

The Seckford Foundation Seckford AlmsHouses

Inspection report

Seckford Street Woodbridge Suffolk IP12 4NB Date of inspection visit: 31 October 2018

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	☆
Is the service responsive?	Good	
Is the service well-led?	Outstanding	☆

Summary of findings

Overall summary

What life is like for people using this service:

• People using this service still benefitted from an outstanding caring and well led service. People consistently told us how they were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care just right for people. One person told us, "I am very lucky to be here and feel loved and cared for." Another person told us that they had exacting details of how they liked their night time care, but this was provided just how they liked it and was written down so they did not have to repeat themselves. One person told us, "If you have to go somewhere then here is the perfect place."

• People were truly placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff feel respected, listened to, and influential. One member of staff explained that their role was to give people who lived there a 'purpose to their lives'. They told us, "I have the best job and it is a privilege."

• People received exceptionally personalised care and support specific to their needs and preferences. People decided who provided their care and support, and when. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. People had their human rights upheld. One person whose first language was not English had their care plan written in two languages to make it accessible to them.

• The whole service continued to have a good track record. The service remained at the heart of the local community with strong community links with a whole host of different community groups regularly visiting and people accessing their community.

• Staff were motivated by and proud of the service. One staff member said, "This place is so friendly and supportive. The staff go above and beyond. The culture is positive from the top to the bottom." There were high levels of satisfaction across all staff. There was a particularly strong emphasis on continuous improvement with staff gaining additional qualifications and how the service delivery could develop and improve for people who lived in the sheltered accommodation and flats.

•□more information in Detailed Findings below

Rating at last inspection: OUTSTANDING (The date last report published was 23 June 2016)

About the service:

Seckford AlmsHouses is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in the Seckford Almshouses in Woodbridge. The service provides very sheltered accommodation and support to people who live in their own flats within the building.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Outstanding.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

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 safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was exceptionally caring	Outstanding 🛱
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was exceptionally well-led	Outstanding 🛱



Seckford AlmsHouses

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type Seckford Alms Houses is a domiciliary care agency. It provides personal care to people living in their own homes. The agency support 30 flats on the premises and currently had 26 people that they supported.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit. We needed to be sure that managers would be available to facilitate this inspection.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people during our visit, and one relative. We received feedback in questionnaires from

four more people and two more relatives.

We spoke to four staff during our visit and received feedback in questionnaires from eleven more staff. We received five completed questionnaires and two additional written comment feedback from two health and social care professionals.

We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

Is the service safe?

Our findings

People continued to be safe and protected from avoidable harm. People told us that they felt safe and relatives trusted staff to do the right thing by their relatives when they were not there. There were systems and training in place that staff felt confident in using.

Supporting people to stay safe from harm and abuse

Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
People consistently told us they felt safe One person said, "Yes I do feel safe. I trust the staff who work here,"

Assessing risk, safety monitoring and management

• Risks to people continued to be assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff.

• Risk assessments relating to the environment were in place. This included use of the stairs, evacuation plans and equipment to be used in case of fire.

Staffing levels

• Staffing levels were appropriate to meet the needs of the people using the service.

• All staff spoken with said there were sufficient staff on duty. Our observations throughout the day found sufficient staff available to meet people's needs promptly. People were supported appropriately over their lunchtime. One person said, "I have four visits a day and they always come when they are supposed to come. I have the same core of staff come."

• Recruitment practices continued to be of god quality and suitable people were employed. One person told us, "They are extremely careful of whom they employ. All new staff are introduced."

Using medicines safely

Medicines continued to be safely managed. There were known systems for ordering, administering and monitoring medicines for those people's medicines managed by the service. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
Observations of staff showed that they took time with people and were respectful in how they supported

people to take their medicines.

• Peoples independence to manage their own medicines was maintained as long as safe to do so. Any changes to this was done with people's full consent.

Preventing and controlling infection

• The staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.

Learning lessons when things go wrong

• Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions.

• Where there had been errors made with medicines these were quickly found and resolved to keep people safe.

Is the service effective?

Our findings

People's care, treatment and support continued to achieve good outcomes, promotes a good quality of life and is based on best available evidence.

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

• Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

• Staff were competent, knowledgeable and skilled; and carried out their roles effectively.

• All eleven staff in their questionnaires said that they had completed an induction and training courses that prepared them to meet the needs of people they supported. All said they would recommend the service to friends and family.

• Staff had received appropriate training to support people living at the service and more specialist training in dementia care and Parkinson disease. The registered manager in their provider information return (PIR) told us. 'Staff have also attended study days on end of life care, diabetes, nutrition, falls awareness, stoma care, PEG care (Percutaneous endoscopic gastrostomy which is a feeding tube to the stomach), NCFE (National Council for Further Education) level 2 courses in Mental Health, Diabetes, medication, nutrition and health, chronic illnesses.'

• Approximately 50% of care staff hold a recognised care qualification. Staff received regular supervision and spoke highly of the support they received from managers.

Eating, drinking and a balanced diet. Supporting healthier lives and access to healthcare

• People received support to maintain independence and prepare their own meals. Some people had support from staff in meal preparation.

• People were supported to maintain good health and were referred to appropriate health professionals as required.

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

• We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff continued to have a good understanding of these pieces of legislation and when they should be

applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.

• Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.

Is the service caring?

Our findings

The service continues to involve people on many levels and treats people with true compassion, gentle kindness, dignity and respect. People receive an outstanding level of caring.

Treating people with kindness, compassion, dignity and respect

• People enthused about how consistently staff were kind and caring. One person told us, "I have my little foibles with how I like my feet kept warm at night. I have a little routine that I like followed and this helps me feel settled and comfortable for the night. I do not need to repeat myself as the same carers come and know what I need done. It's all written down." We observed some lovely practice by staff who emotionally supported people with compassion. One person told us how they do not like to be alone with their own thoughts. Staff ensured this person was invited to events that day and regularly checked how they were. They told us, "Staff really do listen. They are very caring towards me and like to have a laugh."

• Our observations showed people displayed positive signs of well-being. People were joyous and keen to tell us how happy they were. There was a bubbly atmosphere with the day's events. People were engaged and had a sense of purpose to their lives.

• Staff knew people very well. Many people were from the local area and staff were mainly from the locality too. One person told us that the staff were exceptional. "They know me so well. [Named staff] came this morning and we did my usual routine then I asked if they could fix my laptop as I could not make it go. It was fixed in a jiffy." Another person gave an example of kindness; when they went on holiday recently and returned, "There was a lovely note left for me. It said, 'Welcome back, we missed you.' That was so lovely of them."

Supporting people to express their views and be involved in making decisions about their care

• People and their representatives were regularly asked for their views on their care and their plans. One person told us, "You can always have chats and make suggestions. I think I'm listened to and they are wonderful."

• A relative told us that they had absolute faith in how their relative was supported. They told us, "The manager recognised that things were changing and their timing was perfect to get [named relative] to move accommodation."

We observed that people were at the heart of their own community in Seckford Alms Houses and felt valued. At the end of the special luncheon, to which everyone had an invite, one person stood up and gave a speech on behalf of the people living at the service. This expressed gratitude to all the staff and people agreed with the representation given with huge applause and expressions of agreement and happiness.
Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work. People were treated respectfully and were involved in every decision possible.

• People were supported to express their spiritual needs and accommodated. There was a chapel located on site which people could use at any time. The local church visited people weekly. Morning prayer and Holy

Communion was held for those wishing to attend. A huge fundraising effort was taking place to make the chapel more disability friendly (It already was wheelchair accessible) A join sponsored walk had taken place with people, relatives and staff wearing pedometers in a sponsored walk. This shows the joint involvement of all at the service who had come together in this cause. Over £800 had been raised in over 1.000 miles walked together.

Respecting and promoting people's privacy, dignity and independence

Respect for privacy and dignity was at the heart of the service's culture and values. One member of staff explained that their role was to give people who lived there, 'a purpose to their lives'. They gave an example of last Christmas when Seckford Alms Houses had a Christmas market. "People wanted their own stall to run. They chose to make their own items to sell these. They had the ideas. I helped them put it together." This gave people the autonomy and independence to live their lives on their terms with real meaning.
Individuality and diversity was respected consistently. One persons first language was not English and therefore their care plan had been developed in French to make the information accessible to them.
People and their families routinely completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. There were plans to interview people and record their memoirs in a publication that would be kept and form part of the small living history museum at the service.

• People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them. When with staff we visited a person and the staff member knew to knock loudly and wait. They told us, "You never go in to this gentleman. You need to wait for him to answer his door, as he does not like us to go in and disturb him. He will come in time though." This small gesture did in deed show respect for the persons privacy and independence and the person did come to the door in time.

• Relatives confirmed to us that people's privacy and dignity was always maintained. One relative explained how staff had sensitively encouraged their relative to accept support with personal care, but had also enabled them to remain independent and given reminders as needed. Our observations were that staff were mindful in their actions and how they spoke with people.

Is the service responsive?

Our findings

People received personalised care that responded to their needs

How people's needs are met

• People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Personalised care

• People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.

• People were enabled to follow a variety of interests and activities. Ideas and events were initiated by people based upon their interests. There were an abundance of life enhancing and interesting events and activities for people to become involved with. In the last year the royal wedding was celebrated and the themed table that changed monthly had peoples own wedding photos on display to share and remember. Chicken eggs and incubator had been obtained and people had enjoyed the fledgling chicks emerge. People were making their own poppies, harvest was celebrated with flower arrangements in pumpkins. Summer events for next year were being planned with ice-cream vans and donkeys for a beach theme were on order. • The service was very much part of the community in Woodbridge and was widely known. There were strong school connections and regular involvement of all sections of the local community. • All aspects of people's lives were planned and this included end of life care planning. People were supported to plan for and have a dignified pain free death. This was because staff had appropriate training and were skilled at having difficult conversations and promoting choice in how people came to the end of their lives. There were good links with a local hospice and GP services. Peoples wishes were appropriately recorded and families were involved as appropriate. People told us about their plans that had been recorded. One person said that they had been reminded to take their legal documents on their choice not to be resuscitated on holiday with them. They were pleased to have these with them, just in case. Another person said, "I want to die here and not in hospital. It is all recorded and I know that can happen for me."

Improving care quality in response to complaints or concerns

• There were known systems and procedures in place. People told us that they had no reason to complain and matters were always dealt with when they made suggestions and therefore they felt they did not need to formally complain.

• There were minimal complaints received. People and relatives said that they felt able to speak to the manager at any time. Staff were aware of resolving concerns at a lower level if possible.

• • We saw evidence that complaints received were taken seriously to improve the service where possible

and appropriate actions with records were in place.

Is the service well-led?

Our findings

Leadership and management continued to be outstanding. They assure person-centred, high quality care and a fair and open culture

Leadership and management

• People and relatives told us the at the registered manager was visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone extremely well including their relatives. One relative said, "It's all very well managed. We feel we can take a step back because we trust them." A person who lived here said, "I feel so lucky to live here. You can get involved in so many events and things. Any request I have made has been thought about and I'm helped with it. [named the registered manager] is extremely efficient. There is always a manager on duty and they do have their finger on the pulse."

• The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. This took into account the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their physical ability through exercise and addressing people's health needs promptly and maintaining links with their local community. This was consistently achieved and seen through feedback received and records examined.

• Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The managers are brilliant. You can talk to them about anything. They always have time for staff." Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.

• The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice. One staff member said, "The ethos of how we are spreads down from the managers. There is a great sense of community. We are one big family here."

Engaging and involving people using the service, the public and staff. Working in partnership with others

• The service regularly sought the views of people. The management team continued to consult with people about their care and about the service. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward. The registered manager continued to have an open door policy and people came with their individual matters directly as well informal conversations that took place ad hoc. In addition to the surveys, reviews, meetings and formal ways of gathering feedback, the service was attentive to involving people in giving feedback. A new initiative that had been suggested by a person was to have staff photographs in an A4 size book so that people could more readily identify staff. The feedback we received has been overwhelmingly positive and therefore confirms that the service provided is appropriate for people's needs.

• External professionals also believe this is an outstanding service. We received feedback from two health and social care professionals that told us they had positive relationships with the service. One said, "The Seckford Almshouses is a very high-quality service which provides the highest standard of care and support

for people and staff. The service is extremely well run by a very caring and knowledgeable management team." They went on to tell us, "They promote a positive, inclusive and person-centred culture whilst providing outstanding care and support which is responsive to people's needs." The other external professional told us, "I have been very impressed with the management and administration. This service is the most organised I have been involved with."

• The service continued to be recognised in the Suffolk Care Awards and won last year's category for end of life care. This year they were shortlisted for the activity provision award.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care

• The management team continued to have highly effective oversight of what was happening in the service, and when asked questions were still able to respond immediately, demonstrating an in-depth knowledge in all areas.

• Recent developments included the introduction of a computer care planning system. Staff had been trained to use the system and a 'step ladder' approach with continual review was being adopted to ensure the system continued to support the effective service in place. Managers wanted to ensure the system enabled staff to remain person centred.

• The trustees had funded the purchase of new equipment to enable people to get up from the floor if they had fallen. A recent event had been learnt from when the ambulance service attending and used similar equipment known as an 'easy raiser'. This meant that in future the service would not need to rely on a hoist if a person was unhurt, but unable to get themselves up. This would also ensure more timely care and support.

• The registered manager had introduced additional monitoring to drive improvements in care for people. This included the monitoring of calls to the GP. Along with the usage of antibiotics for infections that older people were more susceptible to such as chest and urinary tract infections. This demonstrated a desire to improve care and support but also meaningfully working with others in the sector.

• The registered manager was continually reviewing and learning where possible. The registered manager was wanting to further develop the well-being of her staff and was about to embark on a mental health first aid course to better prepare her for supporting staff. The deputy head was not there on the day of our visit as they were in London training. This was to enable them to become a facilitator to make the town of Woodbridge a dementia friendly town. This along with the other community involvement projects already underway showed how progressive the service strived to be.

• We continued to see that the trustees of the foundation had oversight. There was still regular reporting and systems of meetings in place that enabled the committee to take the role of the critical friend and support the managers in place. Accountability through audits and report presented continued to be of a high level.