Care Quality Commission

Seagrave Care (Corby) Ltd

Seagrave House Care Home

Inspection report

Occupation Road
Corby
Northamptonshire
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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?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 16 April 2015. Seagrave House is registered to provide accommodation and personal care for up to 84 people and there were 75 people living at the home at the time of this inspection.

There was not a registered manager in post; 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 registered manager had resigned in October 2014 and a permanent manager had up taking

up post in January 2015. In the interim temporary managements arrangements had been in place and the management systems needed to be re-established for the service to be fully operational.

Summary of findings

Systems were in place for the obtaining, storing, administration and disposal of medicines. People generally received the medicines they were prescribed however there was a need to improve associated record keeping.

Risks to individuals due to behaviours that placed them and others at risk were not always appropriately assessed and managed. There was also need for the provider to consider the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) to protect people from being unlawfully restricted.

People at risk of poor nutrition and hydration had their food and fluid intake closely monitored, however there was a need to improve the associated record keeping.

There was sufficient staff available to provide people's care and support needs. Robust staff recruitment practices protected people against the risk of people being cared for by staff unsuitable to work in a care home.

Staff were provided with induction training and supported to keep up to date with changes in care practice through regular training updates.

The provider had reported safeguarding concerns and carried out investigations appropriately. The staff where knowledgeable about the safeguarding procedures and knew how to report abuse.

The staff treated people dignity and respect and ensured their rights were upheld and the care plans reflected people's needs and choices. People were supported to engage in occupational and recreational activities according to their preferences.

The service listened to people's experiences, concerns and complaints; they were taken seriously and responded to appropriately.

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?

Requires improvement

The service was not always safe.

Established systems were in place for the obtaining, storing, administration and disposal of medicines. However record keeping in relation to medicines administered to people could be improved.

The staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they witnessed or suspected any abuse.

The staff recruitment procedures were robust.

There was sufficient staff available to provide people's care and support needs.

Is the service effective?

Requires improvement

The service was not always effective.

Risks to individuals due to behaviours that placed them and others at risk were not always appropriately assessed and managed. There was a need for the provider to consider the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) to protect people from being unlawfully restricted.

People at risk of poor nutrition and hydration had their food and fluid intake closely monitored, however there was a need to improve the associated record keeping.

People received care from a staff team that were trained to meet their individual needs.

The staff received regular supervision and support from their managers

Is the service caring?

Good

The service was caring.

People received care from staff that treated them with dignity and respect and upheld their human rights.

People were involved in making decisions and planning their own care.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in occupational and recreational activities.

People were supported to develop and maintain relationships with people that mattered to them.

The service listened to people's experiences, concerns and complaints; they were taken seriously and responded to appropriately.

Summary of findings

Is the service well-led?

The service was not always well – led.

There was not a registered manager in post. The registered manager had resigned in October 2014 and a new manager had taken up post in January 2015.

Management systems had been implemented to provide staff with consistent leadership and direction. Staff at all levels fully understood the standard of care that was expected of them and the principles of providing good care

The service and was open and transparent in their dealings with people, visitors, staff and stakeholders.

Requires improvement

Seagrave House Care Home

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.

This unannounced inspection took place on 16 April 2015 and was carried out by three inspectors.

Prior to the inspection we contacted health and social care professionals that had been involved in people's health needs. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we made general observations of the care people received. We also 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 nine people living at the home to hear their views about the quality of care provided at the service. We also spoke with the manager, the area manager, the organisations dementia trainer, two senior care staff, six care staff and staff from the catering and laundry teams. We also spoke with a health care professional who was visiting people to provide treatment.

We reviewed the care records and risk management plans of seven people living at the home. We also looked at records in relation to staff recruitment, staff training and support and management quality assurance records.

Requires improvement

Is the service safe?

Our findings

Established systems were in place for the obtaining, storing, administration and disposal of medicines. However some improvements were required to administration practice and record keeping. Although people generally received their prescribed medicines, on the day of our inspection one person did not receive their morning medicines. We observed that they were asleep and staff did not offer them to the person later in the morning when they had awoken. We also found that some medicine administration records (MAR) did not accurately record medicines that were prescribed to be given as a variable dose of one or two tablets and there were gaps in some MAR charts where staff had not always signed to record the medicines given to people.

We observed a member of staff administering medicines to people. They took time to explain to people what their medicines were for and to ask whether they needed any pain relief medicine prescribed to be given as required (PRN) . We also observed that they double checked MAR charts to ensure they were giving the medicines to the right person, the right dosage at the right time. The MAR charts were signed by the member of staff after they had observed each person take their medicines.

A range of clinical risk assessments were in place to minimise the likelihood of people receiving unsafe care, these included assessing people's risks of falls, pressure area skin damage, depression, nutrition and hydration. Manual handling assessments were carried out and set out clearly how a person was to be supported to mobilise and we observed that staffs practice was in line with the individual risk assessments. We observed two staff using a hoist to transfer a person from an armchair into a wheelchair, they carried out the movement safely, providing reassurance to the person and following the guidance in the person's manual handling care plan.

However risks to individuals due to behaviour that placed them and others at risk were not always appropriately assessed and managed. We observed on several occasions a person entering other people's bedrooms uninvited. This was a common feature of this persons behaviour and had previously placed them at risk of harm, due to the reaction of other people when they entered their rooms, Although staff responded appropriately and redirected the person they confirmed that a specific risk assessment was not in place. One member of staff said, "Talking to people usually works and explaining things to people helps, we know people's behaviour can change at different times of the day and we try to support people at these times."

Accidents and incidents within the home had been appropriately recorded, the situation analysed and action taken to help reduced the risk of this happening again. For example a person had an increase in the number of falls from bed, a falls risk assessment had been put in place, advice had been sought from a falls specialist and the person's bed was replaced with a low profile bed. We saw it was set at the lowest level nearest to the ground and a pressure sensor alert mat which was linked to the nurse call system was placed next to the bed. This alerted staff when the person attempted to stand unaided so that they could respond quickly to offer assistance for the person to mobilise safely.

People living in the home said they felt safe at the home and visitors also confirmed that they thought their relatives were safe living at the home. One visitor said, "Mum is safe and looked after well and that is the main thing for us." Another relative said It's reassuring to know mum is safe here, she is able to wander freely, but she can't wander out of the home."

Staff were knowledgeable about the safeguarding procedures and of their responsibility to act on any concerns or allegations of abuse. They knew how to raise concerns directly to the local authority safeguarding team and / or the Care Quality Commission. One member of the care staff said, "I am aware of the different types of abuse such as verbal, physical and emotional abuse and my responsibility to report it." Safeguarding concerns had been reported appropriately to the local authority and CQC.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. We looked at the recruitment files of five staff that included three staff recently employed at the home. We saw the recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclose and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks. One member of staff said, "I worked in a care home before I came here and had to get a reference from the home. I

Requires improvement

Is the service safe?

have also had a DBS / CRB check." We also saw that health checks were carried out and that all new starters were given an employee handbook and health and safety information briefing sheet.

There was sufficient numbers of suitable staff on duty to keep people safe and meet their needs.

The manager told us there were currently no care staff vacancies at the home and they had significantly reduced the use of agency staff in the home. They explained. that the daily staffing levels on each floor were decided based on the number of people using the service. Records of staff rotas confirmed the staffing levels as explained to us by the manager. The manager told us that an organisational dependency assessment tool was soon to be introduced to Seagrave House to enable them to calculate the number of staff hours required based upon the dependency levels of people living at the home.

Requires improvement

Is the service effective?

Our findings

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. We were informed of two people living at the home whose care was placed under a DoLS authorisation to protect their safety. However we found one person that was due to have their DoLS authorisation reviewed in October 2014 had no record of the review having taken place. The manager confirmed during the inspection that they would arrange for the DoLS authorisation to be reviewed following the code of practice.

During the inspection we observed a person living with dementia repeatedly saying to staff they wanted to leave the building to go home. The staff told us the person regularly wanted to leave the home, but it was not safe for them to do so alone. During the inspection we observed several staff support the person who frequently asked when they were going home, they provided comfort and reassurance to the person, which helped alleviate their anxiety. However we noted that a MCA and DoLS authorisation had not been completed for this person.

People told us they were pleased with the variety and the quality of the food and felt they were able to give feedback on a regular basis. A relative said, "The food here is better than an all-inclusive hotel." We saw the daily menus were clearly on display and at each mealtime people were given a choice of meal. The manager told us they were in the process of consulting with people about moving the main of the day to be served early evening. This was because some people had said they did not want a full cooked meal and dessert midday. One family member who we spoke with said "It will be better for my [relative] as they used to have a cooked dinner in the evening."

Nutritional risk assessments were carried out and staff were aware of the people who were at risk of not eating or drinking enough and we saw that they offered the diet and level of support each person needed. However the nutritional monitoring charts in place to record people's food and fluid intake had not been consistently completed.

We carried out a short observation for inspection (SOFI) observation over lunchtime and saw that the mealtime experience for people was positive. For example, staff asked people if they wanted support to cut up their foods, they encouraged people to eat their meal and sensitively supported people who required assistance with eating and drinking at a pace that was comfortable for the person. One member of staff said, "[person's name] has a swallowing difficulty and I take time to give them their food and drink. I watch them eat carefully and I can tell from their body language whether they are ready for more."

People received care from staff that had the knowledge and skills need to carry out their roles and responsibilities effectively. All staff confirmed they had been provided with full induction training that had included working alongside experienced members of staff before they fully started working at the home. One member of staff said, "I had no experience of care before I started working here; but have done lots of training and completed my NVQ level 3 (the national vocational qualification NVQ is now replaced by the Qualifications and Credit Framework QCF). The member of staff told us their induction training had included manual handling, health and safety and fire prevention. They also confirmed since taking up post they had completed training on dementia care, medication and dental health. They spoke of how the dementia training had been really useful in helping them to understand the different types of dementia and how they can affect people. They said the dental training had increased awareness of the importance of good oral hygiene in promoting good health, and increasing people's independence to brush their teeth. They gave an example of how they encouraged a person living with dementia to brush their teeth in time to the rhythm of a favourite piece of music; they said it helped the person 'connect and respond' to the task.

The manager informed us that themed training sessions had been introduced called 'bite sized learning sessions'. We saw that a bite sized learning session on pressure area care had recently taken place and further sessions were scheduled to take place throughout the year to cover for example, continence management, falls, cross infection control, nutrition and hydration, end of life care and the mental capacity act 2005.

The staff also received support from the company regional dementia trainer who completed care observations and worked alongside staff to provide best practice based learning. They visit the home every two to three weeks and after each visit a report was produced of their observations with learning points and action plans for staff to work

Requires improvement

Is the service effective?

towards. Many of the staff had also attended dementia friends sessions that had raised their awareness of caring for people living with dementia. The service had a plan in place for all staff to complete the dementia friends learning.

People's needs were met by staff that were effectively supervised. The manager told us that since they had recently taken up post they had made it a priority that all staff received individual supervision, to ensure they were fully supported to carry out their duties effectively. Most of the staff we spoke with told us they had received one to one supervision with their line managers. We saw that dates for staff supervision meetings were planned between the staff and their line managers.

People had access to advice and support from health and social care professionals. During the inspection we spoke with a visiting heath care professional they told us there had been an increase in the number of people acquiring skin pressure damage. We spoke to the manager about this and they confirmed there were three people living at the home that currently required pressure care treatment. The manager also told us that recent training had taken place on pressure area care.

Good

Is the service caring?

Our findings

People received care from staff that treated them with respect and dignity. People said they were generally pleased with the care and support they received from the staff. One person said, "The staff are lovely, they look after us, we have a sing song sometimes." A family member said "We were told this is [relatives] home and we are always welcome and we can help ourselves to drink and biscuits, this makes us feel comfortable." One member of staff said, "It's really important people's dignity is always maintained, when we assist people with personal care. It was very much stressed to us on our induction training." During the inspection we observed visiting relatives were made welcome and encouraged to help themselves to hot and cold drinks and snacks to have with their relatives during their visit.

People were involved in making decisions and planning their own care. People told us they had spoken with staff about their needs and how they wanted their care to be provided. We saw that each person was asked whether they wanted to share with staff information about their past and the things that were important to them in their lives. The information went towards each person having a life history profile put in place. The aim was so that the person's care could be tailored to their specific needs and preferences.

People said they had good relationships with the staff team and staff knew the individual needs of people and their life histories. For example, one person became distressed and the staff reassured them through talking about their previous work and the pets they had owned and loved. This information was available within the person's care plan, which stated when the person showed signs of distress and a way of easing their distress was for staff to sit and reminisce with them about their pets and working life.

We observed staff responded to peoples requests for assistance. For example, one person became worried because they couldn't find their spectacles; a member of staff went to the person's room and found them for the person. Another person commented they felt cold, a member of staff asked if they wanted to put a jumper on, the person said yes and the member of staff went with them to help to their bedroom to help them choose a jumper they wanted to put on.

We saw people comfortably approach staff to talk about day to day events particular to them. The staff stopped what they were doing and gave people their full attention; the conversations were relaxed and upbeat. One relative said "The staff are very caring, they have a good banter with mum as she can be quite cheeky at times." We heard staff asking people whether they wanted to spend their time, in their rooms or in the communal areas of the home, whether they wanted the television or radio on, which DVD they wanted to watch and offered people choices of hot and cold drinks.

Over lunchtime observations the staff encouraged people to be as independent as possible with eating and drinking. Where people were able to do so, they took their own plates and cutlery over to the kitchen area, this was acknowledged by staff who thanked them.

Good

Is the service responsive?

Our findings

People's care and support needs was set out in a written care plan that described what staff need to do to make sure personalised care was provided. There was also brief information available about people's life histories, past and present hobbies and interests. However the life history information could have benefitted from having more detail, to thoroughly reflect people's individuality and their choices and preferences.

People's changing care needs were identified and are regularly reviewed with the involvement of the person. People told us they had been involved in discussing their care needs initially on admission to the home and on an ongoing basis with staff. The care plans we viewed had information from a pre admission assessment that had been carried out before the people came to live at the home and the views of people's family representatives had been sought.

The staff recognised the importance of people having social contact and companionship and people were supported to engage in occupational and recreational activities. We spent time with a group of nine people who had taken part in a sing a long that had been led by the homes activity person. All the people said they liked to get together; they spoke of taking part in group activities, such as, flower arranging, pottery, exercise classes, jewellery making, bingo and skittles. They also spoke of how they had enjoyed the homes open day that had been held earlier in the year, and how they were looking forward to the next one. One person said they had enjoyed making Easter cards to give to their family. We also spoke with people who were spending time in their bedroom, they all said they preferred to spend time in their rooms and it was their preference. One person said, "The staff do come and ask me if I want to come out, but I'm not the sort of person that likes being in a group, I prefer my own company, I like watching the television."

The service had strong links with the local community and people were able to keep relationships that mattered to them, such as family, community and other social links. The home employed two activity staff one of whom said, "I find my job very rewarding, the residents feel like a second family to me. I like it when I get good feedback from family members it makes me feel proud that they think I do a good job." They told us they also supported some people living at the home to keep in touch with relatives who lived far away or abroad, through the use of internet video calls. They said they arranged for a variety of activities for people to take part in the community, such as, carpet bowls and going to the bingo sessions held at the local bowling club. The activity person and the people told us about how they had taken taking part in the National Care Homes Open Day held on 20 June 2014 and they were looking forward to doing so again this year. People also told us they enjoyed children visiting the home from local schools and groups especially over the Easter and Christmas periods.

People told us that a dog came to visit them through the pets for active therapy dog (PAT) dog scheme. People told us they looked forward to the PAT dog visits, one person said, "He is a lovely boy, I love to see him, it really brightens up my day."

We saw that a professional holistic therapist visited people at the home and there was a dedicated therapy room and a hair dressing salon. The salon was in use on the day of our inspection and we observed good interactions between people living at the home and staff as people were complemented on how nice their hair looked.

During our inspection we heard music was being played within people's bedrooms and in the communal areas of the home. The music was from eras which appeared suited to the generation of the people living at the home and people appeared to like listening to the music.

The service listened to people's experiences, concerns and complaints; they were taken seriously and responded to appropriately. People told us they knew how to raise complaints and knew who to speak to if they were unhappy with any aspect of their care. One person told us they did know how to complain and told us of something that had happened the previous day to our inspection. They said that although they did know how to make a complaint they had not done so, they said they were waiting for the manager to come to see them first. Given the nature of their compliant and with the person's permission we made the manager aware of the situation. The manager visited the person and dealt with their complaint swiftly.

One family member said, "I know how to make a complaint and I have done so recently." They said their complaint had been taken seriously by the manager and changes had been made to their satisfaction. All of the staff we spoke with said they had confidence in the new manager and that

Good

Is the service responsive?

complaints would be dealt with appropriately. One member of staff said, “The new manager is very easy to approach, I feel I could go to her with anything that was bothering me.”

We looked at records of complaints and saw that the manager had responded in accordance with the organisations complaints policy.

Requires improvement

Is the service well-led?

Our findings

The registered manager had left the home in October 2014 and between October 2014 and December 2014 interim management arrangements had been put in place. Since January 2015 a new manager had been in post although they had yet to be registered. 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 and associated Regulations about how the service is run.

Since their appointment in January 2015 the manager had made significant improvements to the culture and management of the service and was open and transparent with people, visitors and staff. Comments from staff and visitors about the appointment of the new manager were positive, saying she was very approachable, caring and listened to their feedback.

Management systems had been implemented to provide staff with consistent leadership and direction. Staff supervision meetings had been introduced and time had been spent observing staff practice. Overall the manager had a good understanding of people's needs to ensure good standards of care and understood the key challenges faced within the home, these included a full review of staffing levels, the past reliance on agency staff and the need for recruitment of more staff and the quality of staff training to ensure all staff received training to ensure they could carry out their roles and responsibilities safely.

Staff reflected on the change in the culture of the service and referred to the manager in a positive way. One member of staff said, "This is the best manager we have ever had." Another said, The manager is approachable, she and the deputy manager know us well. There is good care here and the standards are good." Another member of staff said, "This manager listens to us and has turned the home around, both the manager and deputy are brilliant. We now have good working relationships and there is a good atmosphere," Another staff member gave an example of when they had been able to make changes to influence the service. This had involved changing the position of furniture within one of the units so that people had more room to move about, which had resulted in a reduction in the number of falls.

The manager told us they had inherited a quality assurance system that had not been consistently applied. Therefore some records prior to January 2015 were not available for us to view on the inspection. The manager was open and transparent in relation to the service development needs and the actions they had taken to address these. We looked at records of quality audits since January 2015 and found that appropriate monitoring systems were in place to report on the number of people assessed at nutritional at risk, people at risk of pressure ulcerations and those at high risk of falls.

We also saw that audits of the environment where submitted to the provider, along with information related to the quality of people's lives. The manager used the information to check safety at the home and to focus improvement activity. For example, the information helped them to analyse the falls risks and put in place control measures to further reduce the risks. The manager told us that the number of falls had reduced over the last few months and the severity was now assessed as low.

We saw that checks made to the safety of the premises were completed regularly. They included health and safety, food hygiene, the use of cleaning products and checks to the fire system and fire fighting equipment.

Weekly visits also took place by a senior representative from within the organisation to support and oversee the management of the service. The visits included assessing staff sickness and staff recruitment, speaking with people living at the home, staff and visitors and observations of staff interactions.

A resident satisfaction survey had recently been undertaken to enable people to feedback their opinion about the service. However the results of the survey were not available as they were yet to be calibrated. The manager told us that food choices and activities were identified as areas requiring improvement. They told us they had already addressed these at residents meetings and plans had been put in place to introduce a new seasonal menu and move the time of the main meal of the day to early evening. They also told us the provision of an activity person had also been increased to from five days to seven days per week.

People and staff who raised concerns, including whistle-blowers were supported. We saw that since taking up post the manager had worked hard on gaining the trust

Requires improvement

Is the service well-led?

and confidence of people using the service, visitors and staff in assuring them that any issues they raised would be fully dealt with following the safeguarding and whistle blowing procedures. The staff told us they were confident that any safeguarding matters they raised with the manager would be acted on without any fear of recrimination.