The Daughters of Charity of St Vincent de Paul

Seton Care Home

Inspection report

The Marillac
Eagle Way, Warley
Brentwood
Essex
CM13 3BL

Tel: 01277220276
Website: www.marillac.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on Friday 11th June 2016 and was unannounced. The service was previously inspected on 15 June 2015 at which time it was found to be in breach of Regulation 12 because people who used the services were not protected against the risks associated with safe management of their medicines. We asked the provider to draw up an action plan setting out how it would address the concerns. At this inspection we found that the provider had made the necessary improvements and the service was no longer in breach of this regulation.

Seton Care Home is registered to provide accommodation for 12 older people who require personal care. On the day of inspection there were 10 people living at the service.

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

People were safe as the service had comprehensive systems in place for monitoring and managing risks to promote people's health and wellbeing.

There were suitable arrangements in place for medicines to be stored and administered safely.

There were sufficient numbers of staff with the relevant skills and knowledge to effectively meet people's needs.

People were encouraged to exercise choice and control in their daily lives and were involved in making decisions about the care and support they received. Where people experienced difficulties with decision-making, they were supported appropriately in accordance with current legislation.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken. This ensured that any decisions taken on behalf of people were in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated codes of practice.

A choice of food and drink was available that reflected peoples nutritional needs and took into account their preferences and any health requirements. People were supported to maintain their health as had regular access to wide range of healthcare professionals.

Staff were caring and had good relationships with people and were attentive to their needs. People's privacy and dignity was respected at all times.

People were treated with kindness and respect by staff who knew them well and who listened to them, respecting their views and preferences.

People were encouraged to follow their interests including religious practices and beliefs and were supported to keep in contact with their family and friends.

Staff enjoyed working at the service and were included in the running of the home.

The registered manager had robust systems in place to ensure the quality and safety of the service and to drive improvements and respond appropriately to complaints and feedback.

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.

Medicines were stored and administered safely by trained and competent staff.

Staff understood their safeguarding responsibilities and knew how to recognise, respond and report abuse or any concerns they had about safe care practices.

Risk was managed safely but positively supporting people's rights to exercise choice and control.

Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff received effective support and training to provide them with the skills and knowledge required to carry out their roles and responsibilities.

The principles of the Mental Capacity Act were adhered to and Deprivation of Liberty Safeguards applications were appropriate to protect people's best interests.

Staff knew people well and understood how to provide appropriate support to meet their emotional & physical needs.

People had enough to eat and drink which met their nutritional needs and reflected their preferences.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate in the way that they provided care and support.

People were involved in decision-making around their care and support and felt listened to.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred which enabled staff to provide care and support which reflected people's preferences, wishes and choices.

People were supported to engage in activities that were important to them.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led

There was a positive, open culture where the needs of the people were at the centre of how the service was run.

The registered manager was approachable and supportive of staff.

Robust systems for quality assurance were implemented to continuously drive improvement for the benefit of people who lived at the service.

Seton Care Home

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on Friday 11 June 2016 and was unannounced and completed by one inspector.

As part of the inspection we reviewed various information including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of inspection we spoke with the registered manager and four members of staff. We spoke with five people who used the service and contacted one health care professional for feedback. We reviewed five care records, four staff files as well as looking at other relevant documentation such as training records, quality audits and minutes of meetings.

Good

Is the service safe?

Our findings

At our last inspection we found a breach of Regulation 12 as people's safety was at risk due to unsafe management of medicines. During this inspection, we found that all necessary actions had been taken by the manager to address the risks identified and the service was no longer in breach.

We found that the storage, administration and disposal of medicines was undertaken safely, in line with current professional guidelines. The service organised annual reviews of people's medicines or sooner if it was identified that their needs had changed to promote their safety and wellbeing.

People's individual medicines administration record (MAR) sheets showed their photograph so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We saw that there were no gaps on the MAR sheets indicating that people had received their medicines as prescribed. Additional safeguards to ensure medicines were administered and recorded had been put in place whereby senior members of staff checked each other's recording on the MAR sheet at every shift change. We saw that a separate sheet for recording the administration of creams was kept in people's rooms and these were filled in correctly and were up to date.

We saw that medicines were given to people in a dignified way and their privacy and preferences were respected. People were offered the choice of taking their medicines in a cup or on a spoon and were provided with a drink. We saw that people were offered pain relief if they needed it and where the dosage prescribed was variable this was recorded on a separate sheet. Protocols had been put in place to provide additional guidance to tell staff when each person should receive medicines that had been prescribed on an 'as needed' basis to ensure people's needs were met safely and effectively. The service had consulted with health professionals for guidance and monitoring charts had been put in place for people who were not always able to take their medicines at the prescribed times. In this way staff were able to support people to take their medicines safely with agreement from their GP.

The medicine trolley was kept secure and the contents of the trolley was well ordered and clean. There were appropriate facilities to store medicines that required specific storage. The medicine room was kept locked and was air conditioned to ensure that medicines were stored at the correct temperatures. Records relating to medicines including stock control were completed accurately and stored securely. The medicine received, administered and returned to the pharmacy was recorded correctly. We saw that there was a specific cabinet for controlled drugs and the stock record was accurate and up to date.

All staff who administered medicine had up to date training and had regular competency checks on line and face to face with both the external medicine provider and the registered manager to ensure they had the necessary skills to administer medicines safely. In addition to a general communication book that staff used to share information, a medicine communication book was also used which related specifically to people's medicines to ensure that up to date information about people's medicines was shared and not overlooked.

People told us they felt safe. One person said, "I feel safe here. I only have to press a buzzer and they answer

very quickly." We saw people using their call alarms throughout the day and observed that staff responded promptly.

Staff understood how to protect people from harm and were aware of the tell-tale signs that might alert them that someone was being abused. Staff knew how to report concerns and were confident that if they raised an alert the registered manager would deal with any safeguarding concerns quickly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

There were systems in place to assess and manage risks to people and staff were aware of any risks associated with the people they supported and how to support people to manage them. For example one member of staff told us, "[Person] struggles with walking, we encourage them to use their walking stick and remind them where it is."

The records we looked at showed that where risks were identified appropriate measures were put in place to minimise them. For example we saw that where it had been reported that a person had deteriorated and was at an increased risk of falls. The person had been referred to the occupational therapist and their falls risk assessment had been reviewed and updated to reflect their increased need.

Risk assessments were reviewed monthly or sooner if a person's situation changed, for example after a fall or a hospital admission. We found that the service adopted a positive approach to managing risk which meant including people in discussions around risk to support them to make informed decisions and respecting people's right to exercise choice and control and be as independent as possible.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety checks, maintenance tasks and fire drills were logged and the necessary actions taken. Emergency evacuation plans were in place which were currently being reviewed to improve the dignity and comfort of people living at the service.

People and staff told us that there were sufficient staff available to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. We found that staff were recruited safely. Checks on the recruitment files for six members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We saw that accidents and incidents were logged and the information was analysed and action plans were generated in response to promote people's safety. For example where it had been recorded that a person was found having fallen on the floor, the service requested input from physiotherapy services to support the person to maintain their mobility.

Good

Is the service effective?

Our findings

A training schedule was displayed in the office which showed that all mandatory staff training was up to date. It also highlighted when refresher training was required which helped staff to keep their skills up to date.

Staff told us they had received good quality training which supported them to be effective in their role. They were supported with opportunities for further education and specialist training that was tailored to meet the individual needs of the people they cared for. For example specialist dementia training and training in end of life care was arranged by the service.

Staff said they received regular supervision and we saw written records which confirmed that supervisions took place every two months. Supervision was used constructively to talk about any concerns they might have regarding the people they supported, monitor staff progress and identify any professional development needs. Staff also received an annual appraisal which was used to set objectives for the year which would then be regularly reviewed through the supervision process. In this way staff were monitored and supported to develop professionally which meant that people were supported by staff who had the knowledge and skills to care for them effectively.

People were supported to have enough to eat and drink. We saw people routinely offered tea and coffee with biscuits or cake. A water cooler had been installed and kitchen facilities were available so that people could make themselves a hot or cold drink whenever they wanted. Breakfast and tea were prepared on site whilst a hot meal at lunch time was provided by the nursing home located on the ground floor. The registered manager had asked people to fill in a survey detailing their food preferences to ensure people were provided with food and drinks and snacks of their choice. A copy of this survey was given to the chef downstairs.

People told us that the food was good. There was a choice of three options including vegetarian plus a choice of desserts. A person told us, "If you don't like what's available you can have something else." Because the food was transported upstairs from a different service people were asked to choose their food the day before. We discussed this with the manager as this system posed a risk that some people might forget what they had ordered or might change their mind. They told us that if people changed their mind on the day they could pick something else from the menu. Alternatively if they did not want anything on the menu that day then the service had kitchen facilities to make light snacks such as soup, sandwiches or toast.

We observed the lunch time dining experience which was peaceful and unhurried. The table was laid out nicely and there were drinks on the table and condiments available. People were given the choice of eating in their room or in the dining room. We saw that where required people had been supported with adapted cutlery which supported their independence as they were able to eat without assistance. The service supported people who were on special diets or had food intolerances, for example those requiring a lactose free diet. In addition, those people identified at risk of low weight were provided with foods that had been

fortified.

People's nutritional requirements had been assessed and where people were identified at risk, appropriate action had been taken such as monitoring people's weight and food intake and making referrals to relevant health professionals such as the dietician. We reviewed one person's records which showed that they had been identified at risk of health problems due to their choices around food. An assessment had been completed which established the person had the capacity to make their own decision about what they wanted to eat. Therefore the service had supported the person by providing them with information and guidance to help them to make an informed decision. The service also offered to support the person with an exercise programme.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection the registered manager who had just joined the service told us that they had identified that people's capacity to make decisions had not been assessed in line with the MCA and that relevant DoLS applications had not been made to the local authority. They advised they were working to complete all assessments and applications in the near future. At this inspection we found that the necessary action had been taken and that appropriate assessments and applications had been completed demonstrating good practice in line with the MCA code of practice. We saw examples of assessments where the service had supported people to make their own decisions by providing them with information in the right way and at the right time. Where people lacked capacity, best interest decisions were made in consultation with people who knew them well and consideration was given to the least restrictive option to support people to exercise choice and control and maintain as much independence as possible. Where people's capacity to make decisions was variable and fluctuated the service took this into account and provided people with every opportunity to be involved in the decision-making process, for example by identifying times in the day when they were less confused and organising discussions at these times.

Staff we spoke with told us they had received training in the MCA and demonstrated a good understanding of the principles of the act and were able to provide us with examples of how they supported people with decision-making. For example showing people different items of clothing to help them decide what to wear. People said that staff always asked permission before providing any care or support and we observed this in practice. We saw that consent to treatment forms had been signed in people's care and support plans.

People were supported to maintain their physical and psychological health. We saw records which showed that medical assistance had been sought appropriately and in a timely fashion if people became unwell. People were seen regularly by a range of health professionals including dentist, GP, chiropodist and optician. Referrals were made to therapy services such as occupational therapy or physiotherapy when it was identified that people required support to maintain or improve physical function to support independence.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "They are all lovely girls." Another person told us, "The manager is very warm, they always want to help. They are out in the morning and always offer me an elbow to walk me down to mass."

One person showed us several pots of plants and flowers on their windowsill that had been given to them by staff who knew that they loved gardening. We also saw written feedback from a social care professional who had visited the service. They said, "I was very impressed with the care in general, nice and comfortable environment, 'very homely and welcoming staff, very friendly and helpful."

Staff knew the people they cared for well and spoke about them in a kind and sensitive manner. For example one staff member said, "[Person] is really lovely, they like it when we share stories about our families and what we have been doing."

Care was seen being delivered in a relaxed pace and was not rushed. We saw staff greeting people with a smile and supporting them to walk around the building, for example to attend mass. Staff offered gentle encouragement and support and engaged in conversation with people as they walked.

People were involved in making day to day decisions about the care and support they received. We observed that staff asked people for their consent before completing any tasks. Staff spoke to people with courtesy and respect. People's privacy and dignity was respected. We saw that staff knocked on people's doors before entering and called them by their preferred names.

People told us they were listened to and their preferences were respected. One person said, "I can choose to do exactly what I want to do. I like to go out in the grounds but I wouldn't go out alone, the staff will always come with me."

We observed staff interacting with people in a warm and friendly manner. We overheard a member of staff ask a person if they would like to join them in a walk around the grounds. The person replied, "I would like that very much." We looked in that person's care plans which recorded that the person required support to access the gardens.

Staff promoted people's independence. For example where a person had experienced difficulty with operating the remote control for their bed a staff member had stuck stickers on it so that the person could read and understand the button functions and therefore did not have to ask for assistance.

People were supported to maintain relationships that were important to them. They told us that when they had visitors the service always made them feel very welcome. A room was available to provide a place for special mealtimes with friends and family which was organised by the service.

Good

Is the service responsive?

Our findings

We asked people what the best thing about living at the service was. One person told us, "Having the freedom to do whatever you want. To feel like you are at home, it's your own home."

We found that the service provided care which was person-centred which meant that support was tailored around people's needs rather than the needs of the service. We saw that the day to day routines and running of the service was planned around people's preferences including what time tea and coffee was served and people's attendance at daily prayers. Arrangements were in place and the appropriate level of support provided so that people's religious practices were respected and promoted.

The service employed a 'sister servant', a long standing member of staff who represented the interests of the people who lived at the service. Their role was to ensure that people's needs were met, their preferences were known and they had input into how the service was run. For example the sister servant had fed back to the registered manager regarding changes people would like in how lunch time was organised. This included the purchasing of new dining tables and instructions that staff should not start to clear up until lunch was finished and people had left the table to promote a calm unhurried atmosphere and improve people's dining experience. We saw that this information had been shared with staff and acted upon in accordance with people's wishes.

We reviewed people's care plans which were written in the first person which placed the emphasis on what people wanted. We saw they were personalised to each individual and included information about their likes and dislikes, preferred routines and hobbies and interests. For example we saw an initial assessment which stated, "[Name] likes cuddles and will kiss you, very affectionate." This information helped staff to understand people and how best to support them.

People told us they were supported by staff who knew them well. One person said, "They [the staff] have been here such a long time, they all know us very well." We spoke with staff who were able to demonstrate their knowledge of people and how they liked to be supported. For example one member of staff told us, "[Person] is very lovely, they know their own mind. They like to be on the go and get frustrated if they can't do things for themselves, they are very independent."

Because people were cared for by longstanding members of staff who were familiar with their needs they were able to support them to engage in activities that were meaningful to them such as escorting people to mass, walking around the grounds with them or taking people on outings to visit places that they are enjoyed or were important to them. For example, one person expressed an interest in visiting the place where they had grown up and this was then organised by the service and a staff escort was provided.

People also had access to a range of activities organised by the nursing home located on the ground floor of the building. This included art and music groups, cookery classes and social events. A timetable of events was displayed on the public noticeboard so people could choose if they wanted to attend. People told us they were supported to do whatever they wanted to do. One person said, "I can absolutely do what I want,

it's my choice."

Staff had worked on a display in the main foyer which included memorabilia from a by-gone era to encourage conversation between staff and people and provide opportunities for reminiscence. We were told that the display changed throughout the year to reflect events and celebrations that were important to people such as Easter and Christmas.
The service organised a 'Bed Day' for people which they could have whenever they wanted. A bed day meant that you stayed in your room for the day relaxing in your pyjamas if you so wished and staff would bring meals and drinks to you. People told us they enjoyed this experience as liked to 'take the day off.'

All of the people we spoke with said they had never had to make a complaint about the service but would feel confident that if they did have to they would be listened to and their concerns addressed. The service had a complaints procedure in place, however this required updating. We discussed this with the registered manager who has since confirmed that this has been completed. We saw that there was a system in place to record complaints but as the service had not received any we were unable to assess whether the service responded appropriately to complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The manager was visible within the service and people told us they were approachable and listened to them. One person said, "[registered manager] is lovely, accessible, they know their job, they listen to us." Another person told us, "I find [manager] very welcoming, she's open to suggestions and she listens to things and gives you her time."

Staff told us the registered manager was supportive. Staff were aware of the whistle-blowing policy and procedure and told us they would feel confident to go to the management team to whistle-blow and felt they would be listened to and their concerns actioned.

The registered manager in turn told us they felt supported by the provider who worked with them to ensure they had regular supervision and also helped with monitoring the quality of the service through bi-monthly visits to complete external quality audits.

To promote team building and staff retention the manager had introduced employee incentives to acknowledge staffs achievements. For example when workers had completed a further education qualification the service organised a celebration of their accomplishments with tea and cake.

People were included in the running of the service and their feedback was sought through the use of a satisfaction survey. We saw that this had been completed in 2016 and the results acted upon. For example some people had commented that they had never been introduced to the maintenance team so introductions were then arranged.

People chose not to have residents meetings with the manager but instead preferred to use the 'sister servant' to act as a go-between. This person would talk to people individually to obtain their views and then meet with the manager to share the feedback which was used to drive improvements.

Staff were also involved in how the service was run. Staff meetings were held every two months and included day and night staff. We saw the minutes of meetings and found that points raised had been actioned.

A meeting of senior staff was also held bi-monthly which was used as an opportunity to share information and discuss staff development, for example the implementation of staff champions. This had resulted in workers being given designated roles and responsibilities in key areas such as safeguarding, infection control and wellbeing. The manager took responsibility for educating staff on these topics and they were encouraged to increase their knowledge and skills awareness of relevant legislation and share this with the rest of the team. This was used as a way to improve the quality of the service for the benefit of the people who used it.

The registered manager had put in place new systems and processes to measure quality and improve service provision. Supported by staff, they undertook regular audits including peoples care records, health and safety of the premises, equipment, and evacuation and fire drills on a weekly and monthly basis to monitor people's safety and wellbeing.

The manager also completed regular medication audits including a weekly audit of the controlled drugs. We saw that they followed this through with appropriate action when mistakes were identified. For example we saw that where a medicine error was identified an investigation was then completed. The staff member responsible received additional training, supervision and a competency check was completed to ensure people's safety.

People could be confident that information discussed about them and held by the service was kept confidential. Care plans were available to the staff and were put away after use so that they were not left on display.