Avery Care Northants Ltd

Seagrave House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Seagrave House Care Home is a residential care home for 84 older people living with dementia or physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is able to support people on a respite or permanent basis.

At our last inspection in May 2016 we rated the service good. This inspection took place on 8 May 2018 and was unannounced. At this inspection we found that the evidence supported an overall rating of good with improvements to the well led domain required.

We found that improvements were required to the way in which records were maintained, reviewed and actioned. We found that people regularly received good standards of care however, people's records did not reflect the care that had been provided. Minor improvements were also required to ensure that auditing procedures adequately reviewed people's care records to ensure they received care in accordance with their preferences.

This home is required to have a registered manager in post. At the time of inspection, the home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines safely and there were adequate numbers of staff available to support people with the care they required. Staff were knowledgeable about safeguarding procedures and these were reported and investigated appropriately. Infection control practices were in place and accidents and incidents were reviewed to ensure learning was implemented to prevent similar incidents occurring where possible.

People's care needs were appropriately assessed and people's nutritional and healthcare needs were effectively supported. People were supported to receive good support from other services and staff made efforts to ensure this was a fluid process for people who required additional support. Staff received regular training relevant to people's care needs, and were adequately supervised and supported in their roles.

People were supported by kind and compassionate staff who took time to build positive and trusting relationships with people. People were encouraged to make their own choices and decisions and these were respected by staff. People's dignity was maintained and people were supported to maintain relationships with people that were important to them.

People had care plans in place which accurately reflected their care needs and these were updated when people's needs changed. Staff were knowledgeable about people's preferences and encouraged people to

join activities if they wished. People's end of life care plans were discussed with people and their relatives to ensure this would be in accordance with their wishes. Complaints were investigated and outcomes were communicated to people.

Procedures were in place to receive feedback from people and their relatives and this was considered and actioned where necessary. People and their relatives were happy they could approach the registered manager and their feedback was listened to. Appropriate notifications were submitted to the CQC and the home's rating was clearly displayed within the home.

Further information is in the detailed findings below.

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

People felt safe at the home and staff were recruited in accordance with good recruitment practices. People received their medicines in a safe way and in accordance with their preferences.

Is the service effective?

Good

People's needs were effectively assessed and people received support that met with the requirements of the Mental Capacity Act. People's healthcare and nutrition were well supported and staff received appropriate training and supervision to provide effective care for people.

Is the service caring?

Good

People received their care from kind and compassionate staff. Staff made people feel valued and people's dignity was respected and maintained. People were encouraged to maintain relationships that were important to them.

Is the service responsive?

Good

People's diverse care needs were fully considered and care planning reflected people's preferences. People were able to participate in some activities and had their communication needs supported.

Is the service well-led?

Requires Improvement

Improvements were required to ensure that people's care records reflected the care they were offered and supported with. Minor improvements were also required to ensure that auditing procedures reviewed people's care records and took action if they did not reflect people's preferences.

Seagrave House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection was prompted in part by notification of concerns about the care at this home following which, a person using the service died. This incident was subject to a safeguarding investigation and as a result of the information that was shared with the CQC the inspection examined whether people received effective care and support.

This was a comprehensive unannounced inspection which took place on 8 May 2018. The inspection was completed by two inspectors, one assistant inspector and two experts 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 and on this occasion the experts had experience of services for people living with dementia.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the home, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with 20 people who lived at the home, ten relatives, six members of staff, one visiting service provider and one healthcare professional. We also spoke to the registered manager and the provider's representative. We completed pathway tracking for four people and completed observations of the care that was provided. We looked at care plan information relating to nine people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, handover information, and arrangements for

managing complaints.

Good

Is the service safe?

Our findings

People felt safe living at Seagrave House Care Home. One person said, "I do feel safe here. I'm not really sure why but there are staff about if I need them." Another person said, "I feel safe here, when I push my buzzer there's always two staff that come to help me as I am classed as a double resident."

People had individual risk assessments in place which identified any additional support people may need to keep them safe. These helped to enable people to maintain their independence and receive safe care. People were encouraged to maintain their independence as much as they wished and to do what they could for themselves. Staff were knowledgeable about people's risks and were flexible with the support they provided. One member of staff explained that one person had a risk assessment in place about preventing them from falling. We saw that staff supported people that required support with their mobility to ensure they could move around safely. We saw that people's risk assessments contained advice and guidance for staff and these were regularly reviewed and updated as necessary.

Procedures were in place in the event of an accident or incident and these were reviewed. Following specific incidents such as a fall, people's care plans and risk assessments were reviewed and updated as necessary. Full analysis of every incident and accident were completed to identify if there were any repeated patterns or trends and these were targeted to reduce similar incidents from occurring.

People told us that there were enough staff although there had been occasions when their care had been delayed due to the availability of staff, particularly in the evening time. One person said, "There seems to be enough staff – when I press my call bell they come quickly." Another person said, "There are enough staff for my needs definitely." We reviewed the staffing levels and saw that people were well supported. Staff kept within earshot of people and responded quickly when they were required to.

People were supported to take their medicines in the way they wished. One person said, "I have my tablets in the morning every day. They [the staff] bring them in a little pot." We heard staff asking people when they would like to take their tablets, i.e. whilst they were in bed or after they had got up. People were not rushed to take their medicines and staff were knowledgeable about the medicines people required. The home had recently introduced a new electronic system to help staff administer medicines more accurately. This was in the early stages and staff were monitoring and reviewing the system to identify how it could be improved to meet the needs of the people living in the home. The system was able to highlight to staff if any medication had been missed or delayed to prevent people missing any of their medicines. Medicines were kept secure and were not left unattended.

Staff had a good understanding of how to protect people from harm. One member of staff told us, "If there was ever any sort of safeguarding incident I'd immediately make sure they were safe and OK. Then I'd report it to the manager or go above them if I needed to." We reviewed safeguarding incidents and saw that they were fully investigated.

Recruitment procedures were in place to minimise the risks associated with staff working with people living

in the home. Staff confirmed that they were required to be successful in an assessment process before they were employed. The registered manger completed checks on each new member of staff's work history and obtained references from previous employers. They also checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions before people were able to provide care independently to people.

People were protected by the prevention and control of infection. People told us that their bedroom and all areas of the home were clean. One person said, "This is how it always looks, they never let it get messy." Care staff received training about good hygiene practices and we saw that staff utilised personal protective equipment such as gloves and aprons to prevent the spread of infection. The home was clean and free from unpleasant odours and we observed domestic staff working to keep all areas of the home clean and hygienic.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that they were.

The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff and the management team worked with families to consider what was in people's best interests if people living at the home were unable to make their own decisions. During the inspection we found that improvements were required to support one person who lacked the capacity to make a specific decision about one particular area of care. After the inspection we saw that the registered manager had met with the family and doctor to explore this further to ensure they got the support they required. Staff were aware of the restrictions that were in place for some people and understood their role to ensure people made their own decisions about their care. The management team took action to ensure that the least restrictive options for people were used whenever possible.

The design and decoration of the home was pristine and people were able to make choices about how to personalise their bedrooms. One person said, "My bedroom here is pretty good - very good with wonderful views of the bowling green. I can bring my items into the room for my personal use." We saw that people had pictures or items of importance to them on display however, the communal hallways could be further improved to encourage independence. One relative commented, "There is a lack of key help along the corridors so that people can find their rooms. All the decor looks the same - identical colours except for some pictures on the wall." We found that whilst the décor did not empower people with their independence, staff gave support to ensure people could identify their surroundings. People had access to outside space and quiet areas to meet with their visitors if they wished.

People's care needs were effectively assessed by the staff to understand the support they required. These assessments were made with people and their families, and the management team made considerations about the care and staffing arrangements that would need to be in place to safely transition people into the home. The management team considered people's care needs and made efforts to gain as much accurate information about this as possible. This considered people's mental, physical, and social care needs, and this was taken into account to ensure the home only took people who they felt confident they would be able to support.

People's healthcare needs were monitored, and staff were knowledgeable about people's health requirements. One person said, "I have been out [of the home] to see a doctor but I'm sure they'd come here if I needed them to." Another person said, "The nurse is coming to see me today for my breathing problems. I've been breathless for a few days now." We reviewed people's records and saw that healthcare professionals were utilised when people were unwell or required additional input into their care and support. We saw that staff supported people with long term health conditions and ensured they attended their healthcare appointments if they needed staff support. Staff had a good understanding of people's health conditions and ensured they were supported to receive any treatment they required.

People's care needs were carefully monitored and staff worked proactively with external services to support people to have access to the support they required. For example, people were supported to use services within the community if they required additional support or equipment to maintain their mobility, or nutritional needs. This included the use of the community falls team, dieticians and nutritionists if required. One relative gave great praise to the staff at Seagrave House as they had helped to make the transition into hospital for healthcare appointments as easy as possible for their relative. There were areas that were not easy to access in the wheelchair their relative used and staff had gone out of their way to make sure their relative received prompt and caring support when they had to attend hospital.

People were supported to eat and drink enough to maintain a balanced diet. Some people commented that they felt the quality of the meals could be improved however, we saw that people were offered at least two different options from the menu and if they wanted something else, this was prepared for them. We saw that a new chef had been employed at the home to help improve mealtimes and the chef had met with a number of people to understand their preferences. The chef was keen to receive feedback and suggestions about what people wanted.

People's nutritional needs were monitored by staff who understood people's dietary requirements and preferences. One person had a small drink in their bedroom. They said, "I don't want big bottles as I knock them off." Staff gave support to people who were unable to eat their meals independently and encouraged people who became distracted to finish their meals if they wished. We saw that people who required pureed or soft meals were supported with those needs.

Staff had the guidance and support when they needed it. One member of staff said, "We see the manager regularly, they don't spend all day in their office and they help out if we need them to." We saw that staff received supervision from senior members of staff to help them with their performance and staff told us they felt they could approach management if they needed additional support.

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction before they were able to support people with their care. One member of staff told us, "I had to do my induction and shadow experienced staff before I started supporting people with their care." We saw that staff were required to complete a full training program which reflected the needs of the people living at the home. Training was monitored and staff were required to refresh their skills and knowledge on a regular basis.

Good

Is the service caring?

Our findings

People enjoyed spending time with staff and they had been able to develop trusting relationships with them. People and their relatives were positive about how staff treated them. One person said, "They [the staff] are marvellous. I wouldn't want to swap any of them!" Another person said, "All the regular staff are good, they make you feel wanted." And one other person said, "They treat me well, like a human being!" We saw that staff treated people with compassion and had developed positive and caring relationships with people.

People were able to receive their care from attentive and encouraging staff. One person said, "I get plenty of emotional support from the staff, they have time to talk to you." We saw that staff spent time having conversations with people about their backgrounds, or about current affairs that interested them. People felt valued by the staff and were pleased to spend their time with them. We saw that when people were distressed or anxious, staff spent time offering reassurance or holding people's hands if this gave them comfort. This helped people to feel relaxed and safe in the company of staff.

People were treated with dignity and respect. One person's relative said, "[Name] prefers ladies [to deliver their personal care] and this is what they have." Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. We saw that staff supported people to adjust their clothing if it had compromised their dignity. People appreciated the respect staff had for them and were happy with the way they were treated.

People were able to make their own choices about their care and support, and staff made this is as easy as possible for people. For example, if people required support to get dressed, staff helped them to choose what to wear to suit their needs and the temperature. On the day of the inspection we saw that people were supported to go outside and their clothing was adapted to help people maintain their own temperature.

Relatives were involved in making decisions about people's care. One person's relative said, "[Name] had a fall last year and they phoned us straight away." We saw that when people's care required adjusting, or if there had been an incident, people's relatives were informed and discussions were had about future care plans. Another relative told us that they were able to support their loved one at mealtimes. They said, "I have come into today to help feed my [relative]. I like to do this when I can." Relatives could be involved in people's care and support if they wished and were kept updated when significant events occurred.

People were supported to maintain relationships that were important to them. Relatives and friends were able to visit as they wished. We saw that there were a number of quieter areas within the home that could be utilised for people and their relatives to meet or have drinks together. We also saw that some people were able to have their pet visit them which gave them and others within the home great pleasure.

The provider had good links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up.

Good

Is the service responsive?

Our findings

People's diverse care needs were fully considered and care planning supported people's preferences. Following an initial assessment of people's care needs, the management team made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required.

As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been reviewed on a regular basis and accurately reflected their current care needs. Staff were able to tell us about how they supported each person which was in accordance with their care plan.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were able to have information available to them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand.

People were supported to take part in activities within the home. One person told us they enjoyed having community choirs or school children come to sing. Another person said, "I don't really join in the activities but I have been in the film room and watched two films." Another person said, "I don't get involved much in the activities as it's an age thing. I find it difficult as I have always had my [relative] and we are happy with our own company." Staff told us that they felt that activities was an area that could be improved, to ensure that people were supported to enjoy activities they preferred, and that everyone had regular opportunities to do so.

People were supported at the end of their life to have a comfortable and dignified death. End of life care plans were in place and staff had an understanding of how to support people at the end of their life. The management team sought advice from external services to ensure where it was people's wishes they could remain at the home instead of being admitted to hospital.

People and their relatives had an understanding of how they could complain and felt there concerns were listened to. One person said, "If I have a complaint I speak with [the registered manager] or any of the staff and it's sorted quickly." Another relative said, "We come every day but if we have any complaints we go and see [the registered manager]." We reviewed the complaints that had been received and found that they had been investigated and responded to in a timely way.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the records that were completed by care staff. People consistently told us that they were well looked after and had their personal care needs met however, people's care records did not reflect the support people had received with their care needs. For example, one person's care plan showed that they liked to have showers. There were no records to evidence that they had been able to have a shower on a regular basis. We spoke with this person and they told us they had been able to have a shower at the home.

People told us and we saw that people were well supported during mealtimes. People were offered a variety of options if they declined their food and were given additional support when necessary however, people's care records failed to accurately document the nutritional support people had received. For example, when one person had declined all options at mealtime there was no evidence to show that additional choices had been pursued outside of mealtimes, or that their nutritional intake would be monitored to ensure this did not decline further. Staff had an awareness of the support people required however the records did not accurately reflect this.

As a result of the required improvements to people's records of care, the auditing systems had not been effective at reviewing if people were receiving care in accordance with their care needs. We reviewed one person's care plan and accompanying records. We found that this person's care plan recorded that they preferred to have a bath. They told us, "I've been after one of those for a while." This person's care records did not record if they were offered baths on a regular basis and the auditing systems that were in place had not identified or rectified this.

Improvements were required to people's records to show what activity or engagement people had to prevent isolation. We reviewed nine people's care plan records and found they did not reflect that people had been offered to participate in any activities. There were ineffective systems in place to ensure that every person was offered the chance to participate in an activity or spend time pursuing an interest they enjoyed. On the day of our inspection people were supported to sit outside or walk around the garden however none of the records we looked at showed that people had been offered this opportunity by staff prior to our inspection.

The quality assurance systems that were in place were effective at identifying areas of care that required improving. For example, falls were regularly reviewed to identify the times of day they occurred and if there were any changes or improvements that could be identified on an individual basis, or if there were patterns or themes that needed to be reviewed. There were systems in place to ensure that key areas in relation to the running of care home were reviewed at regular intervals.

People were positive about the management of the home and felt they could approach the registered manager if they had any concerns or suggestions. One person said, "[The registered manager] is very approachable. She gives you a lot of dedicated time– very nice and jolly – good with [residents]." We saw that the registered manager made efforts to spend time out of their office and take action to ensure that

people received the care they required.

People and their relatives were able to provide feedback about the service, and this was considered by the management team. For example, following negative feedback about the quality of the meals, the registered manager had recruited a new chef and involved people to help decide what food they would like to see on the menu. Other people told us about suggestions or feedback they had given to the registered manager which had been acted on. One relative told us, "I spoke to [the registered manager] about a photo [that was on the wall in a communal area that got removed] my [relative] really liked. They responded and put the photo back for us."

The home promoted good relationships with other agencies. Staff had an understanding of how they could work with external agencies for the benefit of people living at the home and did so when necessary to ensure the best possible outcomes for people, for example by liaising with falls teams and other community networks.

The CQC had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks relating to Seagrave House Care Home. The latest CQC inspection report rating was on display within the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.