complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager promoted an open and inclusive culture within the home.

People were supported to be involved in the running of the home and express their views about the services provided.

The provider had systems in place to assess and monitor the quality of the services provided.

# Seaton House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 10 June 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with five of the gentlemen who lived in the home and one relative. We looked at three people's support records. Some people who lived in the home preferred to use signs and gestures to express themselves and some people chose not to speak with us. We therefore spent time observing how staff provided care for those people to help us better understand their experiences of care.

We spoke with the registered manager, the deputy manager and two support workers. We looked at three staff recruitment files, staff supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

# Is the service safe?

## Our findings

People who lived in the home told us they felt safe living there. One person told us, "I feel very safe in my home, the staff and my friends help." Another person told us, "Staff help me to keep safe. It makes me feel secure and confident." A relative we spoke with also told us they felt their loved one was safe living in the home.

Staff we spoke with said they had completed training about how to keep people safe from harm. Records confirmed that they had received the training and that it was regularly updated. We saw there was relevant guidance on display in the home for people who lived there and staff to refer to if there was a need. Staff knew about the provider's procedures for reporting any concerns they had for people's safety. They also knew about the external organisations, such as the local authority and police, that they could report any concerns to.

Potential risks to each person's safety had been assessed and a management plan put in place. People told us, and their support records showed, that they had been involved in assessing risk and planning the actions to reduce those risks. We saw that this was done in such a way as to help people maintain their independence. An example of this was where a person wished to spend time alone in the house when others had gone out for short periods. Records showed, and the person told us, they had received support to understand how to keep the property secure and how to respond to callers in a safe way. Another person told us how they had been supported to understand and manage risks whilst they travelled independently on public transport.

We saw that arrangements were in place to protect people from the risk of financial abuse. People told us that staff held their personal money securely for them and kept records which they signed when they took money out. During the inspection we saw a member of staff supported a person to access their personal money. The person signed to say they had received the money and the member of staff checked the remaining cash balance was correct.

Each person had a plan in place for the support they needed if they had to evacuate the building in the event of an emergency such as a fire. People we spoke with knew the actions they should take if a situation such as this occurred.

We saw that there were no records of accidents or near misses in the six months preceding the inspection. We checked this with the registered manager and people who lived in the home and found this was an accurate reflection of the current situation. The registered manager demonstrated their understanding of how to report and review accidents and near misses and we saw the provider had systems in place to support this.

People told us they received their medicines at the times they were prescribed and that staff helped them to understand the reasons for taking them. We saw that where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were

administered in a consistent way. One person had been supported to take control of their own medicines following the completion of a risk assessed training programme. Appropriate, secure storage for the medicines was in place in the person's bedroom.

Staff who administered medicines had received training about how to do this safely. Arrangements for the receipt, storage and disposal of medicines were in line with good practice and national guidance. The registered manager had identified a support worker to take a lead role in ensuring there was a sufficient supply of medicines available and that good practice guidance was adhered to by all staff.

Records showed that the provider had carried out background checks on staff before they had been employed and staff confirmed this. The provider checked areas such as employment history and obtained references from previous employers. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

People who lived in the home and a relative told us that there were always enough staff around to help people with whatever they needed. Rotas for the three weeks preceding the inspection showed that the levels of staffing the registered manager had assessed as being needed were consistently met. We also saw that the same levels of staffing were planned for the month following the inspection. Some of the people who lived in the home needed extra support to at specified times to help them meet their needs and the registered manager had ensured staff were available to provide this.



# Is the service effective?

## Our findings

People we spoke with said that staff knew them very well and knew how to support them. One person said, "I wouldn't be where I am without the staff." Another person told us, "This is the best place to be, I would like to say a big thank you to the staff." A relative told us they had confidence in the staff team because they knew their loved one well and helped them to have a good life.

Staff told us they regularly met with the registered manager or deputy manager to discuss their work and plan any further training they may need to help develop their skills. We noted, and staff told us, that the registered manager and the deputy manager worked alongside staff. This meant that they could observe how well staff carried out their roles within the home and provide further support where necessary.

Staff had received introductory training when they started work at the home. This included time to get to know the people who lived there and to learn from experienced staff members. The registered manager told us the induction programme was based around new nationally agreed standards for induction training. During the inspection we saw the registered manager was supporting a new member of staff to work through an induction booklet. They also included the new member of staff when they provided specific support for people. This enabled the new staff member to get to know how each person liked to be supported.

Records showed, and staff told us, they received a varied programme of on-going training. This included support to undertake nationally recognised courses in caring for people. Staff told us training was related to people's needs which included epilepsy, specific sign language, managing behaviours and risk assessing skills. The registered manager told us they were planning to introduce training about mental health conditions that may affect people who live in the home.

People's care plans clearly recorded what support if any, people needed to make decisions about key areas of their life. In line with their care plan, one person told us, "I can usually make decisions for myself but I like to talk them through with staff first." Arrangements were in place to ensure staff followed legal guidance when supporting people with decision making. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated to us that they understood how to support people to make their own decision wherever possible. We noted that staff asked people for their consent to provide support before they gave it. We saw one person gave a thumbs up sign when staff asked if they would like support with a household chore; another person told staff they preferred to have the support offered at a later time and the staff member respected the person's decision.

Where people were not able to make a decision for themselves, records showed that the registered manager and staff had worked with others who were important to the person, such as their family, keyworkers or their GP, to ensure decisions were taken in the person's best interest.

Arrangements were in place to ensure people were not unlawfully deprived of their freedom and that they were protected by legal safeguards. People can only be deprived of their freedom to receive care and

treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that they were awaiting the outcomes of two DoLS applications. This meant that the registered manager and staff understood how to make sure people were supported to stay safe whilst protecting their legal rights.

People told us they were given the support they needed to see their doctor or other healthcare professionals whenever they needed to. A person told us, "If I'm not well I tell staff and they help me to see the doctor." During the inspection we saw that two people were assisted to attend out-patient appointments with a specialist doctor. On return from the appointments staff made a record to show what the outcome of the appointment was. Records showed that staff recorded information each time a person attended a healthcare appointment. Each person had a document that they could take with them if they attended a healthcare appointment or a hospital. This meant that health professionals could see how people wanted their healthcare provided and how the person communicated their needs and wishes.

People told us they enjoyed the meals they had because they could choose their favourite food. A person told us their favourite food was scrambled eggs. We saw that the person was supported to make scrambled eggs for their lunch. Another person said that they did not really want to help cook food but they enjoyed the food that staff cooked for them. They also said that staff discussed what food people wanted to eat when they had house meetings. During the inspection the person asked staff to remind them what the evening meal would be. Staff explained what the meal was and who was helping to cook it. The person said they liked the ingredients that were going to be used and appeared pleased with the arrangements.

We saw there was a monthly menu in place with suggested meals. People who lived in the home and staff told us the menus were flexible and people often chose what they wanted to eat on the day. We noted that there was a range of foods available within the home to ensure people had the opportunity to make their own choices. Throughout the inspection we saw people were able to help themselves to a range of hot and cold drinks. People told us, and records showed they were offered the opportunity to have their weight checked regularly. Support plans were in place for those people who needed their weight monitored and staff said this helped them to identify early on if anyone needed extra dietary support. No-one who lived in the home at the time of our inspection had any complex nutritional needs or cultural preferences for food but staff said they felt confident that they could cater for whatever people needed or wanted.

## Is the service caring?

### Our findings

Everyone we spoke with was positive about the quality of support provided in the home. This included people who lived there and a relative. One person said, "I was anxious when I came here but it's awesome, the staff are great. This house has so much to offer." Another person told us, "They're really good to me. They helped me through my [family member's] death." A person gave us a thumbs up sign and a smile when we asked if they liked the staff who supported them and then they hugged a member of staff. Another person described living in the home and the staff as 'wonderful'.

During the inspection we saw that staff treated the people who lived there in a kind and caring way. They demonstrated respect for people in the way that they listened to their views and opinions and acknowledged how they were feeling. An example of this was staff taking time to speak with a person who was preparing to go to work. The person and the staff member had a sociable conversation about what the person would be doing at work and how they felt about it. The member of staff gave gentle reassurance and encouragement where needed and the person responded positively to this support.

A person told us, "Staff are very understanding if I get anxious. They know how to help me calm down." The person went on to describe how much they appreciated staff giving them time to talk about how they were feeling as they had not experienced this kind of support before and added, "I can have an adult conversation with them." During the inspection we saw the person was supported by staff in the ways they had described. Another person described how staff helped them to manage a specific phobia they experienced. They told us how staff made them feel less fearful and more confident. We saw that this support was set out in the person's support plan.

Throughout the inspection people who were at home freely interacted with the staff. We saw people and staff members laughing and joking with each other and helping each other with household tasks. There was a warm and happy atmosphere apparent and one person remarked, "We're like a big family."

Although everyone we spoke with told us they felt able to express their views and opinions, staff knew how to help people engage with professional and lay advocates if needed. Information was available in the home about these support networks. Professional and lay advocates are independent of the service and can assist people to express their views and opinions.

Everyone who lived in the home had their own bedroom. Two people invited us to see their bedrooms and we saw that they were comfortably furnished and decorated in the styles that people preferred. People said they often liked to spend time alone in their bedrooms when watching TV or listening to music. People told us they had keys to their bedrooms so that they could retain their privacy. They told us that staff did not enter their bedrooms without waiting to be invited in and we saw this was the case on several occasions during the inspection. People told us they were able to lock bathroom and toilet doors so that they could have privacy when attending to their personal needs. We noted that when staff supported a person with their personal needs they made sure that the support was provided in private and the door to the bathroom and the person's bedroom were kept closed.

Staff demonstrated that they understood the importance of maintaining people's privacy in regard to their personal information. We saw that paper records were kept in a locked cabinet and computer based records were password protected. This meant that only the appropriate people could access them.

## Is the service responsive?

### Our findings

People told us they were consulted about the support they wanted and needed to receive and records confirmed this. Each person had a support plan in place which guided staff about how to support people with needs such as healthcare, communication and developing their independence. The support plans set out clearly what was important to people and provided a detailed account of how people preferred to live their lives. The support plans were set out with words and pictures so that everyone would be able to understand the information they contained.

Throughout the inspection we noted that people were supported in the ways described in their support plans. Examples of this were people being supported and encouraged to participate in cooking and managing their laundry. Other examples where when we saw staff supporting people to attend work placements and medical appointments.

People told us they regularly spent time with their key workers discussing their support plans and making any changes they wanted. Records confirmed that support plans were reviewed regularly with people. This meant that people received support that was up to date and met their current needs and wishes.

Staff we spoke with had a detailed knowledge of people's individual preferences, needs and wishes. They were able to identify situations where people may become anxious or irritated by the events taking place around them and took positive steps to reduce the impact upon the person.

People had individual daily activity plans in place which incorporated any routines the person may prefer to follow. Many of the people who lived in the home had been supported to secure work placements in local businesses such as a restaurant and a laundry. During the inspection we saw one person discussing with the registered manager a potential work placement option and the support they would need to apply for the role. A person told us how they attended a college placement which helped them to develop friendships and learn new skills. The registered manager and staff also supported people to exercise their right to vote in local and national elections and referendums if they wished to do so. One person told us staff had spoken with them about a political topic recently so that they had enough information to make an informed decision if they chose to submit a vote.

We saw that people were supported to develop active social lives and engage in hobbies and interests of their choice. Two people described their love of football and how staff supported them to follow this interest. One person told us, "I like living here, there's plenty to do. I go to a drama group and the cinema and I went to watch wrestling one time." One person said, "The best thing for me is that I go to the pub with my friend every Sunday." All of the people we spoke with described being able to go on holidays and outings with staff support. They told us they discussed their choices and preferences with staff and helped to make the arrangements for the trips. People also told us how they were supported to maintain relationships that were important to them. Two people told us about how staff supported them to spend time visiting their family. Another person told us about being supported to maintain a friendship with a work colleague.

People who lived in the home and a relative we spoke with said they would feel comfortable and confident speaking with the registered manager or staff if they had a complaint about the services provided. A person told us, "I'd go straight to [the registered manager] if I was unhappy about anything." Another person said, "The staff help me to sort anything out if I have a problem." One person commented that senior managers from within the provider's wider organisation had also been helpful when they had raised issues with them. We were also told by one person that they had watched a DVD which showed them how they could make a complaint.

Systems were in place to ensure that any complaints or concerns were dealt with quickly and fairly. The provider's complaints policy was available in words and pictures so that everyone was able to access the information. Records showed that one complaint had been received by the registered manager in the 12 months preceding the inspection. We saw that the complaint had been managed and resolved in line with the guidance in the provider's policy.

## Is the service well-led?

### Our findings

The registered manager was responsible for the management of two residential homes within close proximity to each other. They had clearly defined their time to ensure they were able to fulfil their management role within each home. Throughout the inspection the registered manager made sure they were available for people who lived in the home and staff to engage with. They spent time in social conversations with people who lived in the home; they supported people to attend medical appointments and they spent time guiding and supporting staff. Discussions we had with the registered manager indicated that they had a detailed knowledge of people's support needs and the specific skills and interests of staff members. They knew which staff members were on duty at any given time and which senior managers were on call to provide staff support when they were not on duty. This level of knowledge helped them to effectively manage the home and provide support and guidance for the staff team.

People who lived in the home told us they had a good relationship with the registered manager. One person said, "She's fantastic, she'll help you to sort anything out." Another person told us, "I trust [the registered manager] as a friend."

The registered manager promoted an inclusive and positive culture within the home. We saw that they encouraged people who lived there to share their views and opinions and take part in how the home was run. Records showed that regular meetings took place in which people discussed their views about topics such as household maintenance, voting rights and how they should use the greenhouse in the garden. People who lived in the home, those who were important to them and the staff team were also invited to give their feedback about the quality the service by way of regular quality surveys. We saw the results of the last survey carried out in April 2016 showed a high overall satisfaction with the services provided.

Staff we spoke with told us the registered manager was always available if they needed guidance and support. They told us they felt respected as members of the team and their views were listened to. They said, and records showed, they took part in regular meetings where they could discuss topics such as staffing arrangements and support planning. They also told us they were able to review events that happened in the home and learn any lessons from the way they had been managed. Staff told us they felt able to speak out if they had any concerns and were confident the registered manager would take action to resolve their concerns. They were also aware of the provider's whistleblowing policy and said they would feel comfortable to use it if they had a need to.

The registered manager had systems in place to monitor the quality of services provided within the home. They carried out regular checks of areas such as medicines management, support planning and people's finances. Where any issues or shortfalls were identified the manager had developed an action plan to make improvements.

The provider had an additional quality assurance system in place whereby a manager from another of their services would carry out quality checks within the home. We saw the results of the latest quality check carried out in May 2016. We noted that this quality check and an environmental audit the registered

manager had carried out in April 2016 both highlighted issues which we also identified during the inspection. The issues related to stained hallway carpets and a rusted and marked radiator in an upstairs shower room. The fixtures and fitting in both upstairs shower rooms also showed signs of wear and tear and lime scale build up which made them difficult to keep clean. We saw that the registered manager had raised these issues with the provider's representatives. However, we did not see any action plans in place to show how the provider would address these issues. Although people had not experienced any direct negative effects as a result of these issues, the situation reduced the provider's ability to ensure that appropriate infection prevention and control measures would be maintained. Following the inspection we spoke with the provider's representative about the issues. They confirmed to us that refurbishment plans were in place for the home.