

Buckinghamshire Council

# Seeleys House Short Breaks Centre

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Seeleys House Short Breaks Centre is a residential care home offering a respite care service for people with a learning disability and or physical disability. The service is registered to provide support to a maximum of 12 people. At the time of the inspection 4 people were staying overnight. Each person had their own room and access to communal toilet and bathroom facilities. There was access to an enclosed garden.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

People used their own communication system to show us and we understood from the actions or gestures that we saw from people they enjoyed staying at Seeleys House Short Breaks Centre. We observed lots of appropriate, professional interaction between staff and people. People were observed to be smiling, laughing and relaxed in the home.

Relatives described the staff as "excellent," "approachable, caring, efficient, interested in who they are looking after," "Professional and friendly".

Right Support: The service gave people care and support in a safe, clean, well-equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture: People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The staff and management team worked hard to create an inclusive, supportive and caring environment for people. The service was providing personalised care which promoted independence in people. Staff told us they enjoyed working at the service. Comments included, "Everyone who works at Seeleys is so passionate about care and constantly looking for ways for us to improve our client's overall experience" and "I love working at Seeleys, I like that we get the opportunity to get to know our clients and spend quality time with them, they get to choose what they would like to do with us on a weekend and we have fun." A third member of staff told us "I like the fact that we have a diverse team and that each individual staff member brings something different, and we all help each other out. Any issues are dealt with in a timely manner through staff meetings and are usually easily resolved."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 July 2019 ) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 requires improvement to good based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seeleys House Short Breaks Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Seeleys House Short Breaks Centre

## **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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on concerns we had about the management of risk, record management and quality assurance.

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

The inspection was carried out by one inspector and an Expert by Experience made telephone calls to people and their relatives. 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

Seeleys House Short Breaks Centre 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. Seeleys House Short Breaks Centre is a care home without 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 a registered manager in post.

### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 2 people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We gained feedback from 5 relatives via telephone. We spoke with 9 staff members including operational team leaders, food and diet co-ordinator, social care assistants, the registered manager, operational co-ordinator and business support. We sent email questionnaires to the staff team and received 10 written responses. We reviewed 7 people's care file records and a further 2 people's medicines records and stock. We looked at the provider's clinical audits and policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### 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) 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 12.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire wardens were on duty on each shift and regular fire drills were carried out.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

### Staffing and recruitment

- The service operated safer recruitment processes. All new staff were subject to a Disclosure and Barring Service (DBS) check which provided information including details about convictions and cautions held on the Police National Computer.
- The service had enough staff, including for one-to-one support for people to take part in activities and

visits how and when they wanted.

- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Prior to each admission a pre-stay check was carried out to capture any changes in people's medicines.
- Staff made sure people received information about medicines in a way they could understand.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.

#### 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.
- 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.
- 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 service supported visiting in line with government guidance. People could receive visits from their relatives and were supported to access their local community. On arrival, visitors were prompted to wash their hands. Staff routinely reminded visitors of good practice to prevent infection.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to adopt the core values and code of practice for the MCA. People were not routinely supported to have their human rights upheld. This was a breach of regulation 11 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.

- Staff empowered people to make their own decisions about their care and support
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Mental capacity assessments were conducted in a way that promoted inclusion and rights of the person.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended the provider sought support from a reputable source on ensuring people received adequate fluid and keep hydrated. The provider had made improvements.

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food and planning their meals. We observed this on the first day of our inspection, and we noted on the second day people were eating their chosen meal.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person wished staff to support them in being independent with making a hot chocolate, and we saw this had been successful. Staff supported people to make pizzas and cakes. Feedback from relatives was very positive about this activity.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating and how to maintain a healthy weight. People were able to eat and drink in line with their cultural preferences and beliefs.
- The service had developed a food and diet co-ordinator role. There was a good level of knowledge on people's food choices and requirements to reduce the risk of choking.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection we made a recommendation for the provider to seek support from a reputable source to ensure people's current needs were reflected in care plans. We reported this under the responsive domain. The provider had made improvements.

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. One relative commented "They do lovely craft activities, and I love the cultural recognition activities and events they do, like Chinese new year and the jubilee party. All the clients had a commemorative medal to keep for the jubilee, so someone had taken the time to think of doing that."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. For instance, one person was supported to regain skills in making their bed.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff were positive about the training they received. Comments included, "I really enjoy the training that we do, I love to learn" and "I do feel supported, get relevant training and supervisions and if I raise any issues I usually get a response."
- Staff received support in the form of supervision, appraisal and recognition of good practice. Some staff had not met with their line manager at the frequency set out in the provider's policy. However, the registered

manager was aware of this and tried to support line managers to complete 1 to 1 meetings in a timely manner.

- Staff could describe how their training and personal development related to the people they supported.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. Staff had access to online medical advice when required.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care.

Adapting service, design, decoration to meet people's needs

- People were supported in an environment which promoted their independence and safety. Comments from relatives supported changes made to the environment. One relative told us "The building has undergone a makeover, a bit like DIY SOS job, it's a lovely restful place to be and very nice for the clients."
- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs. Staff had created a bespoke sensory room. Staff told us "Each piece of equipment that was purchased had an individual client in mind so that we knew we had at least one item in there that everybody liked".
- Staff had been instrumental in and had recently decorated rooms to meet people needs. Thought had gone into types of furniture and soft furnishing to minimise risk of harm and promote independence.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by a service that was well-led. A registered manager was in post and there was a clear management structure. Staff felt supported and told us, "My manager is approachable and I can speak to her when I have any issues or concerns", "I have found both [registered manager and Operations Co-ordinator] very supportive and approachable" and "I do feel supported within my role, my manager is always there to listen to me. I feel that I am treated with respect".
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff put people's needs and wishes at the heart of everything they did. Relatives told us they thought the service was well-led. Comments included, "Really friendly, helpful, lovely, there's not one member of staff that I could say anything negative about," "Both of the managers are very professional" and "They've really turned this place around."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One member of staff told us, "My line manager always

listens and will have a supervision should I feel I need an extra. We have a worry box should we wish to raise a concern and remain anonymous."

- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

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

- People were supported by a service that understood the requirements to be honest and understood the duty of candour requirements
- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Staff encouraged people to be involved in the development of the service. We saw people had been supported to grow vegetables in the summer and used pumpkins they had grown for celebrating Halloween.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One member of staff told us, "Everyone who works at Seeleys is so passionate about care and constantly looking for ways for us to improve our client" overall experience."
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider.
- Staff had access to equality networks to support them. This included, Race, LGBT+, Disability and wellness networks. These were opportunities for staff to feel supported in their role and offer a "safe" "confidential" and "non-judgmental environment" to raise concerns or worries. Staff were also supported to practice their religious beliefs. This led staff to feel valued and respected.

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The staff had engaged with the local Territorial Army to improve the garden area. We noted huge improvements had been made to make outdoor space accessible to people. In addition, the staff had engaged with the wider Buckinghamshire Council Teams to celebrate Queen Elizabeth II Jubilee. People who attended Seeleys House Short Breaks Centre were involved in a joint musical production which was shown on a social media site.
- People were referred to external healthcare professional when required. We received positive feedback from professionals. Comments included, "I wouldn't hesitate to have either one of my clients or one of my family members spending time at Seeleys respite" and "[Registered manager and Operations Co-ordinator] are demonstratively responsive to issues raised by me or my staff team. This has been via email or in person. Equally when they have had cause to raise an issue with my team this has been communicated effectively and resolved."

