

# Community Integrated Care Sewells

## Inspection report

6a Sewells  
Welwyn Garden City  
Hertfordshire  
AL8 7AQ

Tel: 01707321344  
Website: [www.lot-uk.org.uk](http://www.lot-uk.org.uk)

Date of inspection visit:  
02 March 2023

Date of publication:  
20 March 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Sewells is a residential care home providing personal care to 3 people at the time of the inspection. The service can support up to 7 people.

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

#### Right 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. The policies and systems in the service supported this practice.

Staff supported people to access specialist health and social care support in the community. People were supported safely with medicines. The staff team was appropriately trained to meet people's needs.

People were safeguarded from abuse and staff were knowledgeable about how to support people safely. Accidents and incidents were recorded and shared with staff to promote learning.

People were supported to pursue their long-term aspirations and we observed meaningful interaction with people.

Staff had the skills and training to recognise and support a person when they were feeling overwhelmed or distressed.

#### Right Care:

People were supported by caring and kind staff. Staff knew people very well and knew their likes and dislikes. Positive relationships were noted between staff and people. People said staff were kind to them and we observed staff interact with people kindly,

The provider and manager had worked to change the culture at the home to one of empowerment for people where staff truly promoted people's individuality, protected their rights and enabled them to develop and flourish.

Staff had received some sector specific training to enable them to meet the needs of people and to keep

them safe from the risk of harm.

People's care and support plans reflected their range of support needs.

#### Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People had assessments in place to identify risks they faced and to guide staff to manage these. Staff were knowledgeable about the content of these risk assessments and the actions they needed to take.

People were supported by staff who had received training and competency assessments to meet their support needs. People were supported by staff who understood best practice in relation to supporting people with a learning disability.

Relatives, people and staff spoke highly of the manager and said how the culture has changed in response to the support and guidance they have provided.

The providers quality assurance system helped to ensure people lived in a service with the right culture and approach to help them live their lives without discrimination or judgement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service was Inadequate published on 27 October 2022 and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced inspection of this service on 30 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff training and support, personalised care and governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sewells on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Sewells

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by 2 inspectors.

#### Service and service type

Sewells is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sewells is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. As well as speaking with people we observed staff interactions and people's body language whilst in their home. We spoke with 6 staff which included the regional manager, the manager and support workers. We reviewed a range of records. This included 2 people's care records and medication records. We also reviewed a variety of records relating to the management of the service, including the provider's governance systems, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our previous inspection in August and September 2022 risks to people's safety and wellbeing were not effectively managed, and systems were not robust enough to demonstrate safety was effectively managed within the home. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008. We issued a warning notice for this breach. At this inspection, we found enough improvement had been made to meet the requirements of the warning notice and the provider was no longer in breach of regulation 12.

- People's risk assessments included the detail necessary to help ensure they received the support they needed.
- Risks to people's safety and wellbeing were managed effectively. For example, risk assessments were completed where people were at risk of developing pressure sores or where were at risk of choking. Staff were knowledgeable about the risks people faced in their daily lives. For example, staff members were able to describe the texture a person's food needed to be to help maintain their safety and reduce the risk from choking.
- People who needed support to move had clear and up to date moving and handling risk assessments. The staff team had the training to support safe moving and handling and their competency had been assessed in this area. We observed staff encouraging a person's independence and using safe moving and handling techniques.
- Staff recognised signs when people experienced emotional distress. Risk assessments gave clear guidance to staff to enable them to support the person in the way they needed.
- Safeguarding and emerging risks were reported to management and appropriately investigated. This meant people were protected from the risk of abuse. A staff member told us, "When I have concerns about a person the manager is always open and we will talk together about the next steps."
- Accidents and incidents were tracked and monitored. The manager had clear oversight of any trends or themes emerging to enable prompt and effective investigation.
- Lessons learned from accidents, incidents, complaints or inspections were shared with the staff team at team meetings. This gave the staff team the opportunity for shared learning or reflection. This helped to reduce the risk of people receiving poor care or support. A staff member told us, "The manager speaks to us all in team meetings and supervisions about lessons learned and how we can improve things if we need to."
- People and relatives said staff provided safe care. One person said, "My goal is to be able to walk again; I feel safe when they (staff) help me use the hoist."



## Using medicines safely

At our previous inspection in August and September 2022 the provider had failed to ensure staff were adequately trained. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach. At this inspection, we found enough improvement had been made to meet the requirements of the warning notice and the provider was no longer in breach of regulation 18.

- Staff had received training to support them to safely administer people's medicines. Staff competency to administer medicines safely had been assessed by a person with the appropriate skills to do so. This meant people were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's medicines were stored securely, and their care plans included up to date information about how to support people with their medicines.
- People had their medicines when they needed them. For example, a person said they had a headache and asked for some paracetamol. Staff supported this person to administer the medicines safely.
- Support plans included details of the help people needed to take their medicines. Daily checks were completed to help ensure people had been supported to take their medicines as prescribed.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines and ensured that people's medicines were reviewed by prescribers in line with these principles.

## Staffing and recruitment

- There were enough staff deployed to keep people safe. We observed staff chatting with people and meeting their physical and emotional support needs as they arose.
- The provider operated a safe recruitment process; appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's relatives told us there were enough skilled, kind and caring staff to support people. One relative told us, "Staff are always very attentive and seem to be knowledgeable about [person] and their needs."

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

## Visiting in care homes

- People were able to see their relatives or friends if they wanted to and there were no restrictions on this.

# 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our previous inspection in August and September 2022 the provider had failed to ensure people received person-centred care, had their nutritional and hydration needs and individual goals and aspirations met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- Staff ensured people were supported safely when eating and drinking. External professional guidance was in place for staff to follow where people were at the risk of choking. We saw people were supported to sit upright when eating to support better swallowing reflexes. Staff were able to clearly describe people's support needs around their modified foods.
- People were supported to have an adequate fluid intake to support good health.
- Staff told us the manager ensured people had referrals for professional involvement when required.
- Where people had declined support with personal care the manager had worked closely with them until they were comfortable to be supported with intimate care.

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

- Care and support plans reflected people's needs and aspirations. Risks to people's health were identified and strategies were included for staff to manage these risks. For example, using a hoist to support a person to safely transfer or how to support a person to maintain their skin integrity.
- Staff had received training to give them the skills to support people in line with best practice and guidance. For example, a person had a positive behaviour support (PBS) plan in place. The staff team had received training in PBS which meant they all used the same approach when supporting the person. This had a positive outcome for the person because staff supported them in a consistent manner which reduced the person's stress and anxiety.
- Care plans included information about people's long-term aspirations and people were encouraged to explore freedom, choice and control over their lives. One person had been supported in bed for a significant period. They now had the equipment they needed to support them to leave their bedroom. They told us they were very excited to start living their life in the way they wanted.

- People were supported in a variety of ways to be involved in developing their care plans and understanding what was written about them daily.

#### Staff support: induction, training, skills and experience

At our previous inspection in August and September 2022 the provider had failed to ensure staff were adequately trained. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach. At this inspection, we found enough improvement had been made to meet the requirements of the warning notice and the provider was no longer in breach of regulation 18.

- People were supported by staff who had the relevant training. Records showed, and staff confirmed they had received training in areas including, moving and handling, positive behaviour support and training where people were at risk of choking. This meant people's safety and wellbeing was promoted.
- Staff told us, "We are all a team; we are getting told the same thing which has helped as people we support do not get angry at us or confused. We all have the same training, which helps. We are not being told different things."
- The provider ensured they met best practice when supporting people with learning disability and autism because staff members had received training in this area.

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

- Since the last inspection visit the provider had continued working to improve the environment people lived in. The communal lounge area was now a pleasant place for people to spend their time relaxing or enjoying their individual activities. The manager told us of further planned improvements to the environment such as changing some furniture in the dining room and developing the garden.
- People confirmed their views and opinions were sought and listened to regarding any changes to their home. For example, at the last inspection one person said they wanted to have a mirror in the bathroom, and this has been completed.
- People's bedrooms were clean and fresh and were decorated to reflect the personality of the individuals. A person told us, "I like my bedroom the way it is. I get to choose what I want, and staff help me."
- There were some posters and publications on the wall in the communal dining room. The manager advised the local authority expected to see these documents on display in the home. However, it was agreed this did not reflect a homely environment and had no purpose in maintaining people's safety and wellbeing. The manager agreed to move these documents to the office where they did not impact on the homely feel of the environment.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations

were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our previous inspection in August and September 2022 the provider had failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider had failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach. At this inspection, we found enough improvement had been made to meet the requirements of the warning notice and the provider was no longer in breach of regulation 17.

- The manager was preparing to submit their application to be registered with CQC. The lack of a registered manager limits the rating for the well-led section of the report.
- Since the last inspection in August 2022 the provider had met with the local authority and the Care Quality Commission to outline their goals and actions to bring about improvements in a timely manner for the benefit of the people using the service.
- The manager and provider had continued to develop systems to improve oversight of the service and to monitor the quality of care and support people received. Regular monitoring was now in place which was effective in highlighting any shortfalls. For example, the manager had identified that staff had not always used appropriate wording in some records. To address this some additional training had been provided.
- The manager had continued to develop a system to capture lessons learnt from accidents, incidents and complaints. The outcome of this was shared with staff at team meetings. This meant staff were now able to reflect on their practice and make changes for the better.
- The manager reviewed any accidents or incidents occurring in the home in order to assess if any changes were needed to help prevent recurrence.
- Staff training and competency assessments had been undertaken and all staff were clear about their roles and responsibilities. Staff spoke about individual people with knowledge and understanding without having to refer to support plans. One staff member told us, "[Manager] makes us part of the team, we are not different, there does not feel like there is a hierarchy. I feel supported. "

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

- Staff knew people well and interacted with people in a kind and respectful way.
- Staff told us there had been a big change in how the team worked together. Staff said morale was much better now and they all felt part of an integrated team. One staff member said, "I have noticed a significant change in the last 6 months, the agency staff are now joining us for face to face training which is good and they do a lot for the people too and are included in every aspect of the care and practices that we do here at Sewells, there is a real team feeling."
- The manager shared how the staff team were aiming to support people with their longer-term goals and aspirations. For example, how people could be supported to forge and maintain relationships outside the home.
- The provider had introduced a structured governance system whereby anyone from the senior management team could have oversight of the service at any time.
- The provider and manager were aware of their responsibilities under the duty of candour. Staff were aware of the provider's whistle blowing policy and knew how they could use this to raise concerns.

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

- The provider had commissioned an independent feedback survey to be conducted by a local care provider's association. This was in progress at the time of the inspection and sought feedback from people, their relatives, the staff team and external professionals.
- Relatives felt they were able to talk to the management if they needed too. One relative said, "We had a long chat with the manager at our last visit and got the very real sense she is in charge." Another relative told us, "Sewells is a lovely place with good carers and as far as I am concerned it is "top notch"."
- The manager held regular team meetings to share information and to gain the views of staff and to have discussions about the service.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- The manager gave examples of how they had regular input from other professions to achieve good outcomes for people.