Seton Care

Seton Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on the 7 January 2015 and was unannounced. We undertook a further three visits to the service to complete the inspection. These visits were announced and were carried out on the 8, 9 and 12 January 2015.

The service was inspected in October 2013 and we found the provider was not meeting regulation 20 (records). We judged that people were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. We carried out a follow up inspection in March 2014 and found that the provider was now meeting this regulation.

Seton Hall is registered to provide two services; a care home and homecare service. The care home is registered to provide accommodation and care for up to 47 older people, some of whom have dementia related conditions. Nursing care is not provided. There were 39

Summary of findings

people living there at the time of our inspection. Seton Hall also provides day care; we did not inspect this aspect of the service since this was out of scope of the regulations.

The homecare service provides personal care to people living in their own homes in the Berwickshire area. The service was currently providing personal care for 38 people.

We have written our report under the headings Care Home and Homecare to ensure our specific findings for both services are clear.

Care Home

There was a registered manager 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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff were knowledgeable about the action they would take if abuse was suspected. There were no ongoing safeguarding concerns. This was confirmed by the local authority. We found that there were systems in place to manage medicines safely.

We observed that staff were caring. Many of the staff had worked there for a considerable period of time. This experience contributed to the efficiency and skill with which staff carried out their duties. One person told us, "The staff are all lovely, they know what I like."

We checked the premises and found that some areas of the home were in need of refurbishment. In addition, the décor did not fully meet the needs of people who lived there such as those who lived with dementia. We noted that remedial work on the electrical installations had not been carried out in a timely manner.

We have made a recommendation that the premises is designed and arranged to promote people's independence and wellbeing.

Improvements were required to ensure that infection control procedures followed best practice guidelines. Staff were using body sponges to clean people following any episodes of incontinence, because disposable wipes were not available. The infection control practitioner informed us however, that the use of sponges was not based on best practice guidelines because they could not be easily cleaned.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that staff were not fully aware of the principles behind the Act nor how it affected their practice. Certain procedures at the home were not in line with the MCA and DoLS.

Staff were knowledgeable about people's needs. We read people's care plans and noted that people had access to healthcare services.

We noted however, that care plans were sometimes generic. We have made a recommendation that care plans should be individualised and reflect people's needs, choices and preferences.

People told us that they were happy with the meals at Seton Hall. One person told us, "The food is lovely, nothing fancy, it's what I like." The chefs were very knowledgeable about people's needs. We observed the kitchen was well stocked with fruit, vegetables, meat, fish and home cooked cakes and puddings.

Surveys and audits were carried out to monitor the quality of the service provided. However, not all checks were documented and other audits did not highlight the concerns which we had found such as the electrical installations test.

Homecare Service

There was no registered manager in place. The registered manager for the care home told us that this had been an oversight and she completed her application to register with CQC as manager for the homecare service on the first day of our inspection. Following our inspection, the manager was waiting for an interview with a CQC registration inspector who will assess her ability to manage the service, according to the criteria outlined in the CQC registration regulations 2009.

We checked medicines management. We found that the medicines administration records did not accurately reflect the medicines which were administered.

Summary of findings

There were safeguarding procedures in place. We found however, that certain financial procedures were not clear. The registered manager told us that she would look into this issue. In addition, there was no documented procedure for staff to follow in case of a missed call to ensure that staff took appropriate action.

Risk assessments were in place which documented actions for staff to take to minimise risk to both people and staff. Moving and handling was one such area covered. We found however, that not all areas of risk to staff had been assessed. The manager informed us that she would address this immediately.

Staff were caring and promoted people privacy and dignity.

A complaints process was in place. The manager informed us that no formal complaints had been received.

The personalisation planner [care coordinator of the homecare service] undertook checks of care plan documentation; financial procedures and MARs. We found however, that the checks did not always highlight concerns we found with medicines management.

Spot checks on staff were carried out. However, these did not monitor every aspect of their working practices such as communication skills; infection control procedures and medicines management. There was no opportunity to obtain feedback from people nor relatives during these checks.

We considered that insufficient time was allowed for the leadership and management of the service. Following our inspection, we spoke with the nominated individual about this issue. She told us that a further two staff had been deployed to work in the homecare service to ensure that more management time was available to monitor all aspects of the service.

During our inspection of the care home and homecare service we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to consent to care and treatment; management of medicines and assessing and monitoring the quality of service provision. These correspond with three breaches of the new regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment in relation to medicines; consent and governance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

Safeguarding procedures were in place for both the care home and homecare services. Staff were knowledgeable about the actions they would take if abuse were suspected.

Medicines were managed safely in the care home. However, medicines administration records did not accurately reflect the medicines administered in the homecare service. Not all risks had been assessed for the homecare staff and financial procedures were not always clear.

Checks and maintenance of the premises were undertaken in the care home. We noted however, that remedial work following the electrical installations test had not been carried out in a timely manner. Improvements were required to ensure that infection control procedures followed best practice guidelines.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

People and relatives told us that staff knew what they were doing. However, not all staff had undertaken Mental Capacity Act 2005 (MCA) training and staff were therefore not fully aware of the principles behind the Act or how it affected their practice. Certain procedures within the care home were not always in line with the requirements of the Act.

The décor of the care home did not always meet the needs of people such as those who were living with dementia. Some areas of the home were in need of refurbishment.

People's nutritional needs were met both in the care home and homecare service.

Is the service caring?

Good

The service was caring.

People and relatives were complimentary about the care which was provided.

Staff were caring and promoted people's privacy and dignity.

People informed us that they were listened to and any issues acted upon.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People informed us that staff were responsive to their needs. Staff were knowledgeable about people's needs and wishes. We noted however, that the care home's care plans were often generic and did not always accurately reflect people's needs. We have made a recommendation that care plans should be individualised and reflect people's needs, choices and preferences.

An activities coordinator was employed in the care home to help meet people's social needs. An activities programme was in place. In the homecare service, people were supported to access the local community. One person who accessed the homecare service told us her independence had increased because of the support she had received from staff.

There was a complaints procedure in place. No formal complaints had been received.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

There was a registered manager in place for the care home. However, the manager had not registered for the homecare element of the service. This meant there was no registered manager in place to manage the homecare service. The manager told us that this had been an oversight and applied to become registered with CQC for the homecare service.

Checks and audits of the service were not always documented. The audits had not identified the concerns we had found in medicines management; infection control; MCA and the premises.

We considered that insufficient time was allowed for the leadership and management of the homecare service. Following our inspection, we spoke with the nominated individual about this issue. She told us that a further two staff had been deployed to work in the homecare service to ensure that more management time was available to monitor all aspects of the service.

Seton Hall

Detailed findings

Background to this inspection

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

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 12 people who lived in the care home and one relative whose family member lived in Seton Hall.

We visited four people in their own homes. The expert by experience phoned five people who used the homecare service following our visits.

We spoke with the nominated individual. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed. We consulted the registered manager; personalisation planner [care coordinator] for the homecare service; the recruitment and training assistant; two senior care workers;11 care workers; the administrative assistant; a member of the maintenance team and a volunteer from the Friends of Seton Hall service.

We conferred with the local authority safeguarding team and contracts and commissioning team. We also consulted with an infection control practitioner from the local NHS; two care managers from the local NHS and a challenging behaviour clinician from the local mental health trust; an environmental health officer from the local authority and a member of staff from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at 12 care plans and a number of records relating to the management of the service.

Prior to carrying out the inspection, we reviewed all the information we held about the service. We did not request a provider information return (PIR) before we undertook the inspection, due to the late scheduling of the inspection. A 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.

Requires Improvement

Is the service safe?

Our findings

Care Home

People told us that they felt safe. One person commented that they felt, "As safe as the Bank of England." Another said they felt "Very safe." One relative told us that their relative had lived at Seton Hall for seven years and neither they nor their relative had ever had any cause for concern. Another relative said, "I would like to live here. You hear such horror stories [about other care homes] but there's no horror stories here."

Staff were knowledgeable about what actions they would take if abuse was suspected. They told us that they had never witnessed anything which concerned them and staff treated people with kindness. There were no ongoing safeguarding incidents. This was confirmed with the local authority.

We did not plan to look at infection control. However, we observed some areas where improvements were required.

People and relatives did not raise any concerns about the cleanliness of the home. One person said, "It's spotlessly clean" and a relative said, "It's never dirty." Staff informed us however, that they no longer had access to wipes for cleaning people following episodes of incontinence. One staff member said, "We don't have care wipes anymore, we have to use sponges." They told us that body sponges were used instead, which were immediately put in the washing machine on a hot wash. We spoke with the registered manager about this issue. She told us that staff had been flushing the wipes down the toilet which had blocked the plumbing system.

We spoke with an infection control practitioner from the local NHS trust. She told us that the use of sponges was not based on best practice guidelines since they could not be easily cleaned.

We checked two sluice rooms where staff disposed of bodily waste and cleaned continence equipment. We saw that both rooms were clean. However, there was a lack of shelving to store clean continence equipment. We spoke with the registered manager about this issue. She told us that she would address this immediately.

We considered that improvements were required to ensure that infection control procedures followed best practice guidelines.

We spoke with the nominated individual following our inspection. She told us that clinical wipes were being reintroduced. The infection control practitioner was liaising with the home to give further advice and support.

We checked the premises. People commented that they were mostly happy with their rooms and communal areas. Some people and staff told us that the lack of ensuite facilities was an issue. One person said, "I wish I had an ensuite toilet." The registered manager explained that because of the age of the property, many of the rooms did not have ensuite facilities. There were always nearby communal toilets which people could access.

We observed that both sluice rooms which contained equipment and materials to clean continence equipment were not lockable. We spoke with the registered manager about this issue. She told us that she would address this immediately. Following our inspection, we consulted the nominated individual who told us that keypad entry systems had been fitted to both sluice rooms.

We examined checks which had been carried out on the premises such as gas and electrical installations tests. We noted that gas and fire safety checks had been carried out. We read however, that an electrical installations report had been carried out in December 2012. This stated that the overall electrical installations system was "unsatisfactory." We asked the registered manager whether remedial work had been carried out to address the issues highlighted in this report. She told us that this work would have been carried out and she would send us the updated report. Following our inspection, the registered manager sent us a copy of the most recent electrical installations report. We noted that this report had been dated after our inspection. We spoke with the maintenance person about this issue, he told us that the work should have been carried out a while ago, however, because of problems with the age of the electrical system; the work had just been carried out now. This was confirmed by the nominated individual who also explained that this issue had got "lost in the system" and she would ensure that procedures would be put in place to prevent any further delays in servicing or maintenance of the premises.

We considered that improvements were required to ensure that maintenance work was carried out in a timely manner. This is discussed further in the well led domain.

Requires Improvement

Is the service safe?

We checked staffing arrangements at the home. The home was divided into four units, Arches, Border, Ord and River. Designated staff were deployed on each unit. People told us there were sufficient staff to look after them. One person said, "There are always plenty of staff on hand." Another said, "There's lots of staff. "A relative commented, "I think there's enough staff, you never see anyone struggle…Yes they meet people's needs." Most staff informed us that there was enough staff on duty to meet people's needs. One staff member said, "Oh aye, there's enough staff." Another said, "I don't think we need extra staff, we go wherever we are needed." One staff member told us however, that more staff would be appreciated.

Many staff had worked there for a considerable period of time. One member of staff had worked there for over 30 years. This experience contributed to the efficiency and skill with which staff carried out their duties. We observed staff carried out their duties in a calm unhurried manner. Call bells were answered in a timely manner and staff always answered requests for help in a friendly manner.

Homecare service

People told us that they felt safe with the staff who provided care to them in their own homes. One person told us, "Oh yes, the lasses are lovely. I feel totally safe." Another said, "I don't get any strange staff, they're all lovely."

We checked medicines management. People did not raise any concerns and they told us they always received their medicines on time. One person told us, "They give me my tablets when I should have them – they're in charge."

Staff administered medicines from pharmacy filled dosette boxes. We checked four medicines administration records (MARs). We noted however, that these did not always reflect the actual medicines which were administered.

We spoke with the manager and training manager about this issue. They told us that they would address this and were looking at changing the format of the MARs so that they accurately recorded all medicines which were administered.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding procedures in place. We found however, that certain financial procedures were not clear. The manager explained that one member of staff was signatory on two people's bank accounts which meant the staff member could access their bank accounts without them being present. We looked at one of these people's care plans and noted that this issue had not been fully risk assessed. We checked the provider's policy, "Money and Financial Affairs." The procedure did not give guidance on what checks should be in place to help reduce the risk of financial abuse with regards to staff being signatory on people's bank accounts. The policy stated, "Never to use credit/debit cards belonging to the service user and never to accept or to try and find out their pin number." We spoke with the manager about this issue. She told us that she would look into this issue.

Risk assessments were in place which documented actions for staff to take to minimise risks to people and staff such as in moving and handling. We found however, that staff assisted one person to smoke. We noted that this area of support had not been fully assessed in relation to the risks to staff. Following our inspection, we spoke with the nominated individual who told us that this issue was being dealt with through their human resources department.

There were 16 staff and two bank staff employed to care for people. People told us that staff always turned up and stayed for the correct amount of time. One person told us, "There's always someone turns up. Even when [name of care worker] had a car crash, they got someone else." We followed staff on their visits to people's homes and observed that they carried out their duties in a calm and unhurried manner.

Requires Improvement

Is the service effective?

Our findings

Care Home

People and relatives told us that they considered that staff were knowledgeable and knew what they were doing.

Staff told us that there was "plenty" of training available. One new member of staff told us she had undertaken induction training before she started work. She said, "I did loads of training courses before I started while I was waiting for my [recruitment] checks." Another care worker said, "We get all the training we need. On the 27th (January 2015) we're doing a podiatry course."

The recruitment and development assistant told us, "I help with the recruitment and training needs and that involves induction training and in house awareness sessions. We also link in with face to face training organised by Northumberland Council." They said they organised specific training if this was required, for example, training in medical conditions such as Multiple Sclerosis. They said, "I speak with the girls and rely on the senior staff and managers to tell me what training they need."

The recruitment and development assistant provided us with details of staff training. We read that five staff had completed MCA and DoLS training. However, 37 care workers had not completed this training, since the provider had not considered this training to be "mandatory." We spoke with staff about the MCA. Some were unsure about the principles behind the MCA and how this affected their practice.

We spoke with the nominated individual about this training issue. She told us that she considered that it was important that staff were trained in MCA and DoLS. She said that she would discuss this with the recruitment and development assistant.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom.

The registered manager was not fully aware of the implications of the Supreme Court judgement which had redefined the definition of a deprivation of liberty in March 2014. This judgement ruled that if a person is subject both to continuous supervision and not free to leave, they were deprived of their liberty. The registered manager informed us that there was currently no one with a DoLS authorisation in place. However, she told us that some people who had dementia related conditions did require continuous supervision and were not free to leave the home without staff supervision. She informed us that she had received screening tools from the local authority to help them assess whether people were being deprived of their liberty. She had not implemented these tools yet.

We spoke with the registered manager about this issue. She told us, "We'll get onto the DoLS [issue] this week."

We checked how the provider was meeting the principles outlined in the Mental Capacity Act 2005 (MCA). The MCA is designed to empower and protect people who may not be able to make some decisions for themselves because they lack mental capacity.

We noted that mental capacity assessments had not always been carried out for all 'decision specific' decisions such as do not attempt cardiopulmonary resuscitation [DNACPR]. We read that one person had a DNACPR in place. This was not legally binding however, since it showed the person's previous home address. The Resuscitation Council Guidelines states, "The decision should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare setting to another, admitted from home or discharged home."

We spoke with the registered manager about this issue. She told us that she would speak with the GP about this issue and ensure that it was addressed immediately.

We read that one person was looked after in bed and had bed rails in place to help prevent them falling out of bed. Staff informed us that they were looked after in bed because of a deterioration in their mental health. We checked their care plan and did not see that a mental capacity assessment had been carried out and best interests decision made to state that it was in their best interests to be looked after in bed.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not plan to look at the adaptation, design and decoration of the premises. However, we identified some issues with this area during our inspection.

Requires Improvement

Is the service effective?

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid orientation."[NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found that not all of the premises were "enabling" and helped aid orientation.

We spent time looking around all areas of the home. Most of the corridors were painted in the same colour with few discernible features to aid orientation. The Alzheimer's Society states, "Design changes, such as using contrasting colours around the home, are very useful in making items easier for people with dementia to identify."

Staff told us and our own observations confirmed that some rooms of the home had been refurbished such as the kitchen. Fire places had also been fitted in each of the unit lounges to make it "more homely." In addition, some of the bedrooms had been furnished with new vanity units. Some staff informed us and we also observed that other areas of the home were in need of redecoration since they were looking "worn" and "shabby."

We recommend that the environment is designed and arranged to promote people's independence and wellbeing.

We spoke with the nominated individual about our observations. She told us that she would look into this issue.

We checked how the service met people's nutritional needs. People and relatives were positive about the meals at Seton Hall. One person told us that the meals were "top notch." Another said, "We went out to a posh restaurant the other day, but the food wasn't a patch on the food here." A relative said, "The staff are excellent they help [name of person] with eating as she can sometimes choke. They cut her food up, they treat [name of person] well and the meals are really good." Another told us, "She had lost weight before she came in, but there's none of that now, she's put on weight."

We spent time with people over their lunch and tea. Lunch consisted of a three course meal. We saw that the meals looked appetising and portion sizes were appropriate for people's needs. One of the chefs told us, "Some people don't like too much, it's all about getting a gentle balance." We saw that staff were attentive to people's needs.

We spoke with the two chefs who spoke enthusiastically to us about ensuring that people's nutritional needs were met. They informed us that food was sourced from local suppliers. One of the chefs said, "We like to use as much fresh produce as possible." They also told us that there was an emphasis on home baking. One chef commented, "We make as much as we can, homemade cakes and look there's some homemade sticky toffee pudding and custard" and "If we wouldn't eat it [the meals] we wouldn't serve them."

Both chefs were knowledgeable about people's dietary needs and their likes and dislikes. One chef said, [name of person] doesn't like gravy, she likes brown sauce with everything" and "A lady on Border sometimes finds it difficult seeing things, so we put her food on a blue plate which makes it easier." They told us and our own observations confirmed that another person had devised their own menu since they did not like certain foods. They were also aware of any medical conditions which affected people's diet. They explained that one person had a low salt and low caffeine diet. They were also familiar of any interactions between food, drink and the medicines that people took. They were aware of any weight loss and used cream, butter, eggs and cheese to fortify meals. One chef said, "We beef up the potatoes with butter and cream" and "We make our own smoothies made out of fruit such as mangoes, bananas and strawberries with full fat milk, ice cream and full fat yoghurts, it gives them a boost. In the summer and warmer weather, we make our own lollies to try and get fluids into people."

Both chefs personally went around speaking to people and finding out what they liked and spoke to people about ideas for future menus. One chef said, "Anything they don't like is immediately taken off the menu."

We noted that the service used a malnutrition risk assessments known as a Malnutrition Universal Screening Tool (MUST). These gave staff guidance on what staff should do if people lost weight. However, these were not routinely completed for everyone. We asked the registered manager about this issue. She stated that MUST assessments were only put in place if people lost a lot of weight. We spoke with a member of the community dietetics team who told us that when they delivered their Care Home and Nutrition Training (CHANT), which Seton Hall had not accessed, they recommend that the MUST

Requires Improvement

Is the service effective?

should be completed for everyone since, "People can keep losing a small amount of weight which can all add up." The registered manager told us that she would address this immediately.

People's care records showed they had access to a range of health and social care professionals including GP's, speech and language therapists, social workers, opticians and podiatrists. This was confirmed by people and relatives. One relative said, "They get the GP, dentist and all of that." We spoke with a GP who was visiting the home. They told us that they had been called out appropriately and staff were knowledgeable about the person.

Homecare Service

People told us that they considered staff were knowledgeable and knew what they were doing. One person said, "The girls are really good, treat you well and know what they're doing."

Staff informed us that they considered that there was sufficient training for them to look after people.

The recruitment and training assistant provided us with information about staff training. This provided information to show that staff had completed training in safe working practices. We noticed however that the majority of staff had not completed MCA training. In addition, the provider had identified that some staff required update or more advanced training in areas such as infection control, health and safety, food hygiene and end of life care. The recruitment and training assistant sent us a copy of their training schedule which showed that training courses had been booked for some of the refresher training.

We checked how people's nutritional needs were met. We observed staff preparing people's meals. We saw one staff member check to see what the person had eaten on the previous days. The staff member said that the person's diet was limited and they chose the same meal each day. They explained that staff tried to encourage them to try other meals. They said, "I always look back to see what she has had for lunch and try and think of something different rather than just soup." We heard the care worker ask if they wanted a poached egg on toast. The person said, "Ooohh that sounds nice." The staff member prepared the meal and peeled an apple for dessert.

One person told us they had become more independent with eating and drinking with the support from staff. They said, "I didn't manage to feed myself, but I can now with a spoon."

We read people's care files and noted that they had access to both GP and the district nursing services. Two care managers from the local NHS trust told us that staff contacted them if there were any concerns.

Good

Is the service caring?

Our findings

Care Home

People were complimentary about the staff and the care which was provided. One person said, "The staff are very good, capable and caring." Other comments included; "Nothing is a bother for the lassies;" "They're all very caring;" "It's a marvellous place, I wouldn't be anywhere else" and "It's very caring and they are all very kind. They put themselves out for you."

We spoke with a former relative who was now a 'Friend of Seton Hall.' They told us, "It feels just right when you walk through the door." They also told us that they were "Mighty grateful" to the staff who cared for their mother. The Friends of Seton Hall is a volunteer service which the provider has set up.

We observed that staff were caring. One member of staff noticed that a person had fallen asleep in an armchair in an uncomfortable position. They went to get a pillow to gently support the person's head. We heard another member of staff say to a person, "Ooohh look, you haven't got your necklace on and where are your glasses?" The care worker went to find the person's necklace and glasses and came back and said, "Here they are, they were in your makeup bag." We saw that a person was cuddling a doll. Staff told us that looking after the doll gave her comfort. Staff were understanding and reassured her that her "baby" had been fed and she was fine.

We observed staff supporting one person who had become anxious and unable to settle. A member of staff stayed with the person and walked with her on her travels around the home. A staff member observed that the person looked tired and we heard her say, "Come and have a wee [little] rest…What would you like for lunch? Come on you, you come with me and we'll have some sandwiches." We heard another person worriedly ask who would help her to bed that night. A care worker sat beside her and said, "Don't worry someone will come along, just like they always do."

We saw positive interactions not only between the care workers and people but also other members of the staff team such as the chefs, domestic and laundry staff. They spent time talking to people and we observed that these interactions were appreciated and enjoyed by people.

Staff were knowledgeable about people's needs and could describe these to us. One staff member said, "[Name of person] loves sweets and we have a special tuck shop box for him. We take him to Tesco's and he chooses what he wants…It's just little touches like that - things we can do for people which make a difference." Another care worker said, "[Name of person] always likes to smell nice and have her hair done properly. I always make sure that everything is matching and perfect for her. [Name of person] is obsessed with tissues, so I always make sure she has a supply."

We observed that staff promoted people's privacy and dignity. Staff knocked on people's bedroom doors before they entered and could give us examples of how they respected people's dignity. One staff member said, "It's about realising how you would want to be looked after, you wouldn't want to be left sitting naked so I always make sure I put a towel over [people]."

People told us and records confirmed that meetings for people were held. People told us that they felt their opinions mattered. One person told us, "They are very considerate. They will always listen to you…I know them and they know me."

The registered manager informed us that no one was currently using an advocate. Advocates can represent the views and wishes for people who are not able express their wishes. She informed us that she would look into access arrangements for advocacy services on an individual basis, if people required an advocate.

Homecare Service

People were complimentary about the care they received from staff. One person who had used the service for four years said, "The staff are very good, very caring, very helpful, it's a good organisation, better than it was three to four years ago." Another said, "The staff are lovely." Other comments included, "The staff are cheerful and helpful" and "It's company that's what I like."

Staff told us how they liked to spend time with people and help them. Comments included, "I go out of my way to help people," "I like to spend time just talking to people and being cheery. I talk to them about their families, but the most important thing is just talking to them" and "I always give them choice, I always ask several times to make sure I know what they want"

Good

Is the service caring?

We observed staff demonstrated a caring approach and promoted people's privacy and dignity. They rang people's doorbells before they entered. They spent time with people, speaking with them about subjects that interested them such as their families.

People said staff listened to them and valued their opinions. They told us that sometimes the care coordinator phoned to ask how they were and to check that they were happy with the care that was delivered.

Good

Is the service responsive?

Our findings

Care Home

People and relatives told us staff were responsive to people's needs. One person told us, "If I want a bath, I just have to say and they will help me." Another said, "There's a good team at Seton Hall." One relative commented staff were "Very conscientious" and always informed them if there were any changes in their relative's condition. Another relative told us, "She's really improved since she's been here." They told us staff walked with their relative to encourage their independence and when they became tired, they brought her wheelchair to take them back to the lounge. They told us, "They let everyone have a try. They don't take over, they let people do their own thing and promote their independence."

We spoke with a GP who was visiting the home. They told us, "They called me out appropriately. They were responsive, they could get the MAR chart immediately and they knew about the patient."

We noticed that staff were responsive when a person felt unwell. We heard one individual tell staff, "I'm feeling funny - dizzy." A staff member took them along to his room to check them. Following a period of rest, they came back later saying they felt better. Staff told us and our own observations confirmed that one person's mental health had deteriorated. Staff were providing one to one support on the first day of our inspection. They had contacted a member of the challenging behaviour team for advice and support. We spoke with the challenging behaviour clinician who told us that staff contacted him appropriately when people's needs changed. On the second day of our inspection, the challenging behaviour clinician held a "formulation session" with staff from the home. This session was used to gather information about this person's needs and formulate a care plan which would help meet these needs

Records showed that preadmission assessments were carried out before people came to live at the home. This procedure helped to ensure that staff could meet their needs.

We noted however, that many of the care plans were generic and not always person centred. We spoke with the registered manager about this issue. She told us that she would address this issue immediately.

We recommend that care plans are individualised and reflect people's needs, choices and preferences to help ensure that personalised care is provided.

An activities coordinator was employed to help meet the social needs of people who lived there. He was on leave on the days of our inspection. Staff therefore facilitated and organised activities.

People spoke positively about the activities at the home. One person said, "The activities are super. [Name of activities coordinator] is super; there's plenty to do such as skittles, carpet bowls, shuffle board and bingo." A relative informed us, "They're always doing things, they play music, games, go to Tesco's. They brought her over to Holy Island to see me for her birthday and pushed her around in the chair."

We saw an activities board was on display. This detailed a range of weekly and monthly activities as well as special events such as Burns night. We spoke with the chefs who explained they had created a special Burns night menu of "Haggis Neeps and Tatties."

People said there were regular trips out into the local community in the service's mini bus. These trips included visits to the local garden centre, fish and chips at Eyemouth Golf Club and other trips to nearby villages and towns. Staff told us that they had also taken two people who were avid Newcastle United fans to watch a game of football.

A volunteer group had been set up called the, 'Friends of Seton Hall.' We read a brochure about this service. This stated, "The Friends of Seton Hall add extra value to the work of staff by helping to manage and nurture positive contact between residents and the wider community. Living in a residential home can sometimes mean that people become isolated from their communities. The friends of Seton Hall started with the aim of helping people to stay in touch with the local community." A volunteer was visiting people on the day of our inspection. People appreciated talking to him. A luncheon club for people from the local community was organised each week at Seton Hall. The registered manager told us that this encouraged the local community to come in and people enjoyed meeting and socialising with those who visited.

There was a complaints procedure displayed in the hallway of the home and also included in the service user guide.

Good

Is the service responsive?

None of the people or relatives that we spoke said they had any complaints or concerns. One person said, "I've got no complaints at all." The registered manager told us that no formal complaints had been received in the last 12 months.

Homecare Service

People who used the homecare service told us that they were happy with the service provided. They informed us that staff always turned up and stayed for the correct length of time. One person said, "I've no complaints, they generally come on time, give or take a few minutes, and everything is well done." Another said, "It's a very good service." Other person said, "I've come a long way since I've had Seton Care. I've come on fine."

People told us they received care from the same care worker or group of care workers. They said that they received a rota each week from staff which told them who would be supporting them.

People's care plans showed advice was obtained from the GP or district nursing service if there were any concerns about people's health. One staff member said, "You know if they're not well because you're in [to visit them] regularly and you notice these things." We saw that people's care plans were generally detailed and gave information about their needs and their likes and dislikes. We read one care plan which stated, "Please make sure that [name of person] has a choice for lunch rather than simply soup." Another stated that the person liked flowers and recorded that staff should ensure that any new bunches of flowers were put in a vase.

One person told us that staff had promoted their independence and supported them to access the local community. They said, "I go out for a walk with [name of care worker]. Getting out makes me feel better. I can now manage without my stick, that's huge process. I go out and get the shopping and get the cash for next week's shopping with [name of care worker]." The care worker told us, "It's good for [name of person] to get out for a walk. The way we work it is fine."

There was a copy of the complaints procedure in the care file in people's homes. No one said they had raised any concerns or complaints. The manager and personalisation planner said no complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

Care Home

There was a registered manager in post. Staff informed us that there had been a number of changes which had affected morale. However they informed us that morale had improved and they felt the service had stabilised. We spoke with the nominated individual about this issue. She stated that the service's contracting arrangements with the local authority had changed in May 2014 and they thought this was a contributing factor.

Staff told us that morale at the home was now good. Comments from staff included, "Morale is on the whole good;" "Everyone gets on as a team;" "I'm happy in my job," "I love it, I love my job;" "This is the best paid home in Berwick;" "There's an employee of the month and star awards. You get £25 if you win;" "It's the best job I've ever had, the atmosphere is great;" "I have been here for six years and have no interest in leaving, my heart is here" and "I wouldn't change anything. I'm quite happy." Three staff had retired from their job at Seton Hall, but had come back since they missed working there. One staff member with whom we spoke said, "I don't want to retire!"

The registered manager told us and staff confirmed there was a reward scheme in place for staff. She said, "We have a star award for staff and have an employee of the month and they get a £25 voucher. We also have a star of the year for different categories."

Staff were complimentary about the support they received from the registered manager. Comments included, "[Name of registered manager] is very fair, you can go to her about anything," "[Name of manager] is very approachable" and "We've got a good boss, she's fair. If something is not right, she will tell you."

People and relatives were also complimentary about the registered manager and the whole staff team. One person said, "Staff are great from the top down and if I had any concerns I wouldn't hesitate in raising them and making my voice heard."

We checked to see how the provider monitored the quality of service which was provided. We asked to see copies of audits which were undertaken to monitor the quality of the service. The registered manager told us that she checked a number of care plans each week. She said, "We do it each week, I go and pick a random selection of care plans, but we don't document these." This omission meant there was no record of what actions had been taken to address any issues which had been found. We asked the registered manager for any checks she carried out on infection control because of the issues we found. She informed us that there were infection control champions appointed but they did not carry out infection control audits. The local pharmacist carried out an annual medicines audit; however, the service did not carry out their own documented check. The registered manager informed us that the senior care workers checked that the medicines tallied at the end of each month. Not all aspects of medicines management were monitored by the provider.

We noted that health and safety checks were carried out regularly. We found however, that the registered manager was unaware that the electrical installations test had been deemed, "unsatisfactory" and action to remedy the issues raised had not been carried out in a timely manner.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 (1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw annual surveys were carried out. The provider had analysed the feedback and presented the data in the form of a series of graphs. We noticed however, that the scoring system did not tally up, so we were not sure of the overall results. We spoke with the nominated individual about the results. She agreed there had been an error in presenting the data and told us that was being addressed.

We asked the registered manager whether people and relatives were informed about the results of the survey or whether the information was displayed so people knew their feedback was listened to and acted upon. The registered manager told us that this procedure did not happen as yet. We spoke with the registered manager following our inspection, she told us, "[Name of administrator] has got straight onto this and is doing a 'You said we did' board."

A newsletter was produced. This included information from all the services which Seton Care provided. Details of the employee of the month were included. We read an article titled, "It's all go at Seton Hall" which described their new lunch club and prize bingo event.

Requires Improvement

Is the service well-led?

Accidents and incidents were monitored. We spoke with the health and safety lead who was very knowledgeable about their role. They told us, "I've done health and safety training. I attended a meeting for all the health and safety representatives. We discuss any issues and any tips. We go through accident forms as thoroughly as possible and go through risk assessments." They said that they examined accident records themselves to check whether staff had followed the correct procedure and informed people's families and their care managers, where appropriate. They commented, "We also look into any fall or incident and see whether we can prevent or reduce the risk of it happening again, we check their footwear, whether they were wearing glasses – we look into all of that. We look at every possible angle, although sometimes why they have fallen is not black and white."

An "Events of Importance" book was kept. This recorded important events which had occurred within the home such as the details of people who had died; any notifiable injuries such as fractures, hospital admissions and any safeguarding incidents. The registered manager informed CQC of any notifiable incidents in line with legal requirements. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Homecare service

The registered manager of the care home informed us that she was also the registered manager of the homecare service. Our records confirmed however, that she was the registered manager for the residential home and not the homecare service. This meant that there was no manager registered with CQC in line with legal requirements to oversee the homecare service. The manager apologised and told us that this must have been an oversight. She applied to become registered with CQC as manager of the homecare service. The manager explained that she had not had any previous experience of the homecare service and said, "I think it'll take me a little while to get to know the homecare service."

The nominated individual informed us that the service was going through a period of change. She explained that they had cancelled their Scottish Homecare service in November 2014. This cancellation meant that they provided a homecare service only to people living in England. She explained that they had moved offices from Scotland to Seton Hall to ensure that they had an office in England which was registered with CQC in line with legal requirements. This move had taken place recently.

The nominated individual told us that they were waiting to hear about whether they had been successful in becoming a 'preferred provider' with the local authority. Preferred providers are homecare services who have been selected as a result of a series of tendering processes.

Staff told us that morale was good. One staff member said, "I loved it from day one. You know you're helping people, some have no family and it really brightens their day up and you know that you've helped them and you've achieved something." Staff also told us about the staff reward scheme. One staff member said, "I got a star award for excellence in the community, I got a bouquet of flowers, but I was just doing my job."

We checked how the provider monitored the quality of the service they provided. The personalisation planner oversaw most of the coordination of the homecare service. People and staff spoke positively about her. One staff member said, "[Name of personalisation planner] is an amazing boss. She listens to any concerns about service users."

The personalisation planner also undertook checks of care plan documentation; financial procedures and MARs. We noted however, that the checks did not always highlight the concerns we found with medicines management. In addition staff medicines competency checks were not carried out to ensure staff were following the correct policies and procedures.

Spot checks on staff were carried out. The personalisation planner told us she observed staff from her car to make sure they arrived and left on time and were wearing the correct uniform. We considered however, that such checks did not monitor every aspect of staff working practices such as communication skills; infection control procedures and medicines management. In addition, there was no opportunity to obtain feedback from people or relatives during these spot checks from the car. We spoke with the manager about this issue. She told us that she would look into spot check procedures.

We considered that insufficient time was allowed for the dedicated leadership and management of the service.

Requires Improvement

Is the service well-led?

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 (1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we spoke with the nominated individual about this issue. She told us that a deputy manager for the care home and homecare service had been appointed on 19 January 2015. She said that the deputy manager's background was homecare and therefore would be a valuable asset. In addition, the recruitment and training assistant was now working two or three days a week to support the homecare service. She explained that the manager would be more involved in the homecare service as her experience in this area increased.

Prior to carrying out the inspection, we reviewed all the information we held about the service. We saw that we had not been notified of deaths of people who used the homecare service. We spoke with the manager and personalisation planner about this issue. They informed us that this had been an oversight and they would submit the necessary notifications without delay in line with legal requirements.

This issue is being dealt with outside of the inspection process.

There were policies and procedures in place for most activities to provide staff guidance. However, there was no procedure in place to guide staff what actions they should take if there was a missed call. We spoke with the manager about this issue. She told us that she would address this immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately. Regulation 12 (1)(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regulation 17 (1)(2)(a)(b)(e)(f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Suitable arrangements were not fully in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment. Regulation 11 (1)(2)(3)(5).