

# Linkage Community Trust

# Seaton House

## Inspection report

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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:

Seaton House provides accommodation, care and support for up to nine people who experience learning disabilities or autistic spectrum disorder.

There were nine people living at Seaton House at the time of the inspection.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

What life is like for people using this service:

People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse. They were supported with positive risk taking which, whilst promoting their safety, enabled them to develop their independence. People were actively involved in planning and reviewing the care and support they received.

People received responsive care and support from staff who were well trained and demonstrated the principles of person centred care within their work. People were encouraged and supported to achieve the goals they set for themselves.

People were treated with respect and kindness and their rights were upheld. They were supported to express their views and opinions, which were listened to and acted upon. Staff understood people's preferences and choices and respected the decisions they made.

Staff had opportunities to develop maintain and develop their skills and knowledge. They were positive in their views about the support and training they received and demonstrated a committed approach to service development.

There was an open and inclusive culture within the home which enabled people who lived there, and staff, to share ideas and work in partnership with each other. People who lived in the home, and staff, expressed confidence in the registered manager and their approach to leadership.

There were clear systems in place to monitor the quality of the services provided and take improvement actions when any shortfalls were identified.

More information is set out in the detailed findings below.

Rating at last inspection:

Seaton House was last inspected on 10 June 2016 and was rated as good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. Seaton House remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about Seaton House until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.  
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 safe findings below.

Good ●

# Seaton House

## **Detailed findings**

### Background to this inspection

The 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 checked whether the provider was 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Seaton House is a 'care home'. People in care homes receive accommodation and nursing or 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.

A manager was in post who was registered with the Care Quality Commission (CQC). 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. The manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out at work or engaging in leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

We spoke with five people who used the service and observed how staff interacted with them. We also spoke with two staff members, the registered manager and a visiting social care professional.

We looked at the care records for two people who used the service and we undertook a tour of the premises with a person who lived there. We also looked at records in relation to the management of the service such as quality assurance checks, staff training records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- Staff had received training about how to keep people safe and what to do if they had any concerns about the safety and welfare of the people who lived in the home.
- Staff we spoke with demonstrated their understanding of the process to follow if they needed to raise concerns, and how they would identify if a person was at risk of abuse.
- Records showed that concerns were reported promptly to the local authority safeguarding team and other key stakeholders and action was taken to ensure people's safety.
- People we spoke with told us they felt safe living in the home. One person commented, "Oh yes, I'm safe here; I trust everyone."

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and assessed and management plans were in place to minimise those risks; this included the management of behaviours which may present safety risks for the person or others.
- Staff we spoke with demonstrated a clear understanding of the risks identified for each person and how to promote.

Staffing levels:

- There were enough staff on duty, with the right skills and knowledge to provide the care and support people required.
- People we spoke with said there were always staff around to help them. One person said, "They're always there when I want to talk or need help with anything. They're awesome."
- Some people had one to one support from staff at specified times. This enabled them to develop their personal and social skills in a way that suited them. Staff duty rotas showed that one to one hours were consistently covered by staff who people knew well.
- The provider had systems in place to ensure new staff were recruited safely. There had been no new staff employed since our last inspection of the home.

Using medicines safely:

- People continued to receive their medicines safely and were involved as much as they could be in the administration process. One person who lived at the home showed us in detail how staff administered their medicines and recorded what they had taken.

- Records showed that staff were trained to administer medicines and staff confirmed this when we spoke with them.
- Arrangements for the storage and administration of people's medicines were in line with good practice and national guidance.
- Regular audits were carried out to check that medicines were being managed in the right way and action plans were in place to address any issues highlighted.

#### Preventing and controlling infection:

- The home was clean and tidy on the day of our inspection. We saw people were encouraged to take part in keeping their home clean and were doing so during the inspection.
- People we spoke with told us staff had helped them to learn about subjects such as good hand washing practice and there was information around the home to help them understand how to prevent infection from spreading.
- Staff understood the principles of infection prevention and control and had received training about the subject.

#### Learning lessons when things go wrong:

- There were systems in place to review and analyse any accidents or incidents which occurred in the home. This enabled the registered manager to identify any themes or trends and take action to minimise the risk of reoccurrences.
- Staff meeting records showed, and staff told us, that the registered manager shared the lessons learned from the analysis of accident and incidents. They told us this helped them to improve the ways in which they supported people and helped to keep them safe.



# Is the service effective?

## Our findings

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

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 participated in an assessment of their needs and wishes prior to moving into the home. This enabled the registered manager and staff to ensure they could meet the person's expectations and identified needs.
- One person described the assessment they had been part of before they chose to move into the home. They said the registered manager spoke with them about their goals and ambitions, what support they needed and how they wanted it delivered.

Staff skills, knowledge and experience:

- The registered provider had a package of induction training for all new staff to undertake. This included completion of the Care Certificate which sets out common induction standards for social care staff.
- Staff had the right skills and knowledge to meet people's needs and support them to achieve their life goals. They told us they had completed training in subjects such as equality and human rights, managing behaviours and person-centred care planning. They were also supported to achieve nationally recognised qualifications in care. We saw that staff carried out their roles with confidence and they said that the training package had equipped them to do this.
- Staff received regular supervision and support from the registered manager. They spoke about the support provided in positive terms. One staff member commented, "You can go to [the registered manager] any time as well as supervision, she keeps us all up to date with what's going on."

Supporting people to eat and drink enough with choice in a balanced diet:

- Staff understood what people's dietary preferences were and supported their choices.
- Care records showed that staff worked in partnership with people and healthcare professionals when extra support was needed to ensure they maintained good nutrition. One person told us, "I don't always want to eat much and I'll lose weight so I sometimes have [meal supplement]. We talked about it with the doctor."
- People were supported to develop their menu planning and cooking skills. During the inspection we saw one person with the help of staff had chosen a meal, shopped for the ingredients and cooked the recipe. Other people chose and made their own lunches.

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

- All areas of the home were accessible to the people who lived there, including the outside spaces.

- People had their own rooms which they had personalised as they wished. There was a comfortable communal lounge and games room for people to use as they wished.
- People we spoke with and staff commented that some communal areas were in need of redecoration and refurbishment. We saw some areas of the home would benefit from redecoration or refurbishment, for example, the kitchen and utility area and an en-suite bathroom. We spoke with the registered provider who told us these issues were already highlighted and included in their annual development plan.

Supporting people to live healthier lives, access healthcare services and support:

- Care plans described people's healthcare needs and guided staff in the best ways to support people to achieve healthier lives. Appointments were recorded with outcomes so that staff were aware of any changes to people's healthcare needs.
- People told us they were supported to use healthcare services whenever they needed them. These services included, local doctors, dentists and chiropodists. People were also supported to engage with specialist healthcare professionals such as consultant psychiatrists and speech and language therapists. One person told us, "[Consultant] said he doesn't need to see me anymore because I'm doing so well."

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 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.
- Staff were working within the principals of the MCA. Staff were trained and understood how to support people with their decision making. We saw that any decisions taken in people's best interests had involved family members and/or relevant professionals.
- 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 the time of the inspection two people were subject to DoLS restrictions. Records showed that appropriate application procedures had been followed.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People we spoke with consistently told us how caring and committed the registered manager and staff were. Comments included, "Really very good; I rely on them a lot," and "They're just the best."
- We saw people and staff engaged with each other in mutually respectful ways, enjoying banter together and acknowledging individual preferences and differences.
- We observed staff considering people's body language and behaviours as part of their communications and using this to guide their responses. This enabled staff to support people to remain relaxed and make the most of their daily activities.
- We noted the responsiveness of staff to a person who had recently experienced a bereavement. During supportive intervention, staff had given the person information about bereavement counselling. The person had decided this would be appropriate for them. During the inspection we saw staff organising this support for the person.

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

- Staff respected people's views and choices and worked with them to minimise any potential risks arising from their choices and decisions. An example of this was when a person chose to eat a diet that may have a negative impact on their health. Staff and external health professionals had supported the person to understand the impact and provided healthy eating advice. Staff acknowledged and respected the person's capacity to decide if they wanted to follow the advice and guidance and ensured they continued to offer such.
- People we spoke with knew about the support provided by lay advocacy services. These are services that are independent of the registered provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes. One person told us, "It's about making sure we get a voice; making sure we have our human rights." They added that the registered manager and staff were "very good" at supporting them to express themselves and said, "They actually listen to us." They told us about regular house meetings at which people said what they wanted to do and what changes they would like to see happen.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected people's privacy and dignity. People had keys to their own rooms where they wanted them and told us staff did not enter without their permission. We also saw that staff encouraged people to respect the privacy and dignity of the other people they lived with.

- People's personal information was stored securely and computers were password protected. Staff understood the principles of confidentiality and only shared information on a need to know basis.
- People were supported to maintain and develop their independence. We saw people being supported to cook their own meals, clean their own rooms and learn to travel independently around the local community. People were also supported to become independent with taking their medicines when they wanted to be. Staff used assessment and learning packages to ensure any potential risks were minimised and people could remain safe whilst developing their independence.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

People received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Personalised care:

- People told us, and we saw, they were involved in developing and regularly reviewing their care plans and had signed them to demonstrate their involvement. The care plans were written in a personalised way and used pictures as well as words to convey the content. This was so that everyone could access the information regardless of their literacy skills.
- The registered provider was aware of the new Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. They had developed a policy detailing how they would meet its requirements. As well as in care plans, we saw information around the home was presented in words and pictures to aid accessibility.
- Care plans set out people's life goals and how they would be supported to achieve them. One person told us they wanted to eventually move into an independent living situation. They told us about the short term goals they had set to achieve this and how staff supported them to work towards their goals, such as learning to budget their finances.
- Staff demonstrated a clear understanding of how to support people to achieve their life goals. They gave us examples including the recent successful transition of a person into independent living.

Improving care quality in response to complaints or concerns:

- The registered provider had a complaints procedure which the registered manager and staff followed.
- Since our last inspection, one complaint had been recorded and managed in line with the registered provider's policy.
- People we spoke with told us they knew how to make a complaint if they needed to and were confident it would be resolved. One person said, "You complain to [the registered manager]; she'll sort it; always does."

End of life care and support:

- We saw that some people had end of life care plans in place and staff understood their wishes regarding this subject. However, other people told us that they did not wish to discuss the subject at this time. They were clear that they would talk to staff when they were ready to address such issues.

## Is the service well-led?

### Our findings

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

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

Leadership and management:

- People we spoke with were unanimous in their opinion that the registered manager was very approachable, listened to their views and understood what they wanted and needed. They made comments such as, "Oh she's fab, I would work for her," "She makes sure everything's done properly," and "[The registered manager] is really nice, she makes me laugh."
- Staff told us the registered manager promoted an open and fair culture within the home. They also said there was a strong emphasis on team working and clear communication to ensure consistency for the people who lived in the home.
- We observed throughout the inspection that the registered manager was visible and accessible to people who lived in the home and staff. She engaged in supporting people and demonstrated a clear understanding of their needs and preferences. People who lived in the home and staff said that this was normal practice for the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who lived at Seaton House.
- There were effective systems in place to monitor the quality of the services provided. Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered provider had in place a clear vision and a set of values which reflected the principles of high quality person-centred care.

Engaging and involving people using the service, the public and staff:

- The registered provider had systems in place to gather people's views about the quality of services they received, including house meetings and the use of surveys. Records showed the outcomes of surveys and information gathered at house meetings were used to develop and improve the services provided for people.

#### Continuous learning and improving care:

- Staff told us they had regular meetings in which information and learning from surveys and audits was shared. They said they were also able to share ideas and views to help the service to develop.
- When quality audits highlighted any shortfalls the registered provider and registered manager had action plans in place to drive improvements which were shared with staff and people who lived in the home.
- The registered manager attended a regular, local adult social care network meeting which kept them up to date with good practice and service development.

#### Working in partnership with others:

- The registered manager had developed good working relationships with commissioners and local health and social care professionals.
- A visiting social care professional commented on the clear communication and partnership working they experienced from staff and the registered manager.
- The registered manager and staff had developed connections within the local community to broaden work and leisure opportunities for people who lived in the home.