

## Seagrave Care (Corby) Limited

# Seagrave House Care Home

### Inspection report

Occupation Road  
Corby  
Northamptonshire  
NN17 1EH

Tel: 01536 270400

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

Date of inspection visit: 15 July 2014

Date of publication: 28/11/2014

### 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



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced, which meant the provider did not know that we were coming. Our last inspection took place in December 2013, at that inspection there was no breaches in the regulations.

Seagrave House provides a service for up to 84 people who have care needs and who may be living with dementia. At the time of the inspection there were 84 people living at the home.

# Summary of findings

The home had a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.'

During this inspection we observed staff showing people respect and preserving their dignity. Staff were seen and heard knocking on people's doors and waiting for an answer before they enter or saying who they were as they entered if no response was given on knocking.

Care plans we looked at showed that staff were provided with detailed information on how people's care and support needs were to be met. This ensured that care and support was provided in a consistent manner to people.

We saw that people's complaints had been responded to in line with the provider's policy and that learning from them had taken place to improve the quality of the service for people living at Seagrave House Care Home.

Records showed that appropriate recruitment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable people.

We found that the manager had taken appropriate action to ensure that people who could not make decisions for themselves were protected.

To ensure the quality of the service we saw a number of audits had been carried out and action had been identified and followed up and when required. Health and safety checks were carried out to ensure the environment remained safe for people who lived in the home.

# Summary of findings

## 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 safe.

People living in the home felt safe. Staff were well informed about how to recognise any abuse and also how to respond to any concerns correctly.

We saw assessments were in place to ensure risks were reduced whilst allowing people to be kept as safe as possible. Staff we spoke with were knowledgeable about the care and support of people who used the service. This ensured people received care and support in a safe and consistent way.

There were sufficient numbers of staff on duty to keep people safe and ensure their needs were met in a timely way, although staffing numbers were reduced at times due staff sickness. Further recruitment had taken place to ensure the service remained as fully staffed as possible.

Good



### Is the service effective?

The service was effective.

Staff received the appropriate training and support that they needed to be able to meet the needs of the people living at Seagrave House.

We saw that people were offered choices in relation to food and drink. There were plenty of snacks and drinks available throughout the day.

People's health was monitored and appropriate referrals were made to other health care professionals to maintain people's well-being.

Good



### Is the service caring?

The service was caring.

Throughout the inspection, staff were seen to respect and ensure people's dignity was protected, and that people were listened to.

Most relatives and all the people we spoke with were complimentary about the care and support provided to them or their family member. They felt that the manager listened and acted upon any issues or concerns they had raised.

Good



### Is the service responsive?

The service was responsive.

People had care plans in place that provided detailed guidance to staff on how the person liked their care and support needs to be met.

People were able to raise any concerns. We saw that complaints received by the service were acted upon and any learning had been recorded to ensure that improvements to the service were made.

Good



### Is the service well-led?

The service was well led.

Good



## Summary of findings

There was a stable management team in place and people knew who the manager was. They told us that the manager was approachable and the home was well led.

There were systems in place to ensure that people were listened to and any areas for improvement were highlighted and any necessary action taken.

Staff told us they are well supported by the manager and that they had required training to fulfil their role.

# Seagrave House Care Home

## Detailed findings

### Background to this inspection

This inspection was conducted by an adult social care inspector and an expert by experience. An expert by experience is a person who has a personal experience of using or caring for someone who uses this type of care service.

We spoke with nine people who used the service, eight staff plus the manager, visiting health professionals and three relatives; we looked at four people's care records and carried out an observation at lunch time. This was to help us understand the experience of people who could not talk with us.

Before our inspection we looked at and reviewed the provider's information return. This is information we had asked the provider to send us and how they were meeting the requirements of the five key questions.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

During our inspection we spoke with nine people who used the service and they were asked if they felt safe. One person said, "Yes I do feel safe". Another person said, "I feel looked after and safe here although I would prefer to be at home".

One person told us, "I fell out of bed a while ago, but I am okay now, the staff look after me". Two staff we spoke with told us the process to follow if someone had an accident and that the person's safety plan was updated and observations were carried out for the following 24 hours.

The registered manager and care staff were following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us the action they would take if a person's capacity to make decisions changed, or they suspected their capacity had changed. We found that the manager had acted appropriately to protect one person whose liberty was being deprived.

We observed that there were sufficient staff on duty to safely meet the needs of the people who used the service. The manager told us that people's needs were reviewed on a regular basis to ensure that staffing numbers were adequate and ensured people's needs were met appropriately. One person told us, "I am very comfortable here although I am bed bound and cannot do anything for myself, I have a buzzer that is attached to my hand and I can easily use it if I need help. The staff respond to me quickly and pop in and check on me every 15 minutes". A relative we spoke with said, "I am happy with the fact that I feel my [family member] is not at risk, the staff are wonderful".

Staff we spoke with felt that staffing levels could be lower at the weekends and although they told us they loved their job they felt under pressure. Although people's basic needs were being met staff did not always have time to chat with people socially. We spoke to the manager who confirmed that weekends were a little lower people's need were being met. She told us they had 10 new staff who were due to commence employment over the coming weeks once they have had all the required checks completed, including some staff that will be working weekends which would provide additional support.

People's risks had been appropriately assessed, managed and reviewed. Risk assessments we saw showed that people were encouraged to be as independent as possible especially when walking around the home. For example, one person who used a zimmer frame was provided with support from staff who would give them instructions on how to safely stand and then how to move.

The manager had identified a potential safeguarding issue in March 2014 and had made the appropriate referral to ensure people remained safe. Staff training records seen showed that staff had received training in the protection of adults. The service had policies and procedures in place, and the information was on display to guide practise and understanding. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside the organisation. This showed that staff were aware of the systems in place to protect people.

Staff were only employed at the home after all essential pre-employment safety checks and the establishment of staff's good character had been satisfactorily obtained. This meant that people could be confident that they were cared for by staff who were safe to work with them.

# Is the service effective?

## Our findings

People's activities were based on things that they enjoyed doing. For example, one person we spoke with said, "I have always loved gardening and can help with planting". Another person said, "There are activities that I can join in if I wish but I like to stay in my room". A visiting health professional we spoke with told us there were always plenty of activities on offer and people were always engaged and encouraged to take part.

We saw that pre admission assessments of people's needs were completed before people were offered a home at Seagrave House Care Home. The staff told us as part of the admission process they also spoke with other health care professionals to ensure that they understood people's health needs. For example contact had been made with their GP around a person's medication.

We spoke with eight staff who were knowledgeable about people's needs and preferences. They told us they got good support and work well as a team. We looked at the training records which showed that the majority of staff had received training to support their role in such things as moving and handling, infection control, food safety and fire safety. Where staff had been identified as requiring updates these were added to the training calendar and dates made available for staff to attend. This ensured that the staff skills and knowledge were kept up to date. Staff we spoke felt they had the appropriate training to carry out their roles.

We observed lunchtime on one of the units. We found on the whole it was a positive experience for people. The lunch arrived and the chef reminded staff what was available for people. The trolley was connected to the power supply to ensure that food was kept at the correct temperature. People were offered a choice of drink; tables were laid with cloths, condiments and napkins. A pictorial menu was available to help people decide what meal choice they would like. Staff also placed the two meals on a tray and went round each person so they were able to see what was on offer. This was done with patience allowing people time to make a choice. A visiting professional told us that when they visited at lunchtime, "....the food always looks very nutritious and appetising".

The support provided at meal times was not consistent and one person's dignity was not respected by a member of staff who stood rather than sat next to them whilst providing them with assistance. Other staff were seen to offer assistance in a kind and caring way with staff explaining to one person what was on their plate and what would they like to eat first. One person had chosen to remain seated in the lounge area, and was given their meal on a low table. We asked if there was a higher table available which would be more suitable as they were having difficulty reaching and leaning down. This was immediately actioned by staff. Another person said, "I like it here, food is good, puddings great and I am happy".

Care records we looked at were clear and gave staff all the relevant information they needed to care for the person effectively. Information relating to people's healthcare needs were clearly recorded. Each person was noted to have access to local healthcare services and other professionals so as to maintain their health and wellbeing. There was a clear audit trail detailing any staff interventions and the outcome of healthcare appointments. For example, where a person had received input from a dietician the plan detailed how to support the person in ensuring they received an adequate and healthy diet to promote their wellbeing.

A visiting health professional told us that, "Communication between the home and the surgery is excellent. We are accompanied on our consultations by a member of the team and documentation appears good. Teamwork is evident. Communication within the home seems good". They also told us, "I visit the home at least once weekly in response to home visit requests. I also have telephone consultations with the staff regarding people they might be concerned about or needing some advice. I have always found the staff to be professional, caring and committed to the resident's wellbeing". This showed us that people received the care and support they required to maintain their health and wellbeing.

# Is the service caring?

## Our findings

We spoke with several people living at Seagrave House Care Home and they told us they were very happy with their care. For example one person reported, “I am treated very well”. Another person stated, “I am very happy here and I have all the equipment to help with my mobility and feel comfortable when I have personal care as I am treated with dignity and respect”. One relative told us, “I am very happy with [family member’s] care here they are able to speak for themselves. I have no complaints they look after [family member’s] in the way they want to be”.

During our inspection we observed people being treated with dignity and respect. We saw that staff knocked on people’s door before entering. Staff provided clear explanations to the person about the task in hand and checked that they were happy to be supported. Staff showed warmth, affection and compassion whilst supporting people and encouraged people to be as independent as possible.

Throughout our observations we saw that staff knew how to care for people. For example, staff used simple sign language and verbal prompts when asking people what

they would like to do. A staff member we spoke with told us it had taken time to build up trust with people and that they needed to get to know them in order to know how they liked their care and support needs to be met.

People told us and we saw meeting minutes from meetings that had been held for people who used the service and their relatives. This enabled them to express their views about the quality of the service and to share ideas and suggestions.

We saw that people who used the service were supported to maintain relationships with others. We were told by people using the service that their family members were able to visit freely. One person told us, “My family can come and go as they please and can always help themselves to a cup of tea when they want one”.

We were told by relatives that people were supported to celebrate special occasions. We saw that a couple had recently celebrated their 65th wedding anniversary. The staff had decorated the pergola in the garden so the couple were able to sit outside and enjoy some food and drink at lunchtime with their family. This showed that people were able to celebrate special occasions and enjoy them with family.



# Is the service responsive?

## Our findings

We found evidence that people had been part of the planning process for ensuring their choices and preferences had been taken into account.

Most people and relatives we spoke with were happy with the communication and the way the manager responded to their concerns. Although one person told us they were still waiting feedback from the registered manager in regards to their relative's care. We raised this with the manager and she told us they would speak with the family concerned to rectify this matter.

A relative told us "My [family member] used to have a dog and loves animals. The manager encourages dogs into the home, when the manager's dog comes in it sleeps at the bottom of their bed, it's lovely. They are very happy here and they [the staff] know what they like and dislike".

When we looked at the care records we found that one person had been identified as having a significant weight loss. As a result a referral had been made to a dietician by staff. They came to assess them and provided help and advice to staff on how to try and increase the person's weight.

We were told by the manager that 17 people living in the home had given another person lasting power of attorney with authority to make decisions regarding the service provided. We discussed the information received from families confirming they had the authority to make decisions on behalf of the people living in the home. We were told and saw copies of letters sent to families that requests had been made. The manager told us they would continue to chase those who had not returned the relevant paperwork.

A handover known as 'daily 10' took place every morning involving the manager and all heads of departments

including: kitchen, maintenance and care staff. We sat in on the 'daily 10' meeting on the day of the inspection. Items that were discussed included what would be happening that day including visits by GP and or other health professionals, events over the coming week and any changes to people's care and support needs. This meant that staff were aware of people's current care needs and were able to arrange a change to care and support where necessary.

We looked at the provider's complaints folder. We saw that people's complaints had been investigated. There was a detailed report, which included any learning and the action that had been taken to prevent a similar complaint occurring in the future. The manager also kept a log of small concerns that families had raised verbally. This was to try to ensure that they were dealt with before they escalated into formal complaints. One relative told us, "There is no need to book an appointment with the manager to discuss [family member] needs she will see me anytime". People were assured that if they complained appropriate and effective action was taken.

People were consulted about the activities they would like to take part in. For example quizzes, reminiscence and craft sessions. People told us they were able to choose whether to join in or not. We saw that where people chose to stay in their room a staff member, when time allowed would spend some time with them talking or reading with them. For example, people and staff told us that there had been a recent visit to a local hotel for lunch.

One person was unable to operate the call bell system so staff had put 15 minute call checks in place to ensure the person remained safe. During the morning handover they had discussed this and that the new style call bell that had been ordered was now available. This showed that the staff had responded to people's care and support needs.

# Is the service well-led?

## Our findings

We were told by staff and we saw that the manager worked with staff and was available to support them when they needed it. One person told us, “I can write in a book if I want to make any comments and the manager pops in to check I am ok”. A relative told us, “The manager is very good; I can speak to them at any time”. Staff told us they had regular handovers where they discuss any changes to people’s needs and any appointments for the day.

Staff told us, and the records we looked at, showed that staff received regular supervisions and support. This meant that people could be confident that they were cared for by staff whose competence had been reliably established.

We saw that the manager had effectively managed accidents and incidents. These were also discussed in the daily morning meeting which involved team leaders of each unit, the chef, housekeeper, maintenance officer and the manager. They discussed possible solutions to issues of concern or referred appropriately to other professionals. This meant action was being taken in ensuring, when a risk to a person’s health and welfare had been identified, it was dealt with appropriately.

Records we looked at showed that we had received all required notifications in a timely way. We saw that audits had been completed on such things as medication, fire, and health and safety. We saw that where actions had been identified these had been followed up to ensure that action had been taken. For example where it had been identified that a member of staff had failed to sign for administered medication. We saw the action taken had been recorded and further training had been provided. The provider’s head office sent out the annual quality assurance questionnaires to gather feedback about the quality of the service provided, but a report of the findings was not yet available at the time of this inspection.

All staff we spoke with said that the manager had an open door policy which meant they were able to go and see her at any time. They felt she did her best to respond to any suggestions they had to improve things and make people’s lives better. This gave staff the confidence to have their say in improving things for people who live at Seagrave House Care Home.