

Interhaze Limited

# Sebright House Care Home

## Inspection report

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Date of inspection visit:  
04 May 2022

Date of publication:  
30 May 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sebright House Care Home is registered to provide nursing care for up to 40 elderly people whose primary care needs stem from dementia. The home has five beds contracted for 'discharge to assess' (D2A). People live in the home for six weeks under the D2A scheme and within that period they are either discharged home with a care package or to a more appropriate care setting. There were 34 people living in the home at the time of our inspection visit.

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

Since our last inspection there had been changes in the management of the home. Staff spoke positively about the impact of the new manager and how the recruitment of new staff meant they had time to carry out their role and responsibilities. Staff told us they took pride in caring for people, and relatives spoke positively about the standards of care provided. However, audits needed to be improved to ensure they were effectively assuring the cleanliness, safety and quality of the environment.

Some people living at Seabright had dementia which required very careful and considered care planning to minimise the likelihood of distress. Staffing levels meant staff were able to be attentive to people's needs and respond proactively when needed. Staff understood their safeguarding responsibilities and people appeared relaxed around them.

Individual risks to people had been assessed and risk management plans were regularly reviewed to ensure they were up to date. Medicines were stored, managed and administered in line with good practice guidelines.

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.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

The last rating for this service was requires improvement (published 18 April 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sebright House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well led findings below.

# Sebright House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection team consisted of two inspectors, a specialist nursing advisor in dementia care 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.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We sought feedback from Healthwatch and an independent advocacy service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the clinical lead nurse, an agency nurse, five care staff and a member of domestic staff. We spoke with 11 relatives about their experiences of care. We reviewed four people's care plans. We looked at 34 people's medicines records, a selection of monitoring charts, and a variety of records relating to the management and governance of the service including two recruitment files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks relating to the environment were regularly checked and some improvements had been made since our last inspection. For example, wardrobes were now fixed securely to the wall.
- Individual risks to people were assessed and reviewed. This included risks relating to people's mobility and transfer needs, pressure ulcers, nutrition and continence care.
- One person had a urinary catheter. A risk management plan informed staff how to manage associated risks. Records demonstrated the person's fluid intake and output was monitored in accordance with their risk management plan to identify early signs of infection.
- People's care plans and their risk management plans were regularly reviewed to ensure they were up to date.
- Staff had a good understanding of people's needs and knew how to identify any potential risks to their health. They told us how they monitored people to identify potential urine infections or problems with their catheters and explained how important it was to change a person's position if they were at high risk of pressure damage to their skin.
- Staff understood people could place themselves or others at risk at times of distress and observed people for signs of anxiety. For example, one person became distressed and staff immediately responded. They encouraged the person to go for a walk and talked with them about topics that made the person smile.
- Overall, relatives told us risks were well managed. One relative told us, "[Name's] health improved as soon as he went into Sebright. They encourage him to get up and they use the hoist correctly." Another said, "[Name] can get agitated when we visit but the carers can calm her down, she is very happy, best place for her, we have no concerns." However, one relative did comment on how the anxieties expressed by some people could impact on the wellbeing of their family member.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed how to support the person in an emergency and regular building safety checks were completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

authorisations were being met.

### Staffing and recruitment

- Some people living at Seabright had dementia which required very careful and considered care planning to minimise the likelihood of distress. The numbers of staff allocated to each shift meant staff were attentive to people's needs and responded proactively when needed.
- We received positive feedback from staff about staffing levels which they felt enabled them to provide safe care and carry out the tasks required to minimise risks to people. One staff member told us, "We have enough staff here. I never feel like I am running around, overworked or on my own."
- Relatives told us staff were always visible and available to support their family members. Comments included: "There is a great staffing ratio", "There are always a lot of carers giving drinks, biscuits and fruit" and, "I have never seen a lack of staff, it is very easy to access them."
- Overall, safe recruitment processes were in place. This included Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. However, checks were not always completed to explore any gaps in staff employment history. The manager told us they would ensure this was improved following our inspection.

### Using medicines safely

- Medicines were stored, managed and administered in line with good practice guidelines.
- Medicines were given to people in accordance with manufacturer's guidance and prescriber's instructions to ensure they achieved their maximum effectiveness.
- Guidelines ensured 'as required' medicines were given consistently and safely.
- Where people received their medicines covertly (hidden in food or drinks), an assessment of the person's capacity for this specific decision was completed and a meeting held to ensure it was in their best interests. At the time of our inspection visit, pharmacist advice was being sought to confirm crushing medicines and giving in drinks and food was a safe way of administration.

### Systems and processes to safeguard people from the risk of abuse

- People appeared relaxed around staff and we saw them confidently approaching staff when they needed support or assistance.
- Relatives felt their family members received safe care at Seabright. One relative told us, "We are confident that [Name] is safe. He feels very content and settled, staff are very fond of him and him them. He would react if he wasn't comfortable and safe." Another told us, "[Name] is very safe and you can see that she is looked after and not neglected."
- Staff understood their safeguarding responsibilities. One staff member told us, "If I am worried about any of the resident's welfare then I have to inform the nurse or the manager. It could be a bruise or a scratch on their skin. Every day when we are doing personal care, we check for injury. I have faith in the manager's ability. They would act in the right way."

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some equipment included a ripped crash mat and damaged pressure relieving cushion which meant they could not be cleaned effectively. Also, some bedrooms needed a deep clean. The manager acknowledged our feedback and assured us action would be taken.
- We were somewhat assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff used PPE in accordance with good practice, but the accessibility of PPE and hand sanitisers in some areas of the home needed to be improved. The manager responded immediately during our inspection visit.



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the service in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. There was a system to identify any patterns or common causes of incidents within the home.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent in parts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection there had been two changes in in management. The current manager had been in place since December 2021 and this was their first managerial role. They told us they would be submitting their application to become registered with us.
- At our last inspection audits had not identified some of the issues we found. At this inspection we found that whilst overall audits were identifying areas for improvement, they were still missing some issues within the environment identified during our inspection.
- For example, a broken window sash posed a risk of entrapment and injury. Some bedrooms had marked and stained walls and needed a deep clean and some furniture and safety equipment was worn which meant they could not be cleaned effectively.
- People's bedrooms did not demonstrate person centred care. Everyone had the same bedding and people were not encouraged to make the space their own through personal possessions that reminded them of their family and important events in their life. There was poor directional signage in communal areas to promote independence when people moved around the home.
- The manager told us in the short time they had been in post they had successfully prioritised staff recruitment which had a positive impact on the service. They explained they now had a consistent and permanent staff team who had time to meet the responsibilities of their role. One senior member of staff told us, "[Manager] has been really proactive with recruitment and the number of staff available is much better. I feel better supported in my role with allocated time to do supervisions with the staff and carry out the audits."
- Staff spoke positively about the management of the home. Comments included, "[Manager] is very nice, they are a good manager. They treat every staff member as equal," "It is a very cooperative organisation. They try to help us, and we can talk to the manager. She is always trying to sort things out" and, "We get good support from the management and the nurses always listen to us."
- Staff told us they took pride in caring for people and enjoyed working at the home. Comments included, "It can be challenging but the residents are lovely. They are challenging because of their condition; it is not them as a person. We work hard to see them smile" and, "The teamwork is excellent. We all help each other and there is an understanding between us to always help each other. I am so happy to work with the staff here. It is a big team effort."
- Relatives spoke positively about the service. One relative told us, "Absolutely excellent care, it is the best

home, they have got it right at Sebright." Another said, "I am really happy he is in there. Best place for him, hard job for the staff."

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

- Staff had regular opportunities to share their views with management and staff told us team meetings were held. Staff consistently told us the manager had an 'open door' policy and that the manager always attended handover meetings.
- COVID-19 guidelines and restrictions meant holding meetings for relatives had not always been easy and the manager confirmed that questionnaires had not been sent out as planned.
- Overall, relatives told us communication had been maintained despite the restrictions imposed by the COVID-19 pandemic. Comments included: "Communication was good through the pandemic, I could not visit but they kept me fully informed" and, "No questionnaire but, regular assessments keep me informed." However, one relative did share they did not feel communication had always been effective.

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

- At our last inspection, the provider did not display the rating from their last inspection. At this inspection, the rating from the last inspection was displayed in the entrance of the home.
- The manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Relatives told us they were always contacted if their relative had a fall or was involved in an incident within the home. Comments included: "[Name] can have a loss of balance and there is excellent communication if he has a fall", "They are very good at keeping me informed, nothing is hidden from me" and, "They communicate well, any incidents are reported to us."

Continuous learning and improving care; Working in partnership with others

- Staff worked with other organisations including social workers and health professionals to support people's needs.
- The manager told us they received support from the provider and other managers within the provider group to develop their managerial skills.
- The manager responded positively to our feedback and assured us areas for improvement would be addressed.