

Seymour House (Hartlepool) Limited

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## Inspection report

The Front  
Hartlepool  
Cleveland  
TS25 1DJ

Tel: 01429863873

Website: [www.beaumontsupportedliving.co.uk](http://www.beaumontsupportedliving.co.uk)

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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 7 August 2017 and was unannounced. Prior to this inspection we had received anonymous concerns related to night time staffing levels. We visited the service at 6am so that we could speak with the night staff. We visited the service for a second day on 7 September 2017, as when we first visited the new manager had been in the process of completing a full review of the service and was making changes so we wanted to see the impact.

At the last inspection on 6 June 2016, which was brought forward because concerns had been raised about staffing levels overnight, we found sufficient staff were on duty but the service was in breach of relevant regulations relating to providing person-centred care. We also found improvements were needed in four key questions; is the service Safe?, Effective?, Responsive?, and Well led?, and the service was rated Requires Improvement overall.

After the last inspection, the provider wrote to us to say what they would do to ensure compliance with the regulation relating to person-centred care.

At the two inspections prior to the one in June 2016, the service had also been rated as Requires Improvement and breaches of regulation had been found in both cases.

Seymour House (Hartlepool) Limited provides nursing and residential care for up to 20 people who have mental health needs. At the time of this inspection there were 19 people in receipt of care at Seymour House (Hartlepool) Limited.

The home had not had a registered manager since February 2017. 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. A manager was in post and told us they would be submitting an application to become the registered manager.

We found during this inspection the provider had rectified the breach of the regulations in relation to person centred care that we identified at our last inspection of the service. New care plans had been developed and were focused upon people's individual needs. However, action was needed to ensure the current records were organised so immediate risks and changes in people's presenting needs were not lost amongst the paperwork, and assessment information contained detailed information about people's needs. The manager told us they were in the process of designing a new care record template and intended to introduce this during August 2017.

On the first day that we visited the service we found staff had not clearly identified risks and the action they were taking in the records. Also information about new risks did not provide specific details around how to address risks for people. When we revisited we saw staff had addressed this and ensured details about risk

and other relevant information was contained in the care records.

The fire evacuation measures stated that the person in charge would be responsible for calling the fire brigade, liaising with them and checking that people had evacuated the building. The fire authority expects the provider to ensure sufficient staff are on duty to fully evacuate the building. Overnight a nurse and a carer were on duty, which was insufficient to ensure staff could adhere to the provider's fire evacuation procedure and to meet people's current needs. We asked the provider to immediately complete a comprehensive review of staffing levels and determine if these were adequate. Following our first visit the provider organised meetings with fire authority and commissioners to discuss staffing levels and they are in the process of determining how many staff are needed to support people safely overnight.

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. However, 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 it be needed. We observed that people would go to this room to receive their medicine and at times could become upset about the need to take tablets, and only because of the skilled nursing interventions did their distress not escalate. There was a risk that if people's distress could not be de-escalated, they may become physically aggressive and staff would not be able to call for assistance.

Many areas of the home needed to be refurbished and we heard there was a plan to complete a full refurbishment of the service over the next 20 months. However, immediate action was needed to ensure the flooring in the bathrooms, toilets and carpets were improved.

Staff not been trained in how to complete Mental Capacity Act assessments. Although staff were making 'Best Interests' decisions for people in relation to risk areas such as self-neglect or unstable diabetes they had not assessed if individuals had the capacity to make these decisions. Also this lack of assessment had led to Deprivation of Liberty Safeguards (DoLS) authorisations not being sought. But when we went back to the service we found action had been taken to ensure where people lacked capacity and were being deprived of their liberty DoLS authorisations were sought.

In general people 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 supported this practice.

Systems were in place for auditing the quality of the service and for making improvements but these needed to be improved.

People told us they were happy being supported by the service and felt the staff were friendly and helpful. People were extremely independent and organised their day.

We found staff were caring and treated people with respect.

Each person's dietary needs were fully understood and where appropriate people were supported to manage their health needs. Staff responded promptly to any changes in a person's mental health or general demeanour and ensured advice was sought from individual's healthcare professionals.

New staff were appropriately vetted to make sure they were suitable and had the skills to work at the service. Staff were given support by means of regular training, supervision and appraisal. The staff team had a good knowledge of people's needs and preferences.

People told us they had no complaints about their care and were aware of the complaints procedure. Accidents and incidents were monitored and staff knew how to recognise and report any abuse.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment and good governance. You can see what action we have asked the provider to take at the back of the full version of this report.

We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 entitled, Notification of other incidents, which we are dealing with outside of the inspection process.

## 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.

Sufficient staff needed to be deployed to ensure that appropriate action could be taken overnight in the event of an emergency.

Many areas of the service required refurbishment.

Where appropriate recruitment checks had been completed.

People said they felt safe. Medicines records were accurate and regularly checked. Accidents and incidents were logged and appropriate action taken to prevent the repeat of these events.

Staff 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.

Staff had not received training around how to complete capacity assessments so were not taking appropriate steps when people lacked capacity to make decisions about their care and treatment.

People told us they were able to come and go as they liked. Staff supported people to make their own decisions and choices wherever possible.

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

### Is the service caring?

**Good** ●

The service remains good.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

New care plans had been written, which contained detailed

information about the care people needed. However, these were overly complicated because no comprehensive assessment was completed prior to drawing up the 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?**

The service was not always well led.

There was no registered manager.

The provider was in the process of developing a structured approach to quality assurance and some additional checks had been implemented.

Work was being completed to improve the systems for obtaining feedback from people who used the service, relatives and healthcare professionals.

**Requires Improvement** 

# 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 carried out this inspection on 7 August and 7 September 2017.

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

We spoke with six people who used the service. We also spoke with the manager, deputy manager, three registered nurses and five care staff. We observed staff practices and looked around the service. We looked at six people's care records and medicine administration records (MARs). We also looked at staff files, which included recruitment records and documents relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection of this service in June 2016 we found the gas safety certificate for the service was out of date, which meant the provider could not be assured that the boilers and gas equipment were safe. Following our discussion with the manager at that time, they immediately arranged for an inspection of the gas utilities within the building to take place on the afternoon of our visit.

During this inspection we found although the provider had employed an external professional to carry out fire safety checks of the premises, and this had been completed in the previous year, it was unclear if the items on the action plan had been addressed. The manager took immediate action to ensure the fire risk assessment was updated.

Overnight there were only two staff on duty but the fire evacuation measures stated that the person in charge would be responsible for calling the fire brigade, liaising with them and checking that people had evacuated the building. We discussed that the fire authority expected the provider to ensure sufficient staff were on duty to fully evacuate the building. Several people required two staff to support them to leave the building because of their mobility needs. In addition, we noted that some people took night sedation so would be more difficult to rouse. Staff had found during fire drills that one person would refuse to leave their bedroom. In light of these issues we found there were insufficient staff on duty overnight to manage risk. We asked the provider to immediately complete a comprehensive review of staffing levels and determine if these were adequate. Following our first visit on 7 August 2017, the provider organised meetings with the fire authority and commissioners to discuss staffing levels and jointly, they are in the process of determining how many staff would be needed overnight.

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. However, we found that the treatment room was extremely small and did not have room for cupboards or a sink. This meant staff could not ensure dressings were stored safely or they could wash their hands prior to administering medication. 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. We observed that people would go to this room to receive their medicine and at times could become upset about the need to take tablets. This meant if staff could not deescalate a situation they could be at risk of being assaulted and unable to call for assistance. The manager told us they were in the process of reviewing the location of the treatment room.

Many areas of the home needed to be refurbished and although the manager told us there was a plan to complete a full refurbishment of the service over the next 20 months, immediate action was needed to ensure the flooring in the bathrooms and toilets was sealed. The toilet flooring downstairs and in the bathroom on the top floor needed to be replaced because this presented an infection control risk for people. Also all of the carpets needed to be deep cleaned, as they were heavily stained with dirt and food particles.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008



People told us they felt safe at Seymour House. One person said, "The staff do a very good job and look after me." Another person told us, "The staff always make sure I'm alright." A staff member told us, "People will come and talk to us if they have concerns."

Staff were not clearly identifying risks and the action they were taking in records and handing over information about new risks. For example, staff did not know that a person had been rushed to hospital or the outcome of the investigations. Also the records did not detail how to address risks for one person who was self-injurious and for one person with potentially unstable diabetes. The manager took immediate action to ensure people's care records reflected their needs and when we went back on our second visit in September 2017 we found that staff had improved the care records and communication with each other.

Staff said they felt confident that the manager and deputy manager would follow up any safeguarding concerns properly. One staff member told us, "We would not hesitate to raise any concerns." There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise signs of abuse and how to respond to any concerns people may have.

Staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. We reviewed accident and incident records. The manager analysed the information and took appropriate action to support people to reduce the risks of falls. Where the risks could not be managed they had asked social workers to review people and determine if the service still met their needs.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. 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.

## Is the service effective?

### Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

On the first day of our inspection 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. The manager undertook to contact the relevant social workers so they could review people's capacity whilst the manager sourced training for the staff. When we returned for our second visit to the service we found staff had started to complete capacity assessments in respect of people's ability to understand the need to evacuate the building in the event of a fire. Also a 'best interests' meeting had been organised for one person but this had not taken place so no records had been created about this meeting.

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.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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 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. Some refresher training was due and the manager was organising

access to the relevant courses. Staff spoke positively about the training they received.

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 were supported to meet their nutritional needs. One person said, "Meals are very good, and there is always choice." A nurse told us, "We always ensure a healthy option is available." 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.

## Is the service caring?

### Our findings

The people we spoke with told us they were well cared for and that staff were very respectful of their privacy and dignity. People told us all of the staff were kind. One person told us, "I've lived here for nine years and have found all that time the staff treat me well." Another person said, "The staff are great and really kind. I've lived here since [a year or two] and always liked it." A third person commented, "It's alright. I don't mind it."

The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

We found staff were warm, friendly and very respectful when engaging with and supporting people. All of the staff we spoke with talked about the ethos of the service being "to place the people who used the service, at the centre of the service."

The manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

Staff made sure people were alright and had everything they needed. They said they would always explain what they were doing and support people to have their choices. One staff member told us, "We try to make this like people's own home so always try to create a friendly atmosphere."

Staff told us that advocacy services were available and that some of the people used such services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished.

## Is the service responsive?

### Our findings

Since our last inspection the provider had implemented a new care planning process. We found the manager was in the process of introducing new care plans. Care plans were in place around how staff were to support people meet their day-to-day needs such as in relation to identifying triggers for relapse in their mental health and deal with any physical health conditions. However, current records needed to be organised so immediate risks and changes in people's presenting needs were not lost amongst the paperwork. The manager recognised that assessment information needed to be enhanced so that it contained detailed information about people's needs.

We discussed with the 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. Support plans were person centred and very detailed but the lack of continuous assessment led to staff being unable to evidence how their skills and working practice had led to positive changes for people we heard about. The manager told us this was an issue they had identified and aimed to address with the introduction of the new care records.

We discussed the need to ensure a comprehensive assessment was completed. The manager and deputy manager accepted this was a gap and agreed to take action to develop an appropriate tool.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

Staff supported people to engage in activities but recognised that the majority of people were very independent and could organise their time, would independently go into the community and make choices about their day-to-day activities. One person told us, "I go out by myself every day and people round here know me well. I go for a walk each morning with one lady and really enjoy it." Another person said, "I go to the shops when I want and I do like shopping." Where needed staff would support people to look at what activities they could take part in both inside and outside of the service.

We discussed instances with staff when people chose to stay at friends. Staff told us they were currently reviewing the procedure for dealing with occasions whereby people forgot to let them know they would be staying out. Currently staff called police. Individuals were not subject to community treatment orders or DoLS authorisations, so although the police did visit, they would not initiate missing person's procedures until 24 hours later. We discussed whether the missing person's procedure could be adapted to reflect that the police were only contacted if there were concerns that a person was at risk, so for instance, if someone who did not normally stay at friends did not come back, or someone's presentation suggested they were depressed. The manager told us they had identified this issue and were taking steps to update the policy.

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.

## Is the service well-led?

### Our findings

At the last inspection of this service in June 2016 we found the service was not always well led. This was because there was a lack of management oversight within the service. During an inspection prior to the last one in November 2015, we found some statutory notifications of significant events had not been submitted to the Care Quality Commission on time.

As part of our research for this inspection we found in total we had received eight statutory notifications for Seymour House since the service was registered with the Commission in 2010. Three notifications related to safeguarding alerts dated 5 December 2011, 12 September 2016 and 5 July 2017 and five notifications about deaths at the service, with last one being sent to the Commission on 29 September 2015. We have received no notifications in respect of contact with the police, but noted that there had been numerous police incidents and safeguarding meetings in people's care records. We also found that more safeguarding concerns had been raised than we had been notified about. We discussed the lack, or low level of reporting with the manager who recognised this gap and has subsequently submitted notifications. We are dealing with this matter outside of the inspection process.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 entitled, Notification of other incidents.

The registered manager left the service in February 2017. A new manager took up post in May 2017 and told us they would be applying to become the registered manager. People and staff provided positive feedback about the manager but the night staff told us they had yet to meet them.

At this inspection we found that the previously identified issues had been rectified.

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. At this visit we found the provider did not have a structured approach to assessing quality. The manager told us they were in the process of reviewing the whole service and had identified a wide range of areas that needed to be improved. They had produced an action plan and were starting to work through this in order of priority.

However, the existing systems had failed to critically review the provider's policies and assessments such as those for fire safety to make sure there were sufficient resources to support people in an emergency. Although it had been identified that work was needed to improve the environment, some areas needed immediate attention and the current system had not identified this. Also the current care record audits had not picked up the lack of a comprehensive assessment of people's needs and risks that they faced in their daily lives, or that staff were not assessing people's capacity to consent. We found that the lack of oversight in these areas led to breaches of the regulations we identified.

The previous manager had developed quality assurance questionnaires which had been made available to people using the service and visiting professionals. However, these had not effectively enabled the manager

to gain people's views, as the questions posed did not cover pertinent areas or people found them ambiguous so difficult to answer. As a part of the review of the performance management systems, the manager was reviewing the processes around seeking people's views.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

We found that the staff were very reflective and determined to provide an effective service so would readily take on board any comments and insights. Staff told us that the manager was supportive of this and had worked with them to look at how the service could be improved.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured safe care and treatment was delivered and the environment was maintained in ways that reduced the risk of infection.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>
Treatment of disease, disorder or injury	<p>The provider had not ensured the processes and systems for overseeing the performance of the service were effective.</p> <p>Regulation 17 (1)</p>