

Hendon Universal Property Company Limited

Seaton Court

Inspection report

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Date of inspection visit:
20 April 2022

Date of publication:
16 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seaton Court is a care home providing personal and nursing care to 21 people at the time of the inspection, some of whom were living with dementia. The service can support up to 68 people. Accommodation is provided in two buildings adjacent to each other. One purpose-built building and one adapted building. Owing to refurbishment works, at the time of the inspection, accommodation was only provided in the one purpose-built building.

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

People were protected from the risks of ill-treatment and abuse. Staff had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

People received their medicines as prescribed by trained and competent staff.

The provider had assessed the risks to people associated with their care and support. Staff were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People were supported by enough staff who were available to assist them in a timely way. Staff had received training which enabled them to support people safely.

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.

People, and staff, felt Seaton Court was well managed and were given opportunities to share their views about the service they received. The manager and provider undertook regular checks to ensure the quality of care provided was good.

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

Rating at last inspection

The last rating for this service was good (published 24 March 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this report.

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 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 Seaton Court on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Seaton Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 [the Act] as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the recently appointed manager had submitted their application for registration, and this was in the process of being considered by the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Although the provider completed the required Provider Information Return (PIR) this was not available to us at the time of planning this inspection. This was because the provider requested an extension to the return date owing to staff sickness which was agreed with us. The PIR is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We took this into account when planning our inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with three people living at Seaton Court and seven staff members including one nurse, one domestic support, two care assistants, one activity coordinator, one administrator and the manager.

We looked at the care and support plans for three people and multiple medication records. In addition, we looked at several documents relating to the monitoring of the location including quality assurance audits, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection

We continued to seek clarification from the manager regarding the evidence provided at this inspection.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe living at Seaton Court. One person told us following a recent hospital admission they couldn't wait to get back to Seaton Court and see the staff as they had such a positive relationship with them.
- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them safely.
- The provider completed regular checks on the physical environment to ensure it was safe for people to live in. This included regular fire safety and health and safety checks. People had individual personal emergency evacuation plans in place which directed staff on how to support people in the event of an emergency.
- We saw assessments of risks associated with people's care had been completed. These included risks related to skin integrity, unplanned weight loss, trips and falls. Staff members knew the individual risks to people and what to do to safely support them.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act [MCA]. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards [DoLS]

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us if they ever had any concerns, they would talk to the manager who was always proactive in resolving any issues they had. They went on to say the manager regularly pops in to see them to chat and see how things were.
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority, in order to keep people safe.

Staffing and recruitment

- People were supported by enough staff to safely and promptly support them. One person said, "When I ring my bell the staff come quickly and never leave me waiting."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using medicines safely

- People told us they received their medicines as prescribed. One person said, "Staff complete regular checks of my medicines. They talk with me and tell me about them when I ask. I get my medicines when I need them."
- People had individual care and support plans which informed staff members what medicines were needed, when and why.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider completed regular checks to the medicines to ensure staff members followed safe practice.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the manager reviewed all incident and accident records to identify any trends in incidents or if anything could be done differently to minimise the risk of harm to people.
- The provider had systems in place to address any unsafe staff behaviour. This included retraining or disciplinary procedures if required.

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 good. The rating for this key question has remained 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 this inspection there was no registered manager in post. However, a manager had been appointed and we confirmed they had submitted their application for registration with the CQC which was in the process of being considered.
- We saw the last rated inspection was displayed at the home in accordance with the law. The last rating was also displayed on the providers website but the link to the most recent report was not accessible. The manager told us they will raise this with the provider to be rectified.
- The provider and management team had effective quality monitoring systems in place. These included, but were not limited to, checks of people's care plans, medicines and the physical environment.
- Actions identified by the quality checks were completed within a reasonable time scale. For example, we saw a recommendation was made for the introduction of a DoLS tracker. This was to provide oversight of people's approved and pending applications. We saw this was in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt Seaton Court was well managed and felt their input and opinions were valued. One person told us when they previously raised an issue with the manager it was resolved immediately to their satisfaction.
- Staff felt their opinions were valued and they were able to contribute to the care and support at Seaton Court. Staff had regular meetings where they were able to discuss the support they provided. One staff member said, "We have regular meetings and the dates are put up in advance."
- People and staff found the management team and provider approachable and supportive.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and

treatment.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from colleagues within the providers organisation including the operational manager. Additionally, they received updates from the CQC and leading organisations in health and social care.
- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

Working in partnership with others

- The management team had established and maintained good links with other health care professionals. For example, GP, district nurses, dieticians and social work teams. Any advice or recommendations were recorded in people's individual care plans. Staff were knowledgeable about changes in people's health care needs.