Seymour House (Hartlepool) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place from 30 October to 1 November 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Seymour House (Hartlepool) Limited is a 'care home.' People in care homes receive accommodation, nursing and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Seymour House provides nursing care for up to 20 people who have mental health needs. At the time of this inspection there were 20 people used the service.

The registered manager has been in post for over 18 months. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

At the last inspection in September 2017 we rated the service to be requires improvement in four domains. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to having safe care and treatment and having good governance systems in place.

We found during this inspection the provider had rectified these breaches of the regulations and the service had improved to a rating of good.

People were at the core of the service and included in all discussions. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, staff needed to ensure they consistently applied the principles of the Mental Capacity Act.

People and relatives told us the service was a safe place. The provider had reviewed the fire procedures and staffing levels to ensure there were sufficient staff should there be an emergency. Following this review, a small fire occurred in the laundry. This was contained and the night staff quickly evacuated the building. The attending fire officers had commended the staff efficiency.

People received their medicine safely. The provider was in the process of improving the treatment room and ensuring staff could call for assistance when in this room. In the interim the registered manager was ensuring staff had access to walkie-talkies so they could contact others, if needed. People were supported to access the support of health care professionals when needed.

People received a varied and nutritional diet that met their preferences. However, we discussed with the registered manager that they needed to ensure at least two healthy options were available each meal time and that those people at risk of under-nourishment were supported and encouraged to eat fortified meals.

People were protected from the risk of abuse because staff understood how to identify and report it. Accidents and incidents were analysed to identify trends and reduce risks. Lessons had been learned when incidents took place.

People spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well. People were engaged in activities and accessed the wider community.

Care records clearly detailed people's needs. External visiting professionals had encouraged staff to produce a copious amount of risk assessments that often were not necessary, as this information was already contained in the care plan.

The registered manager and staff actively sought people's views about the service.

New staff were appropriately vetted to make sure they were suitable and had the skills to work at the service. Staff were well supported and received the training and supervision they needed.

People told us they did not have any concerns about the service but knew how to raise a complaint if needed. Feedback on the service was encouraged in a range of ways and was positive.

The provider had commenced and full refurbishment of the service and we saw this had improved the environment. We found that staff adhered to infection control protocols.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Further information is in the detailed findings below.

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.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff. Staff considered the least restrictive option to reduce risks to people.

There were sufficient skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's medicines were managed safely and audited regularly. People lived in a clean and well-maintained service with environmental risks managed appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental Capacity Act 2005 compliant documents were in place and staff had received training, but they needed to fully utilise their skills.

People were provided with a choice of nutritious food but more healthy options were needed.

Staff were being supported to gain the knowledge and skills they needed. Staff ensured that people's on-going healthcare needs were managed

Is the service caring?

Good

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always

treated people with the greatest respect and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. Concerns that had been raised with the registered manager had been thoroughly investigated and resolved.

Is the service well-led?

Good

The service was well-led.

People benefitted from a service which had a strong management team.

People's and relatives' views were sought and acted upon.

Robust and frequent quality assurance processes ensured the safety, effectiveness and standards at the service were maintained.

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.

An adult social care inspector and an assistant inspector carried out this unannounced inspection from 30 October to 1 November 2018.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

During our inspection we spoke with six people who used the service and a relative. We spoke with the registered manager, clinical lead, two nurses, three care staff, a domestic staff member and the cook.

We looked at six people's care records, staff recruitment, supervision and training records, as well as records relating to the management of the service.

We also looked around the service, including bedrooms (with people's permission), the bathrooms and the communal areas.

We did not need to carry out a short observational framework for inspection (SOFI) because people were able to communicate with us. This method of observation is used to capture people's experiences who are not able to voice them.

Good

Is the service safe?

Our findings

The service was rated requires improvement at the last inspection in September 2017 and this rating has improved to good.

When we inspected in September 2017, we asked the provider to review staffing levels overnight to ensure there were sufficient staff on duty to adhere to their fire evacuation procedures and meet people's needs, as several people required two staff to support them to leave the building. We found that the treatment room was extremely small and did not have room for cupboards or a sink. Also, it was located in an isolated part of the service and there was no means for staff to call for assistance should they need it. Many areas of the home needed to be refurbished and immediate action was needed to ensure the flooring in the bathrooms and toilets was sealed.

At this inspection we found these matters had been resolved.

People and their relatives told us the service met their needs. Comments included, "I am fine here," "[Person's name] has been here for 15 years and they [staff] treat them very well," and, "The staff are good. I am happy here."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, plans were in place to manage the risks associated with diabetes. People's risk assessments were regularly reviewed. We noted that staff were being asked by external parties to complete risk assessments for every aspect of care, such as oral care and personal care even though these aspects of care were fully covered in care plans.

We observed there were sufficient staff on duty to meet people's needs promptly. Most people were very independent and attended to their needs but needed nursing input to manage their mental health needs. There was a nurse and three support workers were on duty and overnight there was a nurse and a support worker. The registered manager worked in addition to these staff. Ancillary staff, such as catering and domestic staff worked each day. The registered manager monitored the dependency levels of people who used the service and ensured staffing levels met these needs. A staff member told us, "There are four [staff] on day shift, and that's enough unless there is like holiday and stuff, but there are some [staff] who like to pick extra up. We are never off sick."

Risks to the environment continued to be assessed and plans were in place to mitigate these. For example, fire risk assessments were in place and maintenance checks such as electrical testing, servicing of hoists and lifts, were all up to date. The provider had commenced a full refurbishment of the service and we saw that many areas of the service had been redecorated. As a part of this programme a new wet room and treatment room was being created. Whilst work was being completed on the treatment room staff were using walkie-talkies to contact other staff when in the treatment room.

The water temperature of showers, baths and hand wash basins in communal areas were taken and

recorded on a regular basis to make sure that they were within safe limits. However, these consistently fell well below 44˚c for hot water for people who used the service and 60˚c for staff washing dishes. The registered manager explained that work was being completed to improve the boiler functioning and ensure all areas consistently received hot water.

Staff were aware of the services safeguarding policy. Staff had received safeguarding and whistleblowing training. When asked, staff told us how they were able to make raise a concern, saying, "I would go to my nurse in charge, then to management if I needed. Or you can go to the civic centre and raise it [a safeguarding alert] there." Where safeguarding issues were identified these were reported and investigated. Accidents and incidents were analysed to identify trends and measures were put in place to reduce the risk of these recurring. There was evidence to show lessons had been learned when incidents took place.

We found the home was clean and staff followed good infection control procedures, such as using personal protective equipment (PPE).

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and obtaining references.

Medicines were managed safely. Staff had received training and had regular checks to ensure they remained competent to administer medicines.

Requires Improvement

Is the service effective?

Our findings

The service was rated requires improvement at the last inspection and this rating has not changed.

At the last inspection in September 2017 we found that staff discussed with us the care needs of some people and how they may lack capacity to consent. However, no information was contained in their care records to show that capacity assessments had been undertaken and people who staff believed lacked capacity were asked to sign consent forms. Staff recognised this as an error but explained they had not been trained to complete capacity assessments so did not have the confidence to undertake this work. Due to the lack of capacity assessment we found that no DoLS authorisations had been applied for even though for some people this would have been appropriate.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that staff had received MCA training and were imbedding their learning into practice. Staff had completed capacity assessments for people, when this was needed. However, staff needed to ensure they consistently applied the principles of the Mental Capacity Act. For instance one person was deemed to lack capacity to attend medical appointments on their own because "[Person's name] is not able to understand the content of letters nor do they understand what is said to them during appointments and they would not be able to convey reliable information between relevant parties." However, staff had not considered if these difficulties would also affect their decisions to eat unhealthy foods, particularly as they had several health conditions such as diabetes or that drinking alcohol would exacerbate these conditions. We discussed this with the registered manager and action was taken immediately to review the capacity assessments.

We also discussed with staff how they supported people with capacity to adhere to the house rules such as using designated smoking areas. Some people struggled with abiding by the rules and would smoke in the service. The registered manager and staff discussed how the encouraged people not to break these rules but there were no sanctions in place and the potential consequences to their placement should they place others at risk by smoking in their bedrooms were not discussed. We discussed this with the registered manager and action was taken immediately to review the people's contracts plus to look at how to enforce the house rules.

At lunch time people choose where they ate lunch but staff made efforts to encourage people to eat in the dining room to create an interactive experience. There was also a 'tea trolley' replenished frequently for people to access hot drinks and snacks independently. The kitchen had created a four week menu cycle

which offered nutritionally balanced meals and was based on preferences of people using the service.

Catering staff spoke to people and attended residents' meetings to gain feedback about food on the menu's, and would alter menus throughout the year dependant on weather conditions.

However, we found that at each meal there would be a healthy option but the second option would be bread based, either sandwiches or soup and bread. Therefore, people may go all day without eating fruit or vegetables. We discussed this with the registered manager who agreed to ensure at least two healthy meals were available at each sitting.

Catering staff were able to tell us which people should be offered fortified foods however the service did not use items such as milk powder to add to certain foods and add additional calories. Food charts were inconsistently completed and did not demonstrate people being offered or accepting fortified food which failed to show us how people had been encouraged to eat higher calorie dishes. Food charts were also not kept with people's records and there was no filing system in place. Both the clinical lead and a nurse struggled to find food charts for two people rated as high risk nutritionally which made it difficult for staff to know who and how often to complete charts. We discussed this with the registered manager who took action immediately to resolve these concerns.

Staff had been trained to meet people's care and support needs. They had undertaken training in topics such as working with people who had a mental health needs. In addition, records showed staff had received training in subjects that the service deemed to be mandatory, such as moving and handling, health and safety, safeguarding and first aid. Mandatory training is the training and updates the provider deems necessary to support people safely.

Care records showed us that on occasions people displayed volatile behaviours that could be challenging. However, when asked support workers told us that they had completed refresher challenging behaviour training. Staff said, "I think when I started we didn't need it, but we are getting some more volatile people and I think we need it now", "We are vulnerable sometimes, behaviour used to be more directed at each other but it's a bigger problem now" and "The nurses have that training, but I think we need training about being in the situation. We are savvy enough to get people out of the way, but some people would stay and stand in front of what was happening." We discussed this with the registered manager who confirmed that this training was to be provided.

We also found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and made sure the Code of Practice was followed. They currently were not supporting people who were subject to Community Treatment Orders, but we found staff understood the actions they needed to take in relation to the conditions that were applied and they understood that people had the right to appeal such sections.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

People told us the staff were effective at meeting their needs. Comments included, "Meals are very good, and there is always choice". "The staff provide good care here" and "Oh they are very good and really do look after us well."

Staff monitored people's weights and ensured action was taken if individuals showed signs of weight loss. Care records contained evidence of the involvement of professionals such as community nurses,

psychiatrists and GPs in people's care.

Improvements had been made to the interior of the building to make it more comfortable for people using the service. Lounges had new furniture and flooring and had a homely feel.

Good

Is the service caring?

Our findings

The service was rated good at the last inspection and this rating has not changed.

The people and relatives we spoke with were complimentary about the service. Comments included, "It is a good home and I wouldn't want to be anywhere else," and, "The staff and manager are lovely."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. Staff told us, "I always treat people how I would expect to be treated," and, "People deserve to be treated well and respected."

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People's care records showed they were involved in decisions about their care. One person displaying behaviours that challenged had been actively involved in meetings with professionals, such as their GP and the police, to discuss strategies to reduce such behaviour. We also saw examples of people signing risk assessments and care plans to give their consent to how their care was delivered by care staff.

People were encouraged to be independent by venturing into the local community and partaking in local activities they enjoyed. People told us, "I went and played pool yesterday. I went to the Middlesbrough football match," and, "I've been down the town this morning." People's meaningful relationships were promoted, the clinical lead told us, "People can go home to families for a weekend, or day."

People's personal information and sensitive data was stored securely to uphold confidentiality and protect their privacy. We saw that records containing people's private details were kept locked away in the manager's office and we saw care staff go to office to complete people's daily notes privately.

We saw that information about advocacy services was available and, when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Good

Is the service responsive?

Our findings

The service was rated requires improvement at the last inspection in September 2017 and this rating has improved to good.

At the last inspection we discussed with the registered manager how the assessments could be enhanced. The provider only supplied a pre-admission record for staff to complete and no full assessment was completed following admission. The lack of a full assessment meant crucial information about people's past experiences and risk history was unavailable. The registered manager accepted this was a gap and agreed to take action to develop an appropriate tool.

At this inspection we found these matters had been resolved.

People told us, "There's a care plan that you sign," and, "They look after [Person's name] very well."

People had care plans that were tailored to meet their individual needs and preferences. People and relatives told us care was delivered in the way they wanted and needed it. Care records gave a detailed picture of the person using the service. Care records included generalised risk assessments and care plans such as medication, nutrition, mobility and social interaction. Although these offered valuable information about the person, some assessments were not necessary for everyone, for example mobility assessments were in place for people who could mobilise independently. Care records did however, capture when someone had additional needs, for example, risk assessments and care plans were in place for people who smoked.

The service was responsive to people's needs. Care records demonstrated that when people's needs changed the service responded quickly and appropriately. One person's records we looked at showed the person had begun displaying behaviours that challenged. The service had responded appropriately by quickly introducing behaviour charts to recognise potential trends and triggers to the person's behaviour. The service had then organised a strategy meeting in which a multi-disciplinary team involved in the person's care could come together to discuss the behaviour and aim to introduce strategies to improve behaviour. The person's risk assessment and care plan had then been updated to reflect this changing need and equip staff with the knowledge they required to provide safe care tailored to the person's needs in a timely fashion. People were given clear explanations in relation to their care and staff had access to a range of information in accessible formats to suit people's needs, such as easy read.

People were very independent and could organise their time, would go into the community and make choices about their day-to-day activities. We observed that staff did offer support and engage in activities within the service, such as discussions about topical subjects and family life.

People and relatives were confident about the way their concerns and complaints would be addressed. One person told us, "I know if I complained about anything it will be sorted. "We saw documentation that demonstrated the manager understood how to investigate complaints and acted to rectify any concerns.

At the time of our inspection no one was receiving end of life care.

Good

Is the service well-led?

Our findings

At the last inspection the service was rated requires improvement and has improved to good.

The registered manager had been in post for over 18 months. We found they provided focused leadership and demonstrated a great desire to provide an excellent service. They adopted an approach that supported staff to look at how improvements to the service could be made. Staff spoke highly of the registered manager. The registered manager had made active efforts to get to know the people using the service and had made themselves approachable to staff. Staff told us, "[Registered manager's name] is a good manager. They interact, sits and talks to them [people using the service] all the time and has a sing along. They are good like that," and, "The [registered] manager is easy to talk to though and we can request anything."

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "We are involved in making sure the support we provide is working for each person and I think that works well."

Feedback was sought daily from people. Feedback from staff was sought in the same way and via surveys. Relatives were routinely asked to comment about their satisfaction with the service. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them later. Staff told us they had enough opportunities to provide feedback about the service.

The registered manager and staff had formed good working relationships with other healthcare professionals such as community psychiatric services and the local authority contract officers.

The registered manager said they were well supported by the provider. They told us that the provider gave them autonomy to operate the service. We found the whole staff team expressed the view that they were there to provide care and support for the people living at the home.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations. These included audits of health and safety, infection control, medicine management and people's care plans.

They completed monthly audits of all aspects of the service, such as medicine management, building management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager could outline in detail their action plans and clearly detailed when action had been taken. They had noted that they needed to record this and ensure the plans were available for staff to review.

The registered manager had informed CQC of significant events in a timely way by submitting the required

notifications. This meant we could check that appropriate action had been taken.