

Hendon Universal Property Company Limited

Seaton Court

Inspection report

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Tel: 01543624809

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Seaton Court is a residential care home providing personal and nursing care for up to 68 people in two separate buildings. The service provides support to older people, including people living with dementia and people with physical and sensory disabilities. At the time of our inspection there were 23 people living in the home.

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

During the last inspection we raised concerns over the care and support people received. During this inspection, we found steps had been taken to improve the care provided. However, further improvements were needed to ensure care plans and risk assessments were updated in accordance with people's changing needs. Environmental safety concerns needed to be addressed to ensure the living environment was safe and free from potential hazards.

Quality monitoring and auditing systems showed improvement from the last inspection. Although, further improvements were needed to ensure people received person centred care and risks to people were being monitored and quality controlled.

People were protected from harm and abuse. Staff received safeguarding training and told us how they would report concerns.

There were enough staff deployed to keep people safe and staff were recruited safely. People told us they felt safe with the staff who supported them.

Medicines were managed safely by suitably trained staff and people were offered and received pain relief medication. Staff used personal protective equipment (PPE) effectively and received infection prevention control training.

Lessons learnt were shared with the staff team. Accident and incident forms were investigated by the management team. Trends were identified and actions taken to reduce the risk of reoccurrence.

Staff told us they felt supported by the manager and attended regular meetings. Relatives told us they felt included in the service and felt confident to raise concerns.

The manager and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and ensured their needs were met and reviewed.

The provider acted quickly to the concerns identified in this inspection and took action to address these areas by implementing new systems.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 15 June 2023) and there were breaches of regulation.

At this inspection we found the provider had made significant improvements and was no longer in breach of many of the regulations found in the previous inspection. However, there were still improvements to be made and time was needed to establish the newly implemented systems. Therefore, the provider remained in breach of 2 regulations.

This service has been in Special Measures since 15 June 2023. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as overall inadequate or inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

During the last unannounced inspection of this service, breaches of legal requirements were found. The provider shared their actions they had taken to improve their service.

We undertook this focused inspection to check whether improvements had been made and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seaton Court on our website at www.cqc.org.uk.

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

We have found evidence that the provider has improved, although further improvements were identified. Please see the Safe and Well Led sections of this full report. The provider took action on all concerns raised.

Enforcement

We have identified continued breaches relating to the governance of person-centred care and maintaining care documents in accordance with people's changing needs. Safety concerns were raised regarding the monitoring of the living environment, ensuring this was free from potential hazards.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

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

This inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Seaton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Seaton Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who use the service and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including care workers, team leaders, the cook, the deputy manager and the manager.

We reviewed a range of records. This included 7 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures and health and safety documents.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection. However, new risks were identified which resulted in a continued breach of regulation 12.

- Environmental risks were not always monitored, and risks were not always mitigated. For example, the cleaning trolley was left unsupervised in a hallway. The sluice room was left open with the key in the lock. This meant people could access dangerous substances without the knowledge of staff, which placed them at risk of harm.
- The doors leading to the stairs were not locked, whilst there was an alarm on the doors, the alarm was turned off. This meant people were at risk accessing the stairs unsupervised, increasing the risk of falls from height.
- Risk assessments were in place to meet people's health and care needs. These included moving and handling, skin integrity and diabetic risk assessments. However, 1 person experienced difficulties eating and drinking, although their care plan stated they did not require a choking risk assessment. This increased the risk of staff not understanding the level of support needed when supporting the person to eat or drink.
- Care plan's clearly detailed risks and explained safe ways of supporting people. However, 1 person's care plan needed updating to reflect recent changes in the person's bowel management. This increased the risk of staff providing ineffective care when supporting the person.
- On the day of inspection, it was especially warm. Whilst there were drinking stations around the home, some people had drinks out of reach and in some areas of the home people were not always reminded to drink. This meant the provider could not be assured people were being encouraged to drink plenty of fluids and avoid dehydration.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate safety was being effectively managed and care plans required further monitoring to ensure they were in accordance with people's current level of risk. This placed people at risk of harm and therefore was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded straight away by updating the care plan, completing the risk assessment, and arranged for key-coded locks to be fitted on all doors and cupboards.
- People's skin care was managed safely and regularly monitored. Where the manager identified concerns over skin care they had raised a safeguarding concern with the local authority and carried out an investigation.
- Equipment was managed safely. Audits ensured moving and handling equipment and mattresses were regularly monitored.

Learning lessons when things go wrong

At our last inspection the provider had failed to manage incidents well and demonstrate they learnt lessons from incidents. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements were made.

- Lesson had been learnt since the last inspection, accident and incident forms were reviewed and investigated by the management team. Trends were examined and referrals made to other agencies such as the falls teams.
- Lessons learnt from accidents and incidents were shared with the staff team and actions were taken to mitigate future risks.
- Complaints were acted upon quickly and the service apologised to people when things went wrong. We reviewed a recent complaint from a person regarding the temperature of a meal. The manager gave an apology and offered to replace the meal. A discussion took place with the staff over the serving of meals, ensuring they were at the correct temperature.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements were made.

- Medicines were managed safely by suitably trained staff. People received their medicines at the right time and medicines were reviewed regularly.
- People were offered pain relief medication, in accordance with their preferences and health professional guidance. One person told us, "I get my medicine 3 times a day. The staff keep me out of pain. That is a top priority for me."
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in accordance with manufacturer guidance.

Staffing and recruitment

At our last inspection the provider had failed to deploy enough suitably qualified, competent, skilled and experienced staff. This placed people at risk of harm. This was a breach of regulation 18 (staffing) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and 19.

- Staff were deployed safely and were visible in communal rooms. Although, 1 person raised concerns regarding the staffing gender mix at night. They told us they sometimes needed to wait for a female staff member to support them with personal care. The manager responded straight away. They spoke with the person concerned and provided assurances. Rota's confirmed equal numbers of male and female staff at night so that people could have their preference as to who provided personal care to them.
- The provider benefitted from a full staff team. One staff member said, "There are enough staff on duty. We have increased staffing levels recently. Things have improved with the new manager. We are a good team." Another staff member said, "The current manager has brought in enough staff. Staff are floating around, we are happy. There are extra staff available."
- Staff rotas were in place and the manager used a dependency tool to assist with staffing levels. A dependency tool helps the provider calculate the number of staff required based on the needs of people living in the home. One relative told us, "Staffing is improving. They do not use so much agency anymore. There's always someone about. I think there is enough staff. I do think [my relative] is safe."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to monitor, record and safeguard people from abuse. This placed people at risk of harm. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safe from harm and abuse. One person told us, "I do feel safe here, I don't have to worry about anything. The staff know what they are doing, so I feel safe." Another person said, "I press my buzzer, the staff come. I like them. Nothing worries me here. I feel safe. The staff are good people."
- The manager raised safeguarding referrals in a timely manner and action was taken to keep people safe from harm.
- Staff received safeguarding training and told us the action they would take if they suspected abuse. One staff member said, "I would report any concerns to the manager and escalate this if nothing was done. We have a folder for all policies, the safeguarding policy is in there."

Mental Capacity Act

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At our last inspection the provider had failed to maintain people's rights under the Mental Capacity Act. This placed people at risk of harm. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Assessments of people's mental capacity and best interest meetings took place to ensure decisions made were appropriate. This related to the decisions concerning where a person should live and personal care.
- The manager made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff empowered people to make their own decisions about their care and support. One person said, "I can get up and go to bed when I want. If you ask for a bath or a shower the staff are very obliging. The staff are very kind."
- Staff received MCA training and understood the principles. One staff member said, "Some people have capacity, they can make their own judgements. Some people lack capacity, we need to make best decisions; this information is in the care plan. We have to ensure the best care possible."

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 supporting people living at the service to minimise the spread of infection.
- 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. One staff member told us, "I always have the tools I need to do my job and there is always plenty of PPE."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene. practices of the premises. One relative told us, "There are always cleaners around, it feels clean. [My relative's] room is always clean and tidy."
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess and monitor the level of risk and person-centred care provided to people. This was a breach of regulation 17 (1) (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection. However new risks were identified relating to the governance of person-centred care and ensuring care plans were updated in line with people's changing needs. This resulted in a continued breach of regulation 17.

- The manager set a culture that valued reflection, learning and improvement, this was clear through the improvements which had been made. However, the governance of person-centred care, environmental risk and monitoring of care plans required improvement.
- During the last inspection the systems in place failed to ensure people received care and support which was person-centred. During this inspection, we raised concerns over the governance of person-centred care around mealtimes and meaningful activities being offered to people.
- Staff who supported people to eat a meal did not always know what the meal consisted of and there was limited interaction from staff with people during mealtimes. Quality monitoring of mealtimes was not sufficient to demonstrate the mealtime experience was being monitored or quality checked.
- There was a lack of governance and quality audits regarding meaningful activities for people who chose to remain in their rooms. Care procedures and monitoring tasks, such as repositioning were closely monitored in line with people's support needs, although it was not clear what meaningful activities people were being offered in their rooms. Therefore, the provider could not demonstrate people were offered meaningful activities.
- During the last inspection we raised concerns over the absence of care plan audits and risk monitoring. During this inspection, improvements were identified. Care plans were regularly checked through an auditing process and risks were being monitored. However, these had not identified the outdated information in 1 person's care plan, the absence of a choking risk assessment and the environmental safety concerns we found during this inspection. This meant quality monitoring systems needed further improvement.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate person centred care practices were being monitored and risks were being mitigated. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded straight away by introducing systems to improve meaningful activity documentation and mealtime observations. New audits were introduced to increase monitoring of care plan and risk assessments. The provider addressed all environmental risk concerns. We will review the success of these systems at the next inspection.

- Relatives told us about the improvements to the home since the last inspection. One relative said, "There has been a big improvement here but still more is needed, such as more interaction with people."
- Staff told us the governance of the home was improving. One staff member said, "In the past there were quite a few issues. The new manager has done so much. They are the best thing that's ever happened to the home." Another staff member told us, "The manager is approachable. They are one of the best managers. They are knowledgeable and care about people."
- The manager notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.

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 service apologised to people, and those important to them, when things went wrong.
- The registered manager was clear about their duty of candour. They explained the importance about being open and honest.

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

- People and their relatives were supported to provide feedback through questionnaires, meetings and informal discussions. Suggestions were actioned by the provider and displayed on a 'you said, we did' board.
- Relatives told us they felt engaged in the service. One relative said, "The manager is very nice. I often see the manager in the lounge with residents. We've had some meetings over the last few months. They keep us up to date with what they are implementing. They have asked people for feedback."
- Formal meetings for staff took place, where they could share their views and discuss concerns. One staff member told us, "We have regular handovers and team meetings every 2 months. It's very much improved."

Working in partnership with others

- The provider was working closely with the local authority's quality team to make improvements from the last inspection. New monitoring and auditing systems were introduced, and others were in the process of being introduced, such as resident of the day audits. We will review the success of these systems at the next inspection.
- Records showed collaboration with numerous health and social care professionals, such as advocates, district nurses and GP's.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service and the manager was enthusiastic to improve aspects of home to achieve the best outcomes for people. For example, there were plans to improve the physical environment with input from people living in the home.

- The provider engaged in new initiatives. A staff member had attended an Oral Hygiene Train the Trainers course and was in the process of sharing their knowledge with the whole team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks were not always mitigated. The home environment was not always free from potential hazards and care plans and risk assessments required updating to reflect people's changing needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service provided were not effective in identifying environmental and person-centred care shortfalls. Quality audits needed improving to ensure care documentation was kept in accordance with people's care needs.