

The Community of St Antony & St Elias

# The Community of St Antony & St Elias - 2 Seymour Terrace

## Inspection report

2 Seymour Terrace  
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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Inspected but not rated**

Is the service effective?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

2 Seymour Terrace is a small care home that provides accommodation, personal care and support to a maximum of four people of working age who are experiencing severe and enduring mental health conditions. At the time of the inspection there were four people living at the home.

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

Not everyone living at the service wanted to share their views with us. One person described 2 Seymour Terrace as their home, they told us they felt safe, supported and had developed positive relationships with staff they trusted. Relatives we spoke with continued to express their confidence in the service, the staff and registered manager.

Whilst improvements had been made following the previous inspection in April 2019, the providers governance systems had not been effectively implemented in order to identify concerns or drive improvements. We have recommended the provider review its governance systems.

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; however, we found one person's care records did not support this practice fully as they contained inaccurate/misleading information. We have recommended the provider review all documentation to ensure that any restrictions placed on people living at the service have the appropriate legal authority in place.

Risks associated with people's care needs and the environment had been appropriately assessed and staff had been provided with information on how to support people safely.

People were supported to access a range of health professionals to enable them to live healthier lives.

Staff continued to receive the training and support they required to do their job.

People, relatives and staff had confidence in the registered manager and told us the service was well led.

We were assured the service were following safe infection prevention and control procedures to keep people safe. The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

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 this service was requires improvement (published 26 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do

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

#### Why we inspected

This was a planned inspection based on the previous rating. 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 Effective and Well-led which contain those requirements.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement 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 2 Seymour Terrace on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

We were assured the service were following safe infection prevention and control procedures to keep people safe.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

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## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

The inspection team consisted of one adult social care inspector.

#### Service and service type

2 Seymour Terrace is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection took place on 9 September 2020 and was announced. We announced the inspection the day

before we visited to discuss the safety of people, staff and inspectors with reference to the Covid 19 pandemic.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

#### During the inspection

We spoke with one person living at the home, the registered manager and a member of the providers senior management team. We asked the local authority, who commission care services from the service, for their views on the care and support provided.

To help us assess and understand how people's care needs were being met we reviewed three people's care records. We also reviewed a number of records relating to the running of the service. These included infection control, staff training, and records associated with the provider's quality assurance systems.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and received feedback from two relatives, and two staff members.

# Is the service safe?

## Our findings

For the purpose of this inspection we only reviewed how well are people protected by the prevention and control of infection under this key question.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

At the previous inspection in April 2019, we found improvements were needed to show the service was working within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice. For example, the service had worked with people to ensure they had control over their finances. One person described what this meant to have full control of their finances and told us it gave them reassurance to know they could seek staff support if needed.
- Staff had completed training in the MCA and had a clear understanding of how to apply it in their daily work.

At the previous inspection in April 2019, we found one person living at the service continued to have restrictions placed upon them, without a legal basis or framework in place to support these restrictions. Depriving someone of their liberty for the purpose of receiving care or treatment without lawful authority is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13. However, some improvements were still needed.

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). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.



- We found where restrictions had been placed on people's liberty to keep them safe, the registered manager had worked with external professionals and there was a legal framework in place to support these restrictions. However, we found records for one person living at the service continued to contain misleading and inaccurate information. For example, records for one person stated that 'the house manager or manager on call had the legal authority to suspend this person's access to the community at any time'. We discussed what we found with the registered manager and head of care who confirmed, this was not an accurate reflection of the current legal restrictions in place.

Whilst we did not find this person had been placed at a disadvantage and the registered manager gave us assurance this was historical information that should have been removed from the person's support plan; we recommend the provider reviews all documentation to ensure that any restrictions placed on people living at the service have the appropriate legal authority in place.

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

At the previous inspection in April 2019, we recommended the provider carried out a review of the specialist training provided to staff to ensure they had the right skills to undertake their roles. At this inspection we found this review had taken place and the provider had updated the services training policy accordingly.

- Staff continued to receive the training and support they required to do their job. The providers training matrix identified what training staff had undertaken and when updates in training were due.
- Staff were knowledgeable about people's care and support and people told us staff knew how to support them well.
- Staff continued to have opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported and valued by the registered manager and provider considering the current Coronavirus pandemic. One member of said "It's been tough at times but [registered managers name] has supported us throughout." The registered manager said, "There is a real sense that we are all [meaning people and staff] in this together and we have all supported each other".

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

##### Healthcare support

- People's physical, emotional and mental health needs continued to be assessed.
- Support plans provided staff with guidance about how to meet these needs in line with people's wishes. For example, in relation to support with nutrition and hydration and diabetes.
- People were encouraged and supported to engage with a range of healthcare services and the provider continued to employ a consultant psychiatrist who was available to see / speak with people on a regular basis and provide guidance to staff when needed.
- Regular care reviews and good communication ensured changes to people's needs were identified quickly and were well known and understood within the team.

##### Eating, drinking, balanced diet

- People continued to be supported and encouraged to be involved in the choosing, planning and preparation of their meals and made choices about the kind of foods they enjoyed. One person said, "I cook for myself every day, I enjoy cooking. I don't want to go into the supermarket at the minute with this 'Covid', so I give staff a list of what I need, and they get it for me."
- Staff knew people's food preferences well and were knowledgeable about how to support people who might historically have a difficult relationship with food and understood how this might impact on their mental and physical health.
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved, when required, to support people and staff.

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

- The design and layout of 2 Seymour Terrace House was suitable and appropriate to meet the needs of the people living there. The property was a spacious building, spread over three floors with a large rear garden, which was safe and accessible.
- People's bedrooms were personalised and reflected their individuality.
- Technology and equipment continued to be used effectively to meet people's care and support needs. For example, the key fob entry system and thumb scanner continued to provide people with greater freedom and increased security.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

At the previous inspection in April 2019, we found the provider had failed to ensure systems were operated effectively to ensure compliance with the regulations. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection whilst we found improvements had been made and the provider was no longer in breach of regulation 17, some improvements were still needed.

- Quality assurance processes such as audits, and regular reviews were in place to help ensure the registered manager had the information they needed to monitor the safety and quality of the care provided. Whilst improvements had addressed many of the concerns we had previously found in relation to physical intervention, window restriction and MCA. Some records were not accurate and the process in place could not be relied upon to identify and make improvements. For example, a support plan review undertaken by the registered manager in May 2020 had failed to recognise the document contained a number of misleading/inaccurate statements relating to restrictions which did not have a legal framework.

While action has been taken following the inspection to address this; we recommend the service reviews its processes to ensure the delivery of high-quality care and support, which promotes a positive, person-centred culture and achieves good outcomes for people.

- The management and staff structure continued to provide clear lines of accountability and staff were clear about their role and what was expected from them.
- The registered manager was aware of their legal responsibilities and regulatory requirements to provide CQC with important information.
- We were assured the service were following safe infection prevention and control procedures to keep people safe. The service was clean, tidy and systems were in place to prevent and control the risk of infection.

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

- People, staff and relatives had confidence in the registered manager and told us the service was well

managed. One person said, "[registered managers name] has really helped me, he's alright and enjoys banter." A relative said, "They know and understand [person's name] and only want what's best for him. They understand what works for him to remain well." Staff said the registered manager led by example and was a positive role model and committed to ensuring people's best interest were looked after."

- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Relatives told us communication with the service was good, they were kept up to date if any changes occurred, and the registered manager had always been open and honest with them.
- Learning took place from accidents and incidents and concerns / complaints were listened to and acted upon.

Engaging and involving people using the service, the public and staff: Working in partnership with others

- The registered manager continued to meet regularly with other managers within the group virtually. This enabled them to share ideas and keep up to date with changes in practice.
- People and those important to them had opportunities to feedback their views about the quality of the service they received.
- The registered manager described an 'open door' approach, meaning people, staff and relatives were able to raise any issues or questions at any time.
- Regular handovers took place to ensure important information was shared.
- Staff told us they felt supported and valued by the registered manager. One person said, "Their door is always open, [registered managers name] always make time for us when we need it."
- The service was actively working in partnership with people, staff and visitors reducing risks associated with the catching and or transmission of Coronavirus. For example, hand gel, and face masks were readily available, and all visitors had to complete a risk assessment in relation to their health as well as any potential exposure to coronavirus prior to visiting the service.
- People told us they felt informed and involved in reducing risks to themselves and others.
- The service had continued to develop positive working relationships with other health and social care professionals which meant advice and support could be accessed as required.