

## Orders of St John Care Trust

# OSJCT Seymour House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Seymour House is a purpose built care home service, registered to provide personal care for up to 42 older people. The home is situated in a quiet area with a pleasant secure garden. The service is part of The Orders of St John Care Trust; a large provider of care services.

The first day of the inspection was unannounced and took place over the 28, 29 and 30 July 2015.

The service had a registered manager who was responsible for the day to day running of the home and had been in post for approximately 18 months. 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.

We found that the service obtained people's consent before care and accommodation were provided. However, the service did not follow the requirements set out in the Mental Capacity Act 2005 (MCA) when people

# Summary of findings

lacked the capacity to give consent to living and receiving care at Seymour House. This was in breach of Regulation 11 of the Health and Social Care Act (2008) Regulations 2014.

The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. CQC is required by law to monitor the application of the MCA and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require care home providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so.

We found that the service had not made approximately seven applications to the local authority for DoLS authorisations to protect people from being deprived of their liberty without lawful authority. This was in breach of regulation 13 of the Health and Social Care Act (2008) Regulations 2014. The process of making these applications was started by the service during the second day of the inspection.

Most of the risks to people receiving care at Seymour House were assessed by the service, and for the great majority of the time all reasonable steps were taken to keep risks as low as possible. However, we noted that for people who had more complex needs there were some areas where all reasonable actions to reduce risks had not taken place. This was in breach of regulation 12 of the Health and Social Care Act (2008) Regulations 2014. The service took immediate action in these areas for example: implementing a record of a person's food and fluid intake, making referrals to health colleagues and introducing assistive technology.

You can see what action we told the provider to take about the breaches of the Health and Social Care Act (2008) Regulations 2014 at the back of the full version of the report.

People said they felt safe living at the home. Staff were aware of their safeguarding responsibilities and showed positive attitude to this, and also to whistleblowing.

The premises were safe, clean, homely and well maintained. There was an on-going programme of refurbishment and improvement for the home. Recent improvements included the redecoration of some people's bedrooms and provision of kitchens for people and their friends and families to use. One family member had complimented the home on this, "The addition of coffee making facilities have made a great improvement as you feel you are able to be entertained by your relative as you would be in their own home."

Checks of records indicated that reporting and recording of incidents and accidents took place. There was an effective system for auditing incidents and accidents that was used to improve the quality and safety of the service.

There were effective management systems in the home that provided staff with clear lines of responsibility and accountability. The service had systems in place to keep staff up to date with best practice and to drive improvement and promote safety. The service had effective systems in place to listen to people and respond to their requests. We have made a recommendation about more specific auditing of the service's activities and compliance with the MCA which can be found in the well-led section of this report.

There was a complaints procedure in place; the service had received approximately three comments or complaints and many compliments this year. One relative wrote they were, "...impressed by the team's compassionate knowledge of my mother's minute to minute condition and ready smiles and humour."

Staff acted in a caring manner; we observed they treated people with respect and asked before carrying out care. People who use the service were helped to make choices and decisions about how their care was provided. One person said, "They are lovely people and will do anything they can for you."

Each person who uses the service had their own personalised care plan which promoted their individual choices and preferences. People were assisted to go out into the community to enjoy leisure time and also to attend health appointments.

# Summary of findings

## 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 consistently safe.

Risk assessments were in place and used by the staff. Sometimes the service did not take all reasonably practicable steps to reduce risks.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse.

Medicines were managed so that people received them safely.

The service maintained a clean, safe environment.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Requires Improvement



### Is the service effective?

The service was not effective in some areas.

The service gained people's consent before providing care and accommodation. However, the service did not follow the requirements of the MCA when people lacked the capacity to give consent to care and accommodation.

Necessary applications for the authorisation lawfully to deprive people of their liberty had not been made.

Staff received training, personal development meetings and supervision to support them to carry out their work effectively.

People had access to food and drink throughout the day and were provided with support to eat and drink where necessary.

The premises had been adapted to people's needs.

Requires Improvement



### Is the service caring?

The service was caring.

Staff members had built caring relationships with people; their approach was warm and calm and put people's needs first.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

People were encouraged to express their views and preferences.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

The service routinely sought and acted on feedback and comments from people and those who were important to them.

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

The service acted on complaints and comments.

People and their families participated in decision making about the care provided.

People were supported to have activities and interests and access to the community.

The service had effective systems in place to share information with other services.

## **Is the service well-led?**

The service was well-led.

The registered manager and head of care had an 'open door policy' to encourage people, those important to them, and staff to raise any issues or concerns.

There was an open and inclusive culture in the home: staff, people who use the service and those important to them expressed confidence to raise any concerns.

The service had effective quality assurance and information gathering systems in place so that learning and improvements could take place.

The service had effective systems in place for keeping up to date with best practice, and promoting improvement and development.

The service had made community links.

Staff members said they felt well-trained and valued and that the service was well-led.

Policies and procedures were in the process of being updated to reflect the new regulations that came into force in April this year.

**Good**



# OSJCT Seymour 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.

Two inspectors and one expert by experience carried out this inspection which took place over three days; 28-30 July 2015. The first day of the inspection was unannounced. An expert by experience is a person who has personal experience of either using, or caring for someone who uses this type care of service. Before the inspection we reviewed the information we held about the service, liaised with the commissioning and safeguarding teams at the Local Authority and read previous inspection reports.

Many people living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We spoke with the registered manager, head of care, quality compliance manager, clinical governance

lead, care leader, head housekeeper, maintenance worker and an admiral nurse. The role of the admiral nurse was to provide specialist support and guidance to staff to help them provide care to people living with dementia. We also spoke with 15 people who use the service and ten relatives.

We reviewed ten care plans and their associated risk assessments and records. We analysed three staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, menus, the home's development plan, the provider's 'care quality compliance tool' and the 'staff calculator' document which was used to work out how many staff were needed on duty. We also read the records made when one shift of staff 'handed over' to the following shift plus: cleaning schedules, surveys, policies and procedures, medication records, generic risk assessments, activities recording, purchase orders, and staff rotas.

We also reviewed the complaints and incident and accident records. In addition we reviewed the daily records made by staff, and also records such as minutes of staff and residents' meetings. We looked around the premises and observed care practices throughout the day.

# Is the service safe?

## Our findings

People were protected from risks associated with their care for the great majority of the time. However, we found that some important measures to reduce risks had not been taken. These included management of some health risks: necessary referrals to health colleagues in relation to prevention of limb contractures and obtaining specialist seating equipment, had not been made. The head of care said these referrals needed to be made and would be done as soon as possible.

Some measures that had been implemented may not have been the most effective option to reduce the identified risk. For example thirty minute observations were used to reduce the amount of time a person, at high risk of falls out of bed, may lay undiscovered following a fall. However, a sensor mat that may have provided staff with immediate notification of such a fall had not been tried. The registered manager said a sensor mat would be tried as soon as possible.

Other risks to health and hydration had not resulted in the implementation of necessary food and fluid charts to record how much a person ate and drank. Following discussion, the head of care implemented a 'total care chart' for one person on the first day of the inspection, and said it was necessary to implement a food and fluid chart for another person on the third day of the inspection. A total care chart records more than food and fluid intake; for example the condition of the person's mouth and their changes in position.

For one person, the risks to their skin integrity required the daily application of cream to a vulnerable area of their skin. On the first day of the inspection, 28 July 2015, we found the chart to record the daily application of the cream had not been completed since 18 July 2015. The registered manager said recording of the use of topical creams was an area that had already been identified as being in need of improvement by the service, and this would be addressed straight away for the individual. We saw that improvement of the recording of the application of topical creams was included in the home's 'action plan' document.

Additionally we found that a positive behaviour management care plan, in response to a person's daily and prolonged behaviour of shouting loudly for help, had not been implemented. The person's shouting indicated a

potentially high risk of psychological distress to the person and, to a degree, those in their vicinity. During the inspection it was arranged for an admiral nurse to begin an assessment with this person to see what measures could be put in place to reduce these risks.

Some people with specific health conditions such as epilepsy or diabetes did not have an individualised protocol to guide staff on what to do in the event of a seizure or deterioration in their condition. The head of care said these documents would be put in place straight away.

This meant that the service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks. This was in breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act (2008) Regulations 2014.

Care staff said they thought people were cared for safely at Seymour House and people told us they felt safe. People, their relatives and staff said they felt confident to report any concerns or risks and that these would be acted upon. The service had suitable contingency and fire safety plans in place. The registered manager said that that suitable alternative accommodation had been identified for situations in which this may be necessary.

Staff said that they had received training in infection control and records confirmed this. They said cleaning responsibilities were clearly set out in the cleaning schedules that were followed, and that the premises and equipment were suitable and well maintained.

The registered manager, who took a proactive role in monitoring all standards in the home, had carried out a full infection control audit on 24 July 2015. Actions from this included purchasing two new toilet stands and ensuring protective glove dispensers were full.

In addition a kitchen audit had been carried out on 16 July 2015 which showed full compliance with all health and safety and hygiene requirements. We observed that the home was clean in all areas and had a food hygiene rating at the highest level.

A member of the team explained the cleaning schedules for daily, weekly and monthly cleaning programmes and said, "We work as a team", "I feel well supported, if I have any concerns I just speak with the manager". The housekeeping team had introduced a communications book, to make sure everyone was up to date with any changes or requests.

## Is the service safe?

This meant that people's health and safety were promoted by a clean, safe environment.

The service had arrangements in place that protected people from abuse and avoidable harm. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Staff were aware of the safeguarding and whistle blowing policies and procedures in place, and had used them to good effect.

People's health was promoted by the proper and safe management of medicines including medicine that was given as and when necessary (PRN). There had been five medication errors in the past 12 months. Records show that the service took appropriate action in response to these errors. The service had arrangements in place for people to manage their own medication. With one exception, in relation to the use of a topical cream, individual medication administration records showed that people were being given the correct medication, as prescribed, in a safe and timely manner.

We found that for three sets of medicines, the total number of tablets recorded in the medication records did not match the actual number of tablets in the packet. We were told that this was because the number of tablets carried forward from the previous month had been done in advance. We were informed this was not the correct procedure and did not usually occur. The registered manager carried out regular audits of medication the most recent being on 30 June 2015. Actions to promote high standards of medicines management were contained in the service's 'action plan' document. This included recent input by pharmacists on good practice, medication training being overseen by the registered manager, medication records being cross checked by staff, and for any medication carried forward from the previous month to be done by two members of staff.

People were protected by a safe recruitment system which meant that the service had obtained information to make judgements about the character, qualifications, skills and experience of its staff. The recruitment processes provided proof of identity and qualifications. Disclosure and barring checks had taken place. The Disclosure and Barring Service

helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

We were informed that staff rotas were calculated according to the level of dependency of people living in the home. Staff members told us that there were sufficient numbers of staff on duty to provide the care that people needed. However they all said they would like to have more one to one time to talk, or do an activity, with people.

We observed that staff responded to people's needs in a timely and unrushed manner and had necessary equipment to provide care. One person said, "I press the call bell, they are very busy they do come back – it can't be easy for them there are so many of us to look after." Another person said, "Not too long a wait" and another said, "No waiting I am quite happy." People's comments were positive about the timeliness and quality of the care they received.

The service had an accident and incident reporting system in place. Our checks of daily records, cross referenced with incident and accident recording, indicated that diligent reporting and recording of incidents and accidents took place. There was an effective system for auditing incidents and accidents that was used to improve the quality and safety of the service. It was clear from the monthly audits that appropriate action was taken in response to accidents and incidents which included: a request for a medication review, increased observations, physiotherapy and falls clinic referrals, request for a health check and installation of a sensor mat. This showed that the service used the audit information to take action to promote people's safety and to prevent reoccurrences.

Staff members told us they followed the guidance set out in personal care plans and risk assessments. Staff kept daily care records and communicated any changes in people's needs, or concerns about care provision to each other. This was done for example, using daily 'handover' meetings where information was shared and recorded between staff. This meant that people's well-being and safety were promoted because staff members were quickly aware of any issues or changes in relation to providing care.

# Is the service effective?

## Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the service had not made approximately seven applications to the local authority for DoLS authorisations to protect people from being deprived of their liberty without lawful authority. The management team lacked understanding of when DoLS forms should be submitted. This was in breach of Regulation 13 (1) (5) of the Health and Social Care Act (2008) Regulations 2014.

We asked whether the service provider, the Orders of St John Care Trust, a large organisation, had provided strategic guidance to Seymour House on when DoLS applications should be made and checks on whether they had been made. The quality compliance manager said that new training, due to take place in August 2015, would clarify the provider's expectations of its services in relation to DoLS.

We found there was some awareness among staff of the MCA and the concept of capacity. There was also awareness of some the principles of the MCA, such as the presumption of capacity and acting in a person's best interests. There was also awareness that sometimes people who had capacity chose to make unwise decisions. An example from Seymour House was when people chose not to follow a diabetic diet. There was respect for such decisions, and the service had plans to record them. However, we found there was lack of sufficient understanding of how to put the MCA into practice and also a belief from some staff that using the MCA would restrict, rather than promote and protect, people's rights.

When people who use the service had capacity to decide on their care, the service obtained consent although not all care plans were signed by these people. However, we

noted that when people lacked capacity to decide on their care, Seymour House did not have assessments of capacity and best interest decisions in place to underpin the care plans for these people. This was in breach of Regulation 11(1) (2) (3) of the Health and Social Care Act (2008) Regulations 2014.

There was a lack of understanding of restraint as defined by the MCA. We were informed that restraint was not used at Seymour House. However we found that appropriate restraint did take place, such as: door codes to stop people from leaving the home unescorted, bed rails to stop people from getting/falling out of bed, sensor mats to monitor people's movement and medication to alter behaviour.

Because the service did not sufficiently recognise when restraint was happening, it was unable reliably to use the provisions of the MCA to ensure and record that any restraint of a person who lacked mental capacity was done lawfully in their best interests.

The Order of St John Care Trust provided forms to record assessments of capacity and best interest decisions. We reviewed an assessment of capacity and best interest decision for a person to receive personal care. Some of the recording in the assessment of capacity was contradictory and vague. This indicated a degree of confusion about how to complete the form which concluded the person lacked capacity to make the decision in question.

The associated best interest decision form did not enable staff to meet the requirements set out in the MCA Code of Practice to record how the decision about the person's best interests was reached. This should include: the reasons for reaching the decision, who was consulted to help work out the best interests and what factors were taken into account.

Seymour House provided suitable induction and on-going, up to date training to staff members. We noted the registered manager used the probationary period in an appropriate manner to provide support to staff, and to end employment of staff in unsuitable roles.

Staff were suitably qualified for their roles. Mandatory training was comprehensive and included: first aid, fire safety, food hygiene, MCA/DoLS, medication, infection control, pressure area care, safeguarding and moving and handling. We asked how the service ensured that staff training was understood and embedded in practice. The registered manager, head of care and care leader said they

## Is the service effective?

observed and carried out caring duties alongside the care staff and were therefore able to give feedback and informal supervision on a daily basis. In addition, the 'e learning' courses that staff undertook required them to cross a 'pass mark' which indicated they had reached a required level of understanding.

Supervision and development meetings were also used to embed learning, challenge practice and to identify the new development and refresher training needs of staff. The registered manager said the provider had "huge" training resources and that Seymour House was well supported with training.

The staff said they had good training and development in order to carry out their work safely and competently. One member of staff said, "the training here is fantastic." Another spoke very positively about how they had been supported by the management team to develop and become competent in a more senior role.

The staff we spoke with said they were happy with their current supervision and appraisal arrangements and that they had very good day to day access to, and support from, members of their management group.

People had access to food and drink throughout the day. Jugs of water and squash were placed around the home along with baskets of biscuits, fruit and snacks to which people could help themselves throughout the day. Staff support and appropriate equipment were provided to help people eat and drink. Requirements for: diabetic, weight reducing, weight gaining and gluten free diets were met. For people who needed a pureed diet, each separate item of food was pureed in order to provide a dignified and more enjoyable eating experience.

People were enabled to have a healthy diet of fresh food and to make their own food choices. We noted that at mealtimes were social occasions; on the days of the inspection the great majority of people sat at tables in the dining room to eat a home cooked breakfast, lunch and evening meal together. Staff enabled people to make their food choices by explaining and showing them the various options. Some people chose to eat in their own room; we observed that these people were provided with their meals in a timely manner.

Tables were laid with napkins and place mats, condiments were also placed on each table as were fresh flowers. The service was in the process of consulting people about improving their dining experience; whether they wanted to have table cloths and how they wanted their food to be served. New dining table and chairs had been ordered and were about to be installed.

All of the care plans provided information on people's communication needs and guided staff on how effective communication may be achieved. We observed staff speak to people with respect, warmth and good humour.

Each person had their own room that was personalised with their belongings. The home had a lift to all floors and ramps so that people had access to all areas including the garden and smoking areas. Toilet and bathroom facilities were shared. There was good signage to help people navigate their way around the home. Bathrooms and toilets had been decorated with use of colour contrast to help people see and use the facilities more easily.

Chairs were grouped in communal rooms so that people were enabled to socialise with each other. Extra chairs were available so that friends and family had a place to sit. Satellite kitchens had been installed so that people could entertain their friends and family. The décor was homely and comfortable, the registered manager said, "I am passionate about the home being a home." The garden was secure and well-tended; full of flowers, raised beds and points of interest for people to enjoy.

Staff members were aware of the need to help people have access to health services. People told us they were provided with necessary help to make appointments and we saw evidence of this in their care records. One relative informed us that a person had missed a health appointment because they had not been informed of the appointment letter's arrival at Seymour House. This matter was subsequently addressed resolved to prevent reoccurrence.

We saw that the service followed the advice of health care professionals, for example, occupational therapy advice not to use bedrails because there was a risk the person may climb over them. Also speech and language therapy advice on how to assist a person to and drink eat safely.

# Is the service caring?

## Our findings

The registered manager said that equality and diversity were promoted by providing personalised care, asking people about how they wanted their care to be given and by offering choices. Records showed this was done through formal care reviews, questionnaires and meetings. However, all staff said they regularly asked people on an informal basis how they were feeling; whether they were happy with the service; whether anything could be improved.

All the people we spoke with described staff as kind and polite. One person said, "I would give them 7 out of 10 for being kind, some are better than others". Another person said, "They are lovely people and will do anything they can for you."

People said that their privacy and dignity were promoted and that staff always knocked before entering their rooms and asked before they carried out care. Some people chose to have a door key to their room. People's comments showed that staff members knew the people who use the service very well. We observed that staff member's approach to people was respectful and warm and that they asked people before they carried out care.

We also noted that staff were calm and reassuring in their approach to people; they explained options to people, offered choices and negotiated with them. We observed that interactions with staff often made people laugh and smile. We noted that people appeared comfortable and confident to ask for help. People often showed warm affection towards staff who also responded warmly.

We saw evidence the service encouraged people's independence for example; physiotherapy input had been arranged to improve one person's mobility. Other people managed tasks for themselves such as making their bed and managing their own medication

Staff comments showed they were motivated to build up good caring relationships with people. One member of staff said "trust" was key to "building up a bond". Staff told us how they offered care in a discreet, gentle and sensitive manner. They ensured privacy was given and they respected people's choices to have a male or female carer. One member of staff told us how it was important to "give care the way people want it done", and to know the details of their preferences such as which arm they liked to put in their clothes first when dressing, and how they liked their bath to be run.

We noted that some staff 'went the extra mile' and had worked voluntarily on their days off to help with activities such as a recent birthday party and an outing to the seaside. The registered manager said they were working to recruit to the service's full staff complement, and that in the meantime, the staff group had been extremely helpful and flexible in providing cover for shifts. Two staff members we spoke with had recently been offered lead roles and were very positive about taking on their new responsibilities to promote and improve care throughout the home.

We noted that staff and the management team were aware of the importance of protecting people's confidentiality and said they did not talk about people outside of the service or mention them on social media. Records were locked away with only appropriate people having access.

# Is the service responsive?

## Our findings

Records showed that a collaborative assessment was undertaken for each person who came to live at Seymour House unless they were transferred from another of the provider's homes. In the records we saw information from the assessment was used in care plans and risk assessments to promote good, safe care.

Each person who uses the service had a person centred care plan. Care staff had a good understanding of person centred care; they said it was based on meeting people's individual needs and providing care ways they preferred this to be done.

The care plans evidenced that Seymour House provided care in accordance with people's individual preferences and promoted their choices. We saw that care plans recorded for example: people's food preferences, when they liked to get up and go to bed, what support they wanted during the night, how they preferred to move about, which bathroom they preferred to use. In addition the care plans contained a document called 'all about me' which promoted equality and diversity by helping staff to understand the person's history and to meet their cultural and spiritual needs. The care plans and risk assessments were reviewed at least monthly. This showed that the service sought to meet people's changing needs and to promote their independence and choices.

Many of the people we spoke with said they did not know about their care plans. The registered manager said they were aware of this and, to improve people's sense of involvement, the service was in the process of introducing a new system that required carers to complete their daily recording and monthly reviews with the person present. We saw one example of a carer discussing the day's events with a person and then recording this with the person present.

Sixty per cent of the people we spoke with said that there was not always enough to do in the home. Staff commented that they would like to see more activities take place, and to have time to be more involved in the activities.

The service had an activities coordinator who worked 12 hours per week. During the inspection most of this person's time was taken up taking five people on a day trip to the seaside. The following week a day trip to Longleat was planned.

These trips had been suggested by people at one of their residents' meetings and, responding to this suggestion, the activities coordinator had made the necessary arrangements. Further trips were planned and, because people had raised concerns about how they would manage to get around on long day trips, the service had recently purchased ten folding wheelchairs. This showed the service had included people in decision making and was responsive to people's wishes and concerns.

Activities, up to 29 July 2015, had included: film night and 'sing-along', birthday party, cooking club, pub lunch, flower arranging, two garden centre trips, musical bingo, skittles and manicure session. From the records it appeared that less than half the people joined in these activities, and a sizable proportion of those had joined in only once. The service had also paid outside organisations to provide various activities and entertainment in addition to those outlined above. An activity on offer on 28 July 2015 was arranging a large quantity of fresh flowers donated (every week) to the home. When we asked who did the flower arrangements that were later placed around the home we were informed that people had not wanted to participate, therefore staff had arranged the flowers.

The registered manager said that an activities coordinator had left recently. They added that activities needed to increase, and that they were in the process of addressing the issue by recruiting a second activities coordinator for an additional 23 hours per week. In addition the registered manager had put on the agenda for the next residents meeting, due on 4 August 2015, the matter of whether people would like to participate more in the ordinary daily activities of home life such as: laying the tables, dusting, folding laundry, preparing vegetables and other food.

An additional item on the agenda was whether people would like vegetables put in a serving dish on the table so that they could help themselves. Another was whether people would like to have a residents' committee. Further items were: how the service and environment could be improved, and whether people would like to join in the staff recruitment interviews. This showed the service consulted and offered choices to people about their care, ranging from small important details to major decisions.

As well as meetings, the service conducted surveys and one to one informal chats in order to gain people's feedback. This showed respect for and willingness to meet people's individual and diverse communication needs.

## Is the service responsive?

We asked for other examples of how the service had listened to people and responded to their requests. We were informed that satellite kitchens had been installed in response to feedback that there was nowhere for people to make a hot drink or snack for their families. Also, some people had said they wanted to go to bed earlier in the evening. To accommodate this request, the night carers now start their shift earlier. In May this year the night staff suggested that a fourth night worker was required. The service listened to this request, and plans were in motion to employ an additional night care leader. Another example of responsive change was that people had feedback that the fried eggs were cold at breakfast; therefore it was arranged they should be cooked to order. These examples indicated that people felt confident to raise issues and that the service listened and responded flexibly to how people said they wanted the home to be.

There was a system in place to manage complaints and concerns. The registered manager said that they provided a

written outcome to complaints and also to any concerns raised. We saw a complaint in the process of being managed. The registered manager had taken the person's concerns seriously and had arranged a meeting to address the complainant face to face. The complainant said they felt listened to and satisfied with the way the complaint was being handled. They had confidence the matter would be resolved. Another person informed us they did not feel their concern had been listened to. We did not see evidence of a written response to this person who also felt that a major decision regarding their relative's care had not been explained to them. The service had received approximately three complaints or concerns this year and numerous compliments.

There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service.

# Is the service well-led?

## Our findings

When we spoke with the registered manager, head of care and quality compliance manager over the three days of the inspection, we found their attitude was open: they willingly shared information in a transparent way, they were able to provide information readily, and their high motivation to achieve the best outcomes for people who use the service was evident. During the inspection we observed they worked together as a supportive team displaying good humour and mutual respect. This was consistent with reports from people and staff about the positive culture in the home.

The service had made some community links with a local school, volunteer providers and also large supermarkets. Seymour House worked in partnership with families and other key organisations such as the GP surgeries, The Care Home Forum and the local authority. These avenues were used by the service to keep up with new developments and good practice. Other systems used for keeping up with good practice included using information from the National Institute for Clinical Excellence and the Social Care Institute for Excellence websites.

In addition the registered manager and head of care were both members of the 'My Home Life Project' which is a country wide initiative to promote the quality of life and positive change for older people living in care homes. The registered manager said the Seymour House 'dignity tree' came about as a result of 'My Home Life'. The 'dignity tree' was a piece of wall art which was immediately seen by anyone who walked into Seymour House. The leaves of the 'dignity tree' contained thoughts on dignity written by people who use the service. The 'dignity tree' was a visual reminder of the importance the service attached to treating people in a dignified way, and showed that the service sought to apply best practice to every day practice.

Other systems for ensuring best practice came from the provider organisation; The Order of St John Care Trust (the Trust). For example we saw the Trust routinely shared learning and guidance with Seymour House from serious incidents which may have occurred in other services. In addition the Trust provided external guidance to Seymour House. For example, Department of Health guidance on managing heat wave conditions.

The Trust provided its own internal care quality compliance checks and reports to Seymour House; this annual check took place during the second and third days of the inspection. We listened to some of the feedback and suggested actions given to the service by the clinical governance lead. This included: use of specialist equipment, increased MCA training and more involvement of people in their care plans.

In addition to the compliance check, we saw the service used other resources provided by the Trust to drive improvements for example, the specialist admiral nurses to assist in providing best practice care to people living with dementia. We noted the guidance on actions provided to the service by the admiral nurse in relation to people who chose to make unwise decisions. We also noted that the service made use of outside expertise for example, guidance from health colleagues and an independent pharmacy service.

This showed the service demonstrated a questioning culture which sought to improve service delivery by putting changes into practice.

On the first day of the inspection the registered manager had given a small token of thanks to the staff to acknowledge their work. They said it was important to show staff that they were valued and commented, "A thank you goes a long way." The staff expressed the view that they were well supported and valued. They added that they had clear lines of accountability and reporting, and that the service was well-led. One member of staff said that the arrival of the registered manager was "a majorly good change." Another member of staff said the registered manager had improved "everything." One family member wrote, "The management are always there and have an open door policy to enable you to discuss anything you need." This indicated that the service was well led with an open culture that valued people and promoted confidence.

There were effective processes to seek feedback on the service from all relevant persons. We found that information was evaluated and action was taken by the service. The registered manager had an up to date system of monthly audits in place which we saw were treated as important management tools used to promote safety and quality.

We asked about development of the service and were provided with the home's 'action plan' which showed a

## Is the service well-led?

wide ranging set developments and plans. The head of care explained that plans were in train for carers to take on the role of writing and updating care plans with people. The registered manager said that improvements to the facilities and environment of the home were on-going, and the next plan was to create another communal 'sensory' room for relaxation and activities. A key development focus was recruitment in order to reach the full staff team complement.

**We recommend, to build on its current good auditing practice, the service seek guidance on the implementation of more specific auditing of its activities it provides to people, and compliance with the MCA.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Necessary records of assessments of capacity and best interest decisions were not in place for people who lacked capacity to decide on the care provided to them by the service. Regulation 11(1) (2) (3) of the Health and Social Care Act (2008) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks. Regulation 12 (1) (2) (b) of the Health and Social Care Act (2008) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The service had not made all necessary applications to the local authority for Deprivation of Liberty Safeguards authorisations to protect people from being deprived of their liberty without lawful authority. Regulation 13 (1) (5) of the Health and Social Care Act (2008) Regulations 2014.