

ABI Developments 3 Limited

1 Sewardstone Close

Inspection report

1 Sewardstone Close
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

1 Sewardstone Close is a residential care home providing personal and nursing care for up to 29 people who have a neurological condition which has been acquired through a life changing event or diagnosis. At the time of the inspection there were 29 people living at the service.

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

Although Improvements were still required to ensure people received their medication as they should, improvements were noted at this inspection. We have made a recommendation about medicines management. People told us they were safe and no concerns were raised about people's safety and wellbeing. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Enough numbers of staff were available to support people living at 1 Sewardstone Close and to meet their needs. Recruitment practices and procedures were safe. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were learned and improvements made when things went wrong.

Suitable arrangements were in place to ensure staff were appropriately trained and newly appointed staff received an induction. Staff felt valued and supported by the registered manager and received formal supervision. The dining experience for people using the service was good. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. Suitable arrangements were in place to enable people to participate in meaningful social activities to meet their needs both 'in house' and within the local community. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

People told us the service was well-led and managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance.

Rating at last inspection

The rating at last inspection was requires improvement (published January 2019).

Why we inspected

This was a planned inspection based on the service's previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

1 Sewardstone Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a Specialist Advisor and an Expert by Experience. The Specialist Advisor was a nurse specialist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

1 Sewardstone Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection took place on the 8 January and 28 February 2020 and was unannounced.

What we did before the inspection

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the registered provider is required to send us by law.

During the inspection-

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

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff and the registered manager. We reviewed four people's care files and four staff personnel files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for 12 out of 29 people living at the service. Though improvements were noted since our last inspection in November 2018, there were still areas for improvement.
- Correct codes as detailed on the MAR form were not always used. For example, one person was prescribed a specific medication for the treatment of chronic constipation. This was prescribed to be administered twice daily, but several entries recorded this as being offered as PRN 'as needed' medication.
- A medicated topical cream was stored within the medication trolley on the ground floor, but this was not labelled to identify who the medication was for or the date commenced. One person's eye ointment showed this commenced on 21 November 2019 and was still in use on the day of inspection. However, the instruction stated this medication should be discarded after 28 days.
- One person did not receive four doses of their medication. On the reverse of the MAR form this recorded the medication as not having been available. We discussed this with the registered manager and they confirmed this had not been brought to their attention. The registered manager told us an investigation would be undertaken to reduce the risk of this happening again.
- Staff involved in the administration of medication received appropriate training and had their competency assessed. Medication audits were completed each month. Audits for the period October to December 2019 were viewed and demonstrated where corrective actions were required and actions taken to improve the service and lessons learned. Additional measures were also in place to complete an analysis of this information to monitor trends and key areas for improvement. We were assured that our findings at this inspection would have been picked up during the next audit.

We recommend the provider consider current guidance on the recording and storage of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe here, no-one can just walk in. It's good the front door is locked, if residents could just walk out they could forget where they live."
- Staff had a good understanding of how to keep people safe and to ensure people's safety was always maintained. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse to the Local Authority or Care Quality Commission.
- There was a low incidence of safeguarding concerns at 1 Sewardstone Close. The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risk assessments identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. Risk assessments guided staff on the measures in place to reduce any risk during the delivery of people's care. Staff's practice reflected risks to people were managed well to ensure their wellbeing and safety.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

Staffing and recruitment

- People's comments about staffing levels were positive. One person stated, "Yep, there's enough staff."
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Six people who used the service required one-to-one support from staff to keep them safe. Specifically, three people required 12 hours one-to-one support throughout the day and three people required 24 hours one-to-one support. Observations showed staff were responsive in a timely way and call alarm facilities were answered promptly. Staff told us staffing levels were appropriate to meet people's needs.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported. A recent recruitment drive had proved successful and on the day of inspection four qualified nurses and six support staff were at the service to commence their induction.

Preventing and controlling infection

- The service was clean and odour free.
- Staff used Personal Protective Equipment [PPE] such as gloves and aprons to help prevent the spread of infection and told us there were enough supplies readily available.
- Staff had received suitable infection control training.

Learning lessons when things go wrong

- Procedures were in place for the reporting of incidents and accidents. Where incidents had occurred, action had been taken to reduce the risk of reoccurrence and investigation reports were robust.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social care needs were assessed prior to their admission to the service and regularly reviewed. This included where people were admitted to hospital and returned to 1 Sewardstone Close.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were supported to complete mandatory training. This was to ensure they had the right knowledge and skills to carry out their role. Staff spoken with told us training provided consisted of 'face to face' and online training which enabled them to meet people's needs to an appropriate level. One member of staff told us, "There was a lot of training, it was very good. There was specialist training and we have upcoming training relating to Sepsis and end of life care."
- Manual handling competency assessments did not refer to all items of equipment in use at 1 Sewardstone Close and having been used for training purposes. This meant it was difficult to ascertain if staff's manual handling training had been robust. However, following a discussion with the registered manager and both internal manual handling trainers, a decision was made for all staff to have their competency reassessed. Dates were scheduled throughout January 2020.
- Two out of four staff employed within the last 12 months, had no evidence to demonstrate they had received an induction relevant to their role and according to their level of experience and professional qualifications. This referred specifically to staff employed in March and May 2019. However, staff advised they had received a good induction. Steps had been taken since May 2019 to ensure the induction process was more robust.
- Staff told us they felt valued and supported, particularly by the registered manager. Comments included, "I feel very supported and know I could go to the manager" and, "I feel really supported, the manager is absolutely brilliant. I feel I have a voice and am listened to."
- Staff confirmed they received regular formal supervision.

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

- People's comments about the meals provided were positive. People were supported to choose what they wanted, to go shopping and to make their own breakfast, lunch or dinner as part of their slow-stream

rehabilitation needs.

- People were able to have meals which supported their ethnicity and culture. For example, people who were Muslim had halal meat provided for their dietary needs. This refers to food which adheres to Islamic law.
- The dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner. The meals provided were in enough quantities and looked appetising.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as, dietician or Speech and Language Therapist [SALT]. Staff were aware who had swallowing difficulties or dysphagia, required their meals to be pureed and required a thickening powder to aid their swallowing difficulties and to minimise the risk of aspiration.

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

- The provider employed a multi-disciplinary team of healthcare professionals to support people with slow-stream rehabilitation. For example, occupational therapists, physiotherapists, psychologists and Speech and Language Therapy [SALT] team. Multi-disciplinary team meetings were undertaken each month with a visiting specialist neuro-psychiatrist and GP.
- The service worked with other organisations to ensure they delivered joined-up care and people had access to healthcare services when needed. Relatives confirmed they were kept up-to-date about their family members needs and the outcome of health-related appointments. One relative told us, "I come and take [relative] to hospital appointments as they get anxious."
- Staff sought advice and support at the earliest opportunity and made timely referrals where appropriate to healthcare professionals and services.

Adapting service, design, decoration to meet people's needs

- 1 Sewardstone Close is a modern purpose-built building that is fully equipped to provide slow-stream rehabilitation care and support.
- The service is bright and spacious, and all bedrooms are en-suite, many rooms are equipped with overhead hoists. Four bedrooms on the ground floor have kitchen equipment to enable people to be as independent as possible. There is a spa bathroom available to enable people to relax and to enhance their wellbeing.
- The service has a skills kitchen to enable people to develop their skills and independence. There is a therapy gym, cinema and roof-top tea room which offers hot and cold beverages as well as homemade cakes.
- There is a secure garden for people to access and the garden lounge provides direct access to an outside courtyard.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on people using the service.
- People's capacity to make decisions were assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's comments about the quality of care received were positive. One person told us, "The staff are nice." A second person told us, "The staff are good, I like them." Relatives told us, "Staff are very friendly," "Staff are caring, I feel they look after my relative well, if they didn't [relative] wouldn't be here" and, "The staff understand my relative's needs."
- Observations throughout the day showed people received person-centred care and had a good rapport and relationship with the staff who supported them. On the day of inspection one person was having a new bed delivered. The person using the service told us about the staff member who was helping them, "They're a great bloke, he helps me." Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people.
- People and staff were relaxed in each other's company and it was evident staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them. This included, people who could verbally communicate and those who only communicated using non-verbal cues. We observed a member of staff ask someone if they wished to have a drink. The member of staff waited patiently for the person's non-verbal cues; this related to them demonstrating their response through direct eye contact and a movement of their lips. The member of staff suggested a cup of coffee, the person smiled to indicate this was correct and the staff member had understood their needs.

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

- The registered manager confirmed people's relatives advocated on their behalf and currently one person using the service had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. Others whose capacity to make day-to-day decisions was variable, had support from family members and friends.
- People and those acting on their behalf were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. Evidence of meeting minutes were readily available. These demonstrated people were supported to have a 'voice' and to discuss what was working well and where improvements were needed.
- One person who was unable to voice their wishes and preferences, was supported to write down their ideas. On the day of inspection eight people who lived at 1 Sewardstone Close met with staff in the service's bistro, to discuss where they wanted to go out in the next week. It was agreed that people would go bowling

and attend a karaoke night.

- People and their relatives were given the opportunity to provide feedback about the service through the completion of an annual questionnaire.

Respecting and promoting people's privacy, dignity and independence

- Care and support were provided in the least intrusive way and people were treated with dignity and respect. People received support with their personal care in private and staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance and to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and preferences, including their ethnicity and cultural needs. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply to have a chat.
- Where appropriate people were supported to remain independent. People were supported to keep their bedroom clean and tidy and to complete their own laundry. One person told us, "Staff help me to keep my independence." Some people were able to keep their key to their room, to ensure others did not have access to their personal belongings. One person using the service was able to self-medicate their medicines. Another person told us about their medication regime and stated they hoped to self-medicate in the future.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff confirmed they received appropriate training to use the service's electronic care planning system.
- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Information showed people's care plans were reviewed and updated to reflect where people's needs had changed.
- Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.

Meeting people's communication needs

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

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.
- Some people were observed to benefit from specific assistive technology, such as laptops and electronic tablets to aid their communication with staff.

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

- Suitable arrangements were in place to ensure people had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community.
- One person told us they had been encouraged and enabled to continue their passion for music. The person had written a song, and this had been uploaded to YouTube and the song was to be recorded. A relative told us recently a small group of people had gone ice-skating and they had been able to accompany their family member.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues of concern with the service.
- The service had an effective complaints procedure in place for people and those acting on their behalf to use, if they had a concern or were not happy with the service. Complaints logged were investigated and responded to in an open and transparent way.

- Compliments were maintained to capture the service's achievements.

End of life care and support

- No-one living at the service was currently receiving end of life care. The registered manager provided an assurance people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death, including support from the local palliative care team.
- Suitable care planning arrangements relating to palliative and end of life care were in place, should this be required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well managed and led. One relative told us, "I am very happy with it [1 Sewardstone Close]. My relative has been here X years and there have been no problems. Any issues would be sorted out by the manager, my relative likes it here."
- Staff told us they were supported by the registered manager and senior management team. Staff were primarily positive about teamwork and stated communication was good.
- Staff advised they enjoyed working at 1 Sewardstone Close. Comments included, "I really enjoy coming to work, it's not just a job" and, "I absolutely love it."
- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- The quality assurance arrangements monitored the experience of people being supported and risks to the quality of the service were managed. This information was used to help the registered manager drive improvement and monitor performance. As already stated within the 'safe' section of this report, medication audits were in place and these were highlighting areas for corrective action.

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

- Effective arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at the service.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.