Seymour House (Hartlepool) Limited

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 6 June 2016 and was unannounced. We brought this inspection forward as we had also received anonymous concerns related to night time staffing levels. We visited the service at 6am so that we could speak with the night staff. At the last inspection on 30 November 2015, we asked the provider to take action to make improvements to health and safety, recruitment for new care workers, training and quality assurance. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the regulations relating to the provision of essential training for care workers.

Seymour House (Hartlepool) Limited provides nursing and residential care for up to 20 people. The home provides care and support for people with mental health needs. At the time of this inspection there were 20 people living at Seymour House (Hartlepool) Limited.

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

We found during this inspection the provider had breached the regulations in relation to person centred care. New care plans had been developed but these lacked detailed information about the care people needed.

You can see what action we have asked the provider to take at the back of the full version of this report.

We found the provider had made progress with the actions identified following the last inspection. Health and safety checks were mostly up to date following the employment of an external professional. Action had been taken to improve the signage to inform people oxygen was being used in the building. Individual emergency evacuation plans required further development. Work commenced on developing these on the day of the inspection. No new care workers had been employed since the last inspection so no new recruitment checks had been required.

Additional audits had been introduced but the quality assurance process lacked a structured approach to ensure issues were identified and dealt with in a timely manner. We have made a recommendation about this.

The gas safety certificate check for the service was overdue. The registered manager arranged for this check to be completed during this inspection. The electrical installation certificate was unavailable to view, although other records confirmed the installation was satisfactory.

The required training outstanding from the last inspection had been completed. However, moving and

handling training had lapsed and not been updated in a timely manner.

People gave positive feedback about their care. One person told us, "They look after me well". Another person said, "Staff are champion. I have got used to it now. It's alright, not bad. It is a room over my head." We observed care workers were kind and caring.

People and care workers said the service was a safe place to live and work. One person said, "Oh yes I am safe here, the staff look after me so well." One care worker told us, "People come and talk to us if they have concerns."

Medicines records supported the safe administration of medicines. Records were accurate and regular audits took place. These ensured any issues were dealt with. Medicines were stored safely and securely.

Care workers knew about safeguarding adults and whistle blowing. This included how to report any concerns. One care worker commented, "We are open here, we do talk to each other. I would go straight to the nurse in charge or the manager. [Registered manager] is on the ball." No concerns had been raised since we last inspected the service in November 2015.

Staffing levels were sufficient to provide the support people needed in a timely manner. One person told us, "There are no concerns with staffing." Care workers told us also felt there were enough care workers on duty to support people. One support worker said, "Yes, I think there is enough staff." Night staff did not raise any concerns about people's safety at night time.

Accidents and incidents were logged and details recorded of the action taken to help keep people safe.

Care workers told us they were well supported. One care worker said, "I can go to the [registered manager] if I am not happy. The [registered manager] will talk me through things." Another care worker commented, "I am very well supported." Records confirmed one to one supervision took place regularly and appraisals had been planned in.

The registered manager and care workers said people were not deprived of their liberty. People confirmed there were no restrictions placed on them. People regularly accessed the local community if they chose to. People were supported to make their own decisions and choices. One care worker commented, "People make decisions for themselves. We promote decision making."

People were supported to have enough to eat and drink. One person said, "Meals are very good, cereal for breakfast. At one time we had bacon and egg but people wasted it. Usually a sandwich for lunch with a piece of fruit. The menu had been updated following suggestions from people.

People had access to a range of external health care professionals, as their needs required. One person told us, "If I need a doctor they are quick to get one, I just ask."

Since our last inspection people's needs had been re-assessed. Staff had spent time with people gathering information about their life history and their preferences.

People could take part in their chosen activities if they wanted, such as bingo, dominoes and entertainers.

People could express their view in a suggestion box or by attending 'service user' meetings.

People told us they knew how to complain if need be. There had been no complaints made about the service.

Quality assurance questionnaires had been issued. However, feedback from people and professionals was limited.

Care workers felt the home was managed well. One care worker commented, "We have a brilliant manager. Anything you go with he is always open and honest. If you have concerns and need somebody he is there." Care workers were able to attend regular meetings.

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

The service was not always safe.
Health and safety checks were up to date and signs were in place to alert people to the use of oxygen. The gas installation safety certificate had lapsed.

No new care workers had been employed since the last inspection so no new recruitment checks had been required. There were sufficient care workers on duty to meet people's needs.

People said they felt safe. Medicines records were accurate and regularly checked. Accidents and incidents were logged and appropriate action taken.

Care workers knew about safeguarding adults and whistle blowing, including how to report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.
Moving and handling training had lapsed. Although training was already planned this had not been done pro-actively.

Care workers were well supported to carry out their role.

People told us they were able to come and go as they liked. Care workers supported people to make their decisions and choices.

People were supported with their nutritional needs. They were also supported to access health professionals when needed.

Is the service caring?

Good

The service was caring.
People said they were well cared for.

We observed people were treated kindly.

Care workers understood the importance of promoting people's independence and treating them with respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.
People's needs had been re-assessed and new care plans written. The new care plans lacked detail about the care people needed. People had been involved in the development of their care plans.

Activities were available for people to take part in.

There were opportunities for people to give their views about the home.

Complaints were dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.
The provider did not have a structured approach to quality assurance. Although some additional checks had been implemented.

Limited feedback had been received following recent consultation with people and visiting professionals.

Care workers felt the home was managed well by a supportive registered manager.

Seymour House (Hartlepool) Limited

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.

This inspection took place on 6 June 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local healthwatch and the clinical commissioning group (CCG).

We spoke with five people who used the service. We also spoke with the registered manager, a nurse, an agency nurse and three care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of care records which included care records for two people, medicines records and recruitment records five care workers.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of this service in November 2015 we found the service was not always safe for the people who used it. We found health and safety checks had not been conducted in a timely manner. The provider had also not taken appropriate steps to alert people to the use of oxygen, which was stored in the building. The provider did not have personalised guidance in place to help care workers support people in the event of an emergency. The provider had also breached regulations relating to staff as references were not available for some care workers.

During this inspection we found the provider was now meeting the requirements of the regulations. The registered manager told us they had employed an external professional to carry out health and safety checks of the premises. We found a full fire risk assessment had been completed and monthly fire alarm tests and fire-fighting equipment tests were recorded. Care workers told us and records confirmed fire safety and evacuation training had taken place. Portable Appliance Tests had been conducted following the November 2015 inspection.

We saw signage was now present indicating the use of oxygen in one person's room. We asked the registered manager if a risk assessment was in place to minimise the risk posed by the use of oxygen within the premises. The registered manager told us, "We don't have a risk assessment but staff know how to look after oxygen."

A small grab bag had been created for care workers to use in the event of an emergency. This contained a list of people, their room number and whether they required assistance. It also included a number of emergency blankets, a plan of the premises indicating the closest exit to use and an emergency plan which detailed what action to take to ensure people would receive continued care.

We asked the registered manager if people had individual emergency evacuation plans. They confirmed that a group plan was in place. We saw this only indicated the person required assistance and did not detail how to support the person to evacuate the premises safely. Following our discussion the registered manager asked a nurse to look into the matter and produced documentation which they advised they intended to implement.

The provider told us in their report on actions that moving forward for all newly recruited care workers two references and Disclosure and Barring Service (DBS) checks would be carried out prior to employment. The registered manager told us no new care workers had been employed since the last inspection. Therefore we were unable to check the effectiveness of the current recruitment process during this inspection. Care workers records we viewed confirmed DBS checks had been carried out for all care workers. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Where information of potential concern had been identified through DBS checks, the registered manager told us a discussion had taken place with the relevant care worker. They said they had considered the information and decided this did not negatively impact on the

care worker's suitability for employment. However, they went on to confirm there was no written record to view of these discussions. The registered manager showed us information which confirmed checks from the Nursing and Midwifery Council (NMC) for qualified nurses were up to date.

Although the requirements from our last inspection had been completed, we found the gas safety certificate for the service was out of date since March 2016. The registered manager advised, "The firm we normally use had gone bust, we have another one now." Following our discussion the registered manager immediately arranged for the inspection to take place on the afternoon of our visit. The registered manager was also unable to produce the electrical installation certificate. However, from other health and safety records we established the installation was satisfactory and not due to be re-inspected until the end of July 2016.

People told us they felt safe at Seymour House. One person said, "Oh yes I am safe here, the staff look after me so well." Care workers confirmed they also felt people were safe. One care worker told us, "People come and talk to us if they have concerns." Another care worker, commented, "We all make sure they are well looked after."

Risk assessments had been updated since our last inspection. These were in place for all identified risks and contained information about the measures needed to help keep people safe.

Medicines were managed safely and recorded properly. We examined medicines administration records (MARs) for six people using the service. Each person's medicine's record held a photograph of the person for easy identification when administering medicines and indicated any known allergies people had. The MARs we viewed showed no gaps or discrepancies in recording. People's medicines were administered from medi-packs produced by the pharmacy. We saw audits were conducted and identified issues were acted upon. Medicines were stored in a locked medicine trolley which was stored in a small locked storeroom. Other medicines records, such as for the receipt and return of medicines, were up to date. Where medicines needed to be stored in fridges, fridge temperatures were monitored and within the required range.

Care workers showed a good understanding of safeguarding adults. They could tell us about various types of abuse and knew how to report concerns to help keep people safe. The registered manager told us, "Staff have recently completed safeguarding training as part of the Mental Capacity Act (MCA) training." We saw the provider had a system in place to investigate and record safeguarding concerns. No concerns had been made since the last inspection on 30 November 2016.

Care workers could tell us about the importance of whistle blowing and were knowledgeable about the provider's procedure. One care worker commented, "We are open here, we do talk to each other. I would go straight to the nurse in charge or the manager. [Registered manager] is on the ball." Another care worker said, "I have never had to use it. I definitely would though. We are encouraged to be open."

We reviewed accident and incident records. Records remained within the accident and incident book and included what happened, the injury and action taken following the incident. We asked the registered manager if any analysis was carried out to identify any trends or contributory factors which may require investigation. They advised, "We have taken action [Person] has been referred to the falls team."

People told us there were enough care workers on duty. One person told us, "There are no concerns with staffing." Care workers told us they felt there was enough care workers on duty to support people. One care worker said, "Yes, I think there is enough staff." Another care worker told us, "There are enough staff." The registered manager told us, "If I needed more staff I would ask [the provider], it wouldn't be a problem."

Care workers worked well together ensuring that if one care worker was leaving an area another care worker could remain to support people. We observed people's requests were met quickly. Staffing levels during the day were made up of the registered manager, a nurse, two care workers, a domestic and a cook. During the night a nurse and a care worker were on duty. We spoke with the night staff when we arrived at the home at 6am, they confirmed there were enough night staff on duty. They said there were "no concerns with safety and no issues with the residents. We have a good manager, I feel comfortable talking to him. He would take things seriously."

Requires Improvement

Is the service effective?

Our findings

At the last inspection of this service in November 2015 we found the service was not always effective. This was because some essential training was overdue. During this inspection the registered manager advised all care workers had completed training in fire safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which included a section on safeguarding.

We saw three support workers' moving and handling training had lapsed in March 2016. The registered manager advised care workers were completing this training on 7 June 2016. However, the registered manager had not been proactive in arranging the required training. The registered manager advised, "Our trainer has been off, they are back now so the training has been booked in." They also advised they had sourced DVDs in other care subjects such as equality and diversity.

We viewed a supervision and appraisal plan. We noted supervisions took place bi-monthly and appraisals were planned for December 2016. The registered manager stated, "I am hoping to bring appraisals forward and not leave them to December. Care workers confirmed that they had received supervisions. One support worker told us, "We discuss the organisation, any problems and identify any training needs." Care workers confirmed they were well supported. One care worker said, "I can go to the [registered manager] if I am not happy. The [registered manager] will talk me through things." Another care worker commented, "I am very well supported."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

The registered manager and care workers told us none of the people living at Seymour House were deprived of their liberty. One care worker commented, "People are able to leave if they wanted." People were supported to make decisions. One care worker told us, "[Person] clearly knows what they want to do." Another care worker said," It is people's choice if they don't want to do things they have a right to refuse. I would encourage them to take part but at the end of the day it's their choice." A third care worker commented, "People make decisions for themselves. We promote decision making." People told us they could come and go as they liked, and no restrictions were applied to them.

People were supported to meet their nutritional needs. We asked people about mealtimes. One person said, "Meals are very good, cereal for breakfast. At one time we had bacon and egg but people wasted it. Usually a sandwich for lunch with a piece of fruit. There is always choice." The registered manager showed us the four week menu plan. They told us, "[It is] people's choice what gets put on the menu." We noted the menu had changed at the request of a person with corn beef pie added. One support worker told us, "We always ensure a healthy option is available. [Person] is watching their weight so we try to encourage healthy things but it is their choice."

Two dining areas were available for people to take their meals in, we saw tables were dressed with a table cloth and set with place mats, cutlery and condiments. People were independent with eating and drinking. Care workers were aware of people's choices and preferences in relation to nutrition. We saw fruit was readily available which people enjoyed eating. Care workers offered people refreshments throughout the day and people had access to the kitchen.

People were supported to access external health care professionals. One person told us, "If I need a doctor they are quick to get one, I just ask." We saw evidence in care records of regular cooperation between care workers and healthcare professionals.

Good

Is the service caring?

Our findings

People gave us positive feedback about their care. One person told us, "They look after me well." Another person said, "Staff are champion. I have got used to it now. It's alright, not bad. It is a room over my head." A third person commented, "It's alright. I don't mind it. There is nothing I dislike." A fourth person told us, "On the whole the staff are always there to help you if you need help."

People were free to choose how they spent their time each day. One person told us, "We go to the shops. We can go out if we want to." People told us they were free to make their own choices and decisions. One person said, "I can come and go when I want to, I do my own thing." Another person told us, "I like it here; I can come and go when I want." A third person commented, "I lounge around, I can do what I want." One person told us they liked to "watch TV" and they were able to do so if they wanted.

Care workers understood the importance of promoting people's independence. They told us they would always encourage people to do things for themselves if they were able to. One care worker said, "We support people to do as much for themselves as possible." Care workers confirmed they supported people to pick their own clothes, toiletries and make their own bed. Another care worker described how, when supporting a person with a bath or shower, they would offer them the sponge to wash themselves. People accessed the local community independently if they chose to. One person told us, "I go out by myself, if I did need a little support or company I would ask and someone is happy to come." Another person said, "I go to the shops if I want to."

People were treated with dignity and respect. We observed care workers were kind and caring towards the people in their care. They made sure people were alright and had everything they needed. When care workers spoke with people they were friendly and professional. Care workers gave us examples of how they aimed to promote dignity and respect when providing care and support. They said they would always explain what they were doing and support people to have their choices. One care worker told us, "We have to look at the individual. If they can do it they should be allowed to do it."

Care workers had an awareness of the availability of advocacy services. Nobody using the service had current involvement with an advocate. One care worker told us, "Advocates had been in to speak to people." Another staff member said, "Advocates advise [people] as and when needed."

Requires Improvement

Is the service responsive?

Our findings

Since our last inspection the provider had implemented a new care planning process. We found new care plans were in place for every person using the service. However, some of these were brief and lacked the level of detail required to ensure people received the care they wanted and needed. For instance, one person's care plan relating to mental health stated 'staff to listen to me and support me when I am distressed by my symptoms.' The care plan did not provide details of these symptoms or the most effective strategies for staff to use to support the person when they were distressed. Another person had a specific medical condition. However, their care plan did not provide sufficient guidance for staff to care for the person consistently.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people's needs had been reassessed and new care plans developed. Each person had a document called 'My Pen Picture' containing information to help care workers gain a good understanding of each person's needs. This included the person's appearance, their social history and their likes and dislikes. For example, one person liked a specific type of food, reading and attending church.

People's needs had been reassessed so the recently implemented new care plans were based on their current needs. The assessment considered people's needs relating to areas such as communication, nutrition, medicines, physical health, cognition and mental health. Any particular preferences the person had in relation to their care were clearly documented as a reminder to care workers. For example, one person specifically wanted to choose their own clothes everyday but wanted support from staff with some personal care needs. Another person particularly liked wearing certain clothes.

People had been involved in developing the care plans. Staff had recorded people's views verbatim to help ensure care plans were personalised. One person confirmed staff had talked to them about their care plan. They said, "I do have a care plan." One staff member commented, "We sat with people to do them [new care plans]."

The new care plans were structured around the person's needs, their 'desired outcomes' and a plan of care to help meet these needs and achieve their outcomes. Outcomes were based around what was important for each person. For example, for one person the outcome was to reach and maintain a healthy weight.

People chose to take part in activities if they wanted. For example, these included bingo, dominoes and entertainers. One staff member told us, "We used to do a lot of group things. The new people prefer to have quality one to one time."

People were encouraged to express their views. A suggestion box with blank feedback forms had been placed in the communal conservatory for people to give their views anonymously. So far there had been no feedback received. 'Service user' meetings were usually held monthly, the last one in May 2016. Topics

discussed included knocking on bedroom doors before entering people's rooms and changing the time people had tea. The minutes showed people had opportunities to express their views during meetings.

People told us they knew how to make a complaint if they had concerns about the service. One complaint had been made about the home. This had been dealt with and appropriate action taken.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of this service in November 2015 we found the service was not always well led. This was because there was a lack of management oversight within the service. We found the service did not have a registered manager and some statutory notifications of significant events had not been submitted to the Care Quality Commission on time.

The home now had a registered manager who had been registered since May 2016. People and care workers provided consistently positive feedback about the registered manager. One person told us, "[Registered manager] he's very kind." Another person commented, "[Registered manager] is good." One care worker commented, "We have a good manager. He will listen to you." Another staff member told us, "We have a brilliant manager. Anything you go with he is always open and honest. If you have concerns and need somebody he is there."

The provider had made progress to improve the management of the home with some additional audits, such as care plan and medicines audits introduced since our last inspection. However, we found it was too early to fully assess the effectiveness of these audits to promote sustained improvement in quality. The 'quality assurance' procedure stated the registered provider will, 'rigorously and continuously monitor the effectiveness of its quality assurance procedures to assure that they are operating in accordance with good practice, in the best interests of people we care for and the maintenance of standards.' It went on to describe quality assurance as 'all the policies, systems and processes directed to ensuring the enhancement of the quality and standards of the provision'.

Although some additional quality checks were now in place, we found the quality assurance procedures still lacked some 'rigour'. When we last visited the service we identified the provider did not have a structured and effective system of quality assurance in place to check people received good care and support. We still found the provider did not have a structured approach to assessing quality. Apart from some ad hoc checks of infection control and catering there was no in-depth audit of the service taking place. An in-depth quality check had been taking place up until 2014. However, during our last inspection the new registered manager told us they were unaware of these checks. We found no action had been taken to restart these quality checks. We were unable to establish whether the quality assurance procedure was still relevant as it had not been updated since 2010.

We found also found some areas of the service had been allowed to lapse. For example, the gas installation safety check had lapsed in March 2016. The registered manager had not been pro-active in ensuring the gas safety check was completed when it was due. We also found moving and assisting training was overdue. Again we found the registered manager had not ensured updated training was required when it was due.

The home now had a registered manager. Since our last inspection an application had been received for the current manager to become the registered manager. This application had since been processed and approved.

The registered manager had made some progress with meeting the requirements of the action plans submitted following the last inspection as breaches of regulations 12, 18 and 19 identified during our last inspection had been met. We also saw evidence some additional audits had been implemented to supplement the checks that were previously been carried out. For example, a medicines audit now took place. We also found the provider had re-assessed each person using the service and developed new care plans.

The registered manager had developed quality assurance questionnaires which had been made available to people using the service and visiting professionals. However, there had been limited feedback with only one person and one professional giving feedback. Both responses had given positive feedback about the service.

Regular meetings were held so that care workers could give their views about the home.

We recommend the provider researches current guidance and good practice relating to quality assurance and takes action to update their practice accordingly to ensure a structured approach to assessing quality is in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not planned in such a way as to ensure their preferences and needs were met consistently. Regulation 9 (3) (b).