

Seeds Care Ltd

60 St Peters Road

## Inspection report

60 St. Peters Road  
Margate  
CT9 4AB

Tel: 01843263411

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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

### About the service

60 St Peter's Road is a domiciliary care agency providing care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection two people were receiving personal care.

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

People and relatives spoke positively about the support they received. They told us they were supported by staff who understood their needs and had the skills to support them.

People were protected from the risks of abuse and discrimination. Staff knew how to report concerns and were confident they would be dealt with appropriately. Risks to people's health, safety and welfare had been assessed. There was guidance for staff to mitigate the risk.

Staff were recruited safely and completed an induction. Staff completed training in a wide range of subjects to enable them to support people safely. They told us they felt supported by the management team and received regular supervision. People were supported to have their medicines safely.

Staff wore personal protective equipment and had access to stock. They had completed infection, prevention and control training. Staff and people took part in regular COVID-19 testing following government guidance.

Before people started to use the service, an assessment and transition plan was developed. Relatives told us the transition plan had been effective and their loved one had settled into the service.

People had detailed care and support plans. These included details of people's choices, preferences and the way they liked to be supported.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to have maximum choice and control over their lives to enable them to live their life to the full.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were supported in a positive way to enable them to live as independently as possible.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The management team and staff had a positive impact on people's wellbeing, confidence and quality of life.

There was a complaints process in place. People had raised issues, and these had been investigated and action taken when required.

People, staff and relatives told us the service was well managed. People and staff had been supported to express their views about the service. Checks and audits had been completed and any shortfalls found had been rectified.

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

Rating at last inspection

This service was registered with us on 11 July 2018, the service did not start providing a regulated activity until 5 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service started providing a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our responsive findings below.

# 60 St Peters Road

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 June 2021 and ended on 6 July 2021. We visited the office location on 29 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, nominated individual, team leader and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who supported people using the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. Staff received training and understood their responsibilities to report concerns. Staff were confident their concerns would be taken seriously, and appropriate action taken. People told us, they felt safe with staff.
- The registered manager understood their responsibilities to report concerns. They had acted when required to keep people safe and had worked with the local safeguarding authority when needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare had been assessed. There was detailed guidance for staff to follow. Some people displayed behaviour that could be challenging to others when they were distressed. There was detailed information about what the triggers were, and the action staff should take. The behaviour was split into three stages and there was guidance for staff for each stage. To learn from any incidents a debriefing session should be held to analyse what had happened. Staff told us these sessions had been held.
- When people were starting new activities, the risks had been assessed. Plans were put in place to guide staff. Staff provided feedback as to how successful the guidance had been, and changes were made as required. Staff told us they were involved in the continuous development of risk assessments.
- People's living environments had been risk assessed to keep them safe. Staff had information about how to access utilities if there was an emergency. People had personal evacuation plans to make sure they would leave the house safely in an emergency.
- Incidents and accidents had been recorded and analysed to identify patterns and trends. Action had been taken to reduce the risk of them happening again. The action taken was assessed and changed if it had not been successful.

Staffing and recruitment

- Staff had been recruited safely. Staff had completed application forms with a full employment history and their identity had been checked. References had been obtained from previous social care employment to check the candidates conduct. Checks had been completed with the Disclosure and Barring Service to check any criminal records or professional misconduct.
- The registered manager made sure there were enough staff to meet the hours commissioned for each person. The staff covered shifts during annual leave and sickness. People and relatives told us they were supported by a regular staff team and they always turned up for shifts.

Using medicines safely

- Staff received training to administer medicines and their competency had been checked. People were

supported to take their medicines as prescribed in the way they preferred.

- Records had been completed and tablets were counted following each administration to check there was the correct amount left. Medicines were stored safely. Temperatures were recorded to make sure medicines were stored at the correct temperature to remain effective.
- Some people were prescribed medicines 'when required'. There was clear guidance for staff about when to give them, how often and what action to take if they were not effective.

#### Preventing and controlling infection

- The service had been free from COVID-19. Staff were part of the national testing programme and completed tests weekly. Majority of staff and people had received both vaccinations in line with government guidance.
- Staff wore masks when supporting people when there was more than one person living in the house. Staff and people created a support bubble when in a single occupancy house.
- People and staff followed government guidance when out. People and staff, we met wore masks and maintained social distancing.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When people had been identified as possibly being supported by the service, a complete assessment was completed. This included meeting with people and their relatives to discuss their needs and aspirations. Transition plans were put in place, this would include staff supporting the person while they were still in their home. One relative told us, "The transition was brilliant, staff got to know her, and the support required before she moved into the service."
- The assessment covered all areas of people's lives including protected characteristics under the Equalities Act 2010. This included their cultural and social needs. Staff followed the STOMP (stopping over medication of people) guidance, working with people to reduce the use of psychotropic medicines.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their roles. New staff completed an induction including shadow shifts with more experienced staff. The registered manager and service manager worked with new staff to check their competency and conduct. Staff who had not worked in care before completed the Care Certificate, this is a set of standards staff are expected to adhere to.
- Staff completed a wide range of training including Autism awareness, equality and diversity, challenging behaviour and coronavirus and infection control. The registered manager was aware when staff required updates and ensured this happened.
- Staff told us they felt supported by the management team. Staff received regular supervision to discuss their practice and any concerns they may have.

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

- People were supported to eat a balanced diet. Staff supported people to plan their menus with a variety of meals and ingredients.
- Staff supported people to prepare their meals, promoting independence.

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

- Staff worked with people to maintain their health and wellbeing. People were supported to attend regular health appointments including the dentist, optician and podiatrist. One relative told us, "Staff have managed something I could not. [Loved one] has now gone to the dentist and had their blood taken, which is amazing."
- People were supported to maintain a healthy lifestyle. People went on long walks and attended activities they enjoyed, maintaining their fitness.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make decisions in their everyday lives. When people did not have capacity to make decisions staff completed MCA assessments and best interest meetings. These included people who knew the person well including relatives.
- When people had been assessed as having capacity to make decisions, the registered manager understood they may still be vulnerable. Some people had made decisions which put them at risk from abuse. The registered manager had sought guidance and support from people's case manager to ensure people were safe following their decisions.
- When people had a community DoLs authorisation in place, staff made sure any conditions were met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, they were treated well and supported in the way they preferred. Staff knew people well including their choices and preferences. Staff described how they supported people including how they calmed them if they were anxious. One relative told us staff had introduced more sensory stimulation including lights in their room. This had helped their loved one and their reaction to certain events.
- People were comfortable in the company of staff. They were included in conversations and asked their opinions about what was being discussed. Relatives told us, staff treated people with respect and treated them as an individual.
- People were supported to express their sexual orientation; people were supported to attend meetings and groups.

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

- Some people were not always able to express themselves verbally. Staff used various methods of communication to encourage people to express their views. People were involved in regular meetings with their keyworker to discuss their care and support. Relatives told us, they had been involved in discussing people's care and support.
- People's decisions were respected, and they were supported to express these decisions to relatives who may not agree with them. Staff supported people and relatives to reach a compromise that they were happy with.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person said, "Staff know when I like time by myself, they go into their room then." People were supported to maintain their own privacy; one person was reminded to close their door when getting changed or to put their dressing gown on.
- People were supported to be as independent as possible. One person told us; "My tenancy and bills are all in my name and I have to pay them. Staff help me but it is my responsibility." People were supported to set goals they wanted to achieve, both long and short term. These included life skills to become more independent. One relative told us, "[Loved one] has really come on. They now wash up their plate when they have finished eating."
- People were supported to attend college and learn new skills. People were encouraged to keep their living environment clean and tidy. People had developed life skills such as being able to do their washing, preparing meals and money management.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed support plans in place. These contained information about people's choices and preferences. A detailed assessment had been completed including information from relatives and this had been built upon by staff as they got to know the person.
- People told us staff changed their shift patterns to enable them to do what they wanted. "I like to have a cup of tea with all the staff. As I get up late staff changed their shift changeover to 10am and we all have a cup of tea." Staff told us they supported people to do what they wanted, "He likes to go out about 11pm so that is what we do, we go for a drive."
- Support plans contained detailed guidance about how and when people liked to be supported. These plans were reviewed regularly as people's needs and support changed. One relative told us, "When [my loved one] wants to do something they make it happen."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication skills and support required were clearly documented. There was clear guidance for staff about how to communicate with people. Staff used a variety of communication tools including picture exchange communication systems (PECS), photos of them doing activities, pictorial and sign language.
- People's support plans had pictorial information to show how staff would support them. People's keyworker meetings were in pictorial format to support people's understanding of the meeting. Documentation concerning people's contract with the provider was provided in pictorial form.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which are important to them. One person told us about how they were in a support bubble with their mum and how much they enjoyed visiting them. During the pandemic people had been supported to keep in touch with family via video calls. People had received visits from their family in their gardens.
- People were supported to take part in activities they enjoyed. Relatives told us people had started to do new activities since being supported by the service. People had started to use public transport and going to places such as zoos, the beach and trampolining.

- Support plans had photographs showing the activities people had enjoyed. There was also information about what activities people had tried and did not like.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place, people had received a pictorial version of it. There was a complaints log in place. This detailed the complaints received, the investigation, outcome and what action was taken.
- The complaints log evidenced that people had raised complaints and concerns about their care and support to the management team. These complaints had been investigated and when upheld staff had apologised to people.

#### End of life care and support

- People being supported by the service were all young and active. There was an end of life care plan in place. These contained basic information such as who would need to be involved in any discussions and how to present information to the person. People had not wanted to discuss end of life plans and this had been recorded.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and transparent culture within the service. People told us they were involved in making decisions about their care. Relatives told us they had been involved in developing support plans for their loved ones.
- The registered manager told us, "It is our ethos to support people in a person-centred way that enables them to be the best that they can and have the most fulfilling lives possible." Relatives confirmed their loved ones appeared to be happy and enjoying their lives. One relative told us, "He has more independence with staff supervision and more socially active."
- Staff recognised when people's needs changed and worked with them to find a solution. One person's behaviour changed; it was identified that moving into a single occupancy house could be a solution. The person moved into a house by themselves and they had thrived since.

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

- People, staff and relatives told us the management team was approachable and supportive. Relatives told us, they were kept informed and were transparent about any incidents.
- Staff told us they kept people's case managers informed of any changes or incidents that happened. Records showed regular emails had been sent to case managers keeping them informed of people's progress or when incidents had happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had expanded since registering with the Care Quality Commission, and staff told us the management structure had improved. There were now two service managers, team leaders and a human resources manager to support the registered manager. Staff told us the expansion of the service had been steady, new staff had been recruited and trained to support people as they joined the service.
- Checks and audits had been completed on all areas of the service. They had been effective in finding shortfalls, action had been taken to rectify these. The registered manager had oversight of all the supported living services and was aware of any concerns within the services.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen within the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in line with guidance.

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

- People had regular meetings with their keyworker to discuss their support, goals and aspirations. When people shared living accommodation house meetings were held to discuss cleaning schedules and what people wanted to do.
- Staff and management teams had regular meetings. Staff discussed people they supported and any concerns they may have. Staff told us they were asked for their opinions about the service and if they had any suggestions.
- The management team attended regular meetings to discuss people, staff and further improvements to the service. When actions were required following the meetings, an action plan was put in place, with the people responsible for each action.

Continuous learning and improving care; Working in partnership with others

- The service worked with other agencies such as health professionals and the local authority to make sure people received the support they need. The management team kept up to date with national guidance and implemented changes as they were updated.
- The management team had identified the service could be enhanced by the implementation of an electronic recording system. They were working to develop a system that met all requirements of the service. The provider had invested in additional laptops for each service and new email addresses to support staff with their roles.