Trustees of Seely Hirst House

Seely Hirst 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

This inspection took place on 22 and 23 March 2016 and was unannounced. Seely Hirst House provides accommodation for up to 38 people with or without dementia and people with physical health needs. On the day of our inspection 36 people were using the service and had needs associated with dementia and physical health conditions.

The service had a registered manager. 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.

People told us they felt safe living at the home and staff knew how to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority and action taken on any recommendations that had been made. Risks to people's safety, such as the risk of falling, were appropriately managed. The building was well maintained and the required safety checks were carried out.

There were sufficient numbers of suitable staff and people received care and support in a timely manner. The provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored. The registered manager took immediate action to ensure records relating to medicines were improved.

People were cared for effectively by staff who were provided with the knowledge, skills and support to care for them effectively. Further training was planned so that all staff would receive the training relevant to their role. People were asked to provide consent to the care they received. The Mental Capacity Act (2005) (MCA) was used appropriately to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient quantities of food and drink told us they enjoyed the food. Staff ensured that people had access to any healthcare professionals they required and followed any guidance that was provided by them.

There were positive and caring relationships between staff and people. People were fully involved in the planning and reviewing of their care and made day to day decisions about what they wanted to do. People were treated in a dignified and respectful manner and staff respected their right to privacy.

People received care that was responsive to their changing needs and staff knew people's support needs well. There was a range of activities provided and people told us they enjoyed taking part. People knew how to complain and any complaints received were appropriately and quickly responded to.

There was a positive and transparent culture in the home, people and staff were encouraged to speak up and their comments were acted upon. There were different ways people could provide feedback about the service they received and their comments were taken seriously. The quality monitoring systems ensured that any areas for improvement were identified and acted upon.

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 received the support required to keep them safe and risks to their health and safety were appropriately managed.

There were sufficient numbers of staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate support and training relevant to their role.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and staff ensured they had access to healthcare appointments.

Is the service caring?

Good

The service was caring.

There were positive and caring relationships between people and staff.

People were able to be fully involved in making decisions about their care.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their changing needs and were provided with activities that they enjoyed.

People felt able to complain and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home and people's input was welcomed.

There was a clear management structure in place and tasks were appropriately delegated.

The quality monitoring system ensured any areas for improvement were identified and acted upon.

Seely Hirst 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 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.

We visited the service on 22 and 23 March 2016, this was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience with experience of the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received from external sources and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 16 people who used the service, three relatives, five members of care staff, the care plan officer, the registered manager and a deputy manager. We looked at the care plans of three people and any associated daily records such as the food and fluid charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Seely Hirst House. One person said, "We are all safe here." Another person told us, "I am safe and well, all are friendly to me here." The relatives we spoke with also felt their loved ones were safe and told us they had no concerns. One relative said, "[My relative] is happy and safe." Another relative commented, "I am happy about the care and [my relative] is safe and in good hands."

The atmosphere in the home was calm and people spoke confidently with staff and one another. Staff acted quickly to diffuse any situations where people may have been affected by the behaviour of others. On one occasion two people were having a disagreement due to a communication difficulty. Staff immediately resolved the matter and the two people continued to sit next to one another without further incident. Staff told us they were confident in managing any situations where people may become distressed and felt that people generally got on well together. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others where this was required. Staff were passionate about their role in protecting people from the risk of harm or abuse.

Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. The staff we spoke with were confident that the registered manager would act appropriately if any incidents did occur. Information about safeguarding was available in the home on notice boards and leaflets were also available in various places. Staff also were aware of how to contact the local authority to share the information themselves because they had been provided with training and development to understand how to do so. We saw relevant information had been shared with the local authority when incidents had occurred. Staff had responded positively to any recommendations made by the local authority and acted to reduce the risk of incidents happening again.

People were well supported by staff to manage risks to their safety and the support was provided without restricting people's freedom. One person said, "I can't walk very well these days. I have this frame and staff are always by my side." Another person told us, "Staff are very careful to make sure they do everything properly so I am not harmed." The relatives we spoke with also told us that staff took appropriate measures to ensure any risks to people's health and safety were properly managed.

During our visit we observed staff using different techniques to reduce risks to people's health and safety. For example, when supporting people to transfer from a wheelchair into an armchair staff provided the appropriate level of support to each person. When people needed to be repositioned using a hoist this was also carried out appropriately. Staff had access to information about how to manage risks to people's safety and we observed them putting it into practice. There were risk assessments in people's care plans which detailed the support they required to maintain their safety. The staff we spoke with told us they felt able to provide safe care to people and could describe the different levels of support that people required. We saw that people had individual pieces of equipment readily available, such as walking frames and staff ensured that these were checked periodically. Technology was used to assist staff in maintaining people's safety. For example, some people had movement sensors in their bedroom which alerted staff when activated so that

support could be offered.

People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm and gas safety checks. Staff reported any maintenance requirements and these were resolved in a timely manner.

The people we spoke with felt there were sufficient staff to meet their needs. One person said, "I think there are enough staff. If I need something, there is always someone around I can ask." Another person commented, "All things considered, there seems to be lots of staff around." The relatives we spoke with also told us there were sufficient staff to care for people safely. We observed that people's requests for assistance were responded to quickly. For example, when two people asked for another drink this was brought for them very quickly and when people needed support to visit the bathroom or return to their bedroom this was also provided quickly. Staff also ensured that any visitors to the home were greeted in a timely manner.

Our observations confirmed that there was a sufficient number of suitable staff to meet people's needs. There was always a member of staff present in communal areas of the home and we saw that staff communicated well to ensure they were deployed effectively in different areas of the building. We looked at records of staff response times when people used their bedroom call bell and these showed that staff generally responded quickly when people needed assistance. The majority of staff felt that there were sufficient numbers of staff to be able to meet people's needs and also to ensure cover could be arranged in the event of sickness.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they were satisfied with the way that their medicines were managed. One person told us, "The staff bring my tablets to me each day, that is all fine." The relatives we spoke with told us they felt medicines were properly managed. We observed staff administering people's medicines and saw that they followed safe practice when doing so. Staff told us they received regular training in the safe administration of medicines and records confirmed that this was the case. There was also a thorough check of the competency of all staff responsible for administering medicines.

Staff had not always correctly recorded the medicines and creams they had administered to people on their medication administration records. In addition, records did not always confirm how many individual tablets there should be remaining. We raised these issues with the registered manager who took immediate action to ensure that improvements were made to record keeping. Medicines were stored securely in locked trolleys and kept at an appropriate temperature. There were robust procedures in place to ensure that people's medicines were ordered in a timely manner. The handling and administration of controlled drugs complied with the relevant legislation. Controlled drugs are a group of medicines that have the potential to be abused and so are subject to more stringent safety measures. When a medicines error had occurred additional support and training was provided to the member of staff.

Good

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and appeared to be well supported. One person said, "I would say that all staff here are excellent." Another person told us, "All staff are very good and know what to do." The relatives we spoke with also told us that staff seemed to be well supported and appropriately trained.

People were effectively cared for because staff were provided with the knowledge and skills needed to carry out their role. We observed staff utilising the training they had received, such as by understanding the needs of people living with dementia. The majority of staff told us they were given training that was relevant to their role and this helped them to provide effective care. One member of staff felt that it would be beneficial to have more face to face training rather than video and online training. Records showed that staff were provided with a wide range of training relevant to the needs of people living at Seely Hirst House. Although training records showed that not all staff had completed all of the training relevant to their role, there were plans in place for this to be rectified.

Staff told us they felt supported by the registered manager and their line manager and felt there was someone they could go to for support. Staff received regular supervision with one member of staff commenting, "I have regular supervision and find that it is very helpful for me." Records showed that staff received supervision on a regular basis with their line manager. Staff received feedback on how they were working and identified any areas of development. New members of staff were given an induction into working at Seely Hirst House which included some training and shadowing more experienced staff. There was also a system of annual appraisals which ensured that staff had targets to achieve for the year ahead.

People made decisions about their own care and were given the opportunity to provide consent where possible. One person said, "The staff do always ask first." The relatives we spoke with also confirmed that they or their loved one had provided consent to the care that was provided. During our visit we observed that staff always asked people for their consent before providing any care and support. The care plans we viewed also showed that people or their relatives were asked to sign their care plan to confirm their consent.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. The application procedures for this in care homes and hospitals are 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 were

being met. The registered manager had made recent applications to the local authority and any conditions were being met. There was a good awareness amongst staff about how this impacted upon the care they provided to people.

People told us they were given enough to eat and drink to maintain good health and that they enjoyed the food. One person said, "I like the food." Another person said, "The food is very good and there is always a choice." The relatives we spoke with also commented positively on the quality and quantity of food and drink provided to people. One relative said, "[My relative] has put on weight, as they love pudding, and it does not concern me at the moment." Another relative told us, "Food and teas are good."

We observed that people enjoyed their meals and were provided with large portions. People were offered drinks at meal times and throughout the day and also had access to a range of snacks and fruit between meals. In addition, there was a regular supply of different drinks available during the day. Staff ensured that people's individual requests were catered for. For example, one person said they did not wish to eat at the main mealtime. Staff respected this and ensured the person had access to their meal later in the day.

Staff focussed on enabling people to eat and drink independently where possible, for example by providing adapted plates. Where people required support to eat and drink this was given in a calm and unhurried manner. Staff also ensured that, where people chose to eat in their bedroom, they were served at the same time as everybody else. The staff we spoke with told us people were provided with sufficient amounts of food and drink. Kitchen staff were informed about specialised diets such as people who required soft food or low sugar alternatives and these were catered for. There was also an awareness of how people's religious and cultural background may impact on their diet and how food should be prepared.

People told us that they had access to various healthcare professionals when this was required. One person told us that they had recently requested to see their nurse and staff had arranged the appointment for them. The relatives we spoke with told us they were confident that staff made any healthcare appointments that their loved one may require. During our visit two nurses visited people living at Seely Hirst House and a senior member of staff was allocated to support them during the visit. There was also a regular clinic held by the GP where they reviewed the care and medicines for various people living at the home.

Staff told us that there was an effective system in place to ensure that healthcare appointments were made for people when needed. Care staff told us that they reported any concerns to senior staff or the registered manager so that appointments could be made. Records confirmed that people received input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff also supported people to access specialist services such as the Falls and Bones and continence advisory services. The guidance provided to staff was incorporated into care plans and followed in practice. For example, a continence nurse had recommended that one person should increase their intake of fluid and try to avoid caffeinated drinks. Staff were following this guidance which was also confirmed in their care records. Staff told us about the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary.

Good

Is the service caring?

Our findings

People were complimentary about staff and told us that they were caring and compassionate. One person said, "I like it here, and staff respect me." Another person told us, "I am respected and well cared for by the people here." Another person commented, "Staff are good, I am cared for well by them." The relatives we spoke with also felt that staff were kind and caring, one relative commented that they had found all staff to have developed positive and individualised relationships with people. Relatives told us that they felt welcomed when they visited.

During our visit we observed positive interactions between staff and people living at Seely Hirst House. Staff demonstrated that they understood people's personalities and had an individual approach with each person. One person at times displayed some repetitive behaviour and staff supported them patiently and provided reassurance. Staff took the time to sit with this person and talked with them about their family. We saw that staff took opportunities to share a joke with people but also knew when this was not appropriate.

The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. People were asked about their preferences before moving into the home, for example whether they had any preference about the gender of their carer. Prior to our inspection the registered manager told us that they were trying to employ more male care staff in order to provide better choice to meet people's preferences. People's diverse religious, cultural and personal needs were catered for. For example, a communion service was held during our inspection. Other people were accompanied to a local church on a Sunday.

People were able to be involved in decision making and planning their own care. During our visit staff demonstrated that they understood the importance of people's involvement in decision making. One person said, "The staff are always asking what I want to do." Another person said, "Yes I do get offered choices and staff ask me what I want to do." The relatives we spoke with also told us that staff ensured people were offered choices and involved in making decisions. During our visit we saw that staff fully involved people in making decisions, such as whether they needed any support getting back to their bedroom. People were also offered choices about where they wanted to eat their meals and if they wanted to take part in activities.

The staff we spoke with told us they endeavoured to provide person-centred care and that they respected the choices people made. One staff member commented, "It is all about giving people choice." Staff offered people support when required and also encouraged people to carry out tasks independently when they were able to. For example, one person was able to walk independently but required some help to stand up. We observed staff offering the support that was required to enable the person to walk independently. Another person enjoyed making drinks for themselves and this was encouraged. Residents and visitors had access to a kitchenette so that they could make their own drinks. The care plans we viewed showed that, where possible, people had been involved in planning their care on arrival at the home. They also demonstrated that people's involvement and decision making was at the centre of their care plan.

People were provided with information about how to access an advocacy service. A representative of an advocacy service visited people at the home on a regular basis and provided positive feedback about how the staff at the home worked with them. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and their privacy was respected by staff. One person said, "I would say all of the staff treat me well." Another person commented, "The staff are all very nice, I don't have any concerns about staff." The relatives we spoke with said they felt staff treated people with dignity and respect. One relative said, "[My relative] is treated with respect, kindness and care." Another relative commented, "[My relative] is respected, cared for and their dignity is maintained."

We observed that staff were respectful when speaking with people and used their preferred name. Staff also responded positively when people became distressed or uncomfortable. One person started to choke on a drink and staff quickly came to assist and made sure they were comfortable. The staff we spoke with had a clear idea of how to ensure any personal care was provided in a dignified way. One staff member said, "I always make sure the doors and curtains are closed so no-one can see in." People's confidentiality was respected because staff ensured that conversations were held discreetly and we also observed staff knocking on doors and waiting to be invited into people's bedrooms.

People had access to their bedrooms whenever they wished should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. People and their visitors had access to private rooms to spend time together if required. Staff also ensured that they respected people's wishes regarding the handling of their post. Some people's post was delivered to them unopened where they had requested this to be the case.

Good

Is the service responsive?

Our findings

The people we spoke with felt that staff provided personalised care and were responsive to their changing needs. One person said, "They are always checking that everything is still alright." Another person commented, "Yes I am very well cared for here, I haven't really had any issues." The relatives we spoke with also felt that their loved one received the care and support they required. One relative said, "[My relative's] room is nice and tidy and they seem content with the care." Another relative told us, "The staff and manager do encourage residents to get involved. The care has improved."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time. For example, one person required regular changes in their position to reduce the risk of developing a pressure ulcer. Staff were aware of this and ensured that the person was helped to move regularly throughout the day. Staff also responded quickly to any requests for assistance that people made. For example, one person needed some help to adjust their clothing and a member of staff provided discreet support. We observed that staff generally communicated well with each other to ensure that people in different areas of the home received the same level of support.

Our conversations with staff showed that they had a detailed understanding of people's care needs and they told us that people's care plans contained useful information. The care plans we looked at contained sections for each identified area of care and these were regularly reviewed and updated as people's needs changed. People and their relatives were able to be fully involved in reviewing their care and the home's care plan officer ensured that their views were taken into account. Staff told us that they were also consulted when people's care plans were being reviewed. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a handover of information between shifts as well as a staff communication book.

Adjustments were made and equipment provided so that people were able to remain independent. For example, staff ensured that people who required glasses or hearing aids had access to these and that they were in good order. Staff ensured that people had easy access to any mobility aids that they needed, such as walking frames. Staff made timely referrals to occupational therapy services to ensure that, when new pieces of equipment were required, these could be provided quickly.

The people we spoke with told us there were activities available which they enjoyed. One person said, "I like taking part in the flower arranging." Another person said, "I like some of the activities and can join in when I want to." We were also told, "I like to sit and read the newspaper which is delivered here for me. I also like to watch others doing activities." The relatives we spoke with also felt there was a good provision of activities. One relative said, "[My relative] has activities like ball throwing, painting, beach ball, sitting out in the summer and a trip to Matlock." During our visit several people enjoyed playing an adapted game of table tennis.

There was an activities coordinator who had developed a programme of activities which were carried out during the week as well as various trips to local places of interest. The planned activities were advertised on

a notice board and we also saw photos of recent activities that people had enjoyed. During our visit, additional activities were provided such as a group ball game. People were also provided with one to one activities such as a manicure. Any suggestions people made about activities were considered and taken on board where possible.

People told us they felt able to raise a complaint and knew how to do so. One person said, "There are several people I could go to if I needed to make a complaint." Another person told us, "I certainly haven't needed to complain, but I would go to one of the managers." The relatives we spoke with also told us that they were aware of how to make a complaint and would feel able to do so.

The complaints procedure was displayed in a prominent position in a communal area of the home. We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication maintained with the complainant throughout the process. The registered manager arranged to meet with the complainants to discuss their concerns in more depth when this was required. The outcomes of the complaints were well documented and this included an apology and an explanation of any lessons that had been learned to improve future practice.

Good

Is the service well-led?

Our findings

There was an open and transparent culture at Seely Hirst House and people felt able to be have their say about the development of the home. One person said, "I feel very relaxed here." Another person said, "I would be happy to speak up about anything." The relatives we spoke with also felt that the culture of the home was relaxed and that they were encouraged to contribute to the home. We observed that there was a relaxed atmosphere in the home and people and relatives were comfortable speaking with the registered manager and deputy manager.

The staff we spoke with felt there was an open culture in the home and told us they would feel comfortable reporting a mistake. One member of staff said, "Honesty is the best policy." The staff we spoke with told us that there was somebody they could go to if they had an issue they needed to discuss, either the registered manager or a deputy manager. There were regular staff meetings and we saw from records that staff were able to contribute to these meetings. The registered manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. We saw that suggestions made by staff were acted upon. For example, there had been changes to the forms used to document when people were repositioned.

There were good links with the local community as people regularly visited facilities such as local shops and a church. Various visitors came to the home such as an advocate and representatives from local religious groups. Relatives had also contributed to improvements to the garden area.

The service had a registered manager and they understood their responsibilities. The majority of the people we spoke with knew who the registered manager was and also knew who the deputy managers were. The relatives we spoke with knew who the registered manager was, although it was felt that they were not as visible in the communal areas of the home as they used to be. The registered manager acknowledged that a lot of their time was spent completing office based work. However, either the registered manager or deputy manager spent some of their time each day speaking with people and staff and observing the care people received.

There were clear decision making structures in place and all staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines and the management of care plans. The supervision and performance of staff was overseen by the deputy managers who, in turn, reported to the registered manager. Resources were provided to enable the development and upkeep of the home. For example, work had recently started on redecorating several areas of the home. Investment had been made in extending the main lounge so that there were different seating areas for people to use.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People were invited to provide feedback about the quality of the service they received and their feedback

was taken seriously. One person said, "I have attended some of the residents meetings where we talk about what we would like to do." Another person told us, "They gave me a questionnaire to fill in a while back, I told them I am very happy." The relatives we spoke with told us that they were aware of the different ways in which they could provide feedback about the service and had attended meetings at the home.

People were provided with different ways of giving feedback about the quality of the service. Satisfaction surveys were distributed to people and relatives to gauge how happy people were with the quality of the food and how they were treated by staff, amongst other topics. The surveys that had been returned were very positive about the quality of the service being provided. Where there were any improvements identified these had been implemented, such as some additions being made to the lunch time menu. There were monthly meetings for people living at the home and we attended the meeting that was held during our visit. People were able to discuss what was important to them and discuss what activities they would like to be provided. There were also more informal, social gatherings which were attended by relatives. The provider carried out regular monitoring visits where they spoke to people living at the home and asked if they were satisfied with the quality of care.

The quality of service people received was assessed by the management team through regular auditing of areas such as medication and care planning. In addition, any incidents and accidents were reviewed to identify whether there were any patterns. Random spot checks and observations of care were carried out to see if any improvements could be made to staff practice. The audits and checks were detailed and identified any areas where improvements needed to be made. For example, an infection control audit had identified areas of the home that had not been satisfactorily cleaned and actions were identified to ensure that improvements were made. The management team had carried out a 'mock CQC inspection' which they told us had helped to identify further areas for improvement.