Seely Hirst House

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Inspection report

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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?	**Good**

Summary of findings

Overall summary

We inspected Seely Hirst House on 24 August and 7 September 2017. The inspection was unannounced. The home is situated in Mapperley, Nottingham and is operated by Seely Hirst House. The service is registered to provide accommodation for a maximum of 38 older people some of whom are living with a dementia related condition. At the time of our inspection 34 people lived in the home. Seely Hirst House has operated as a residential care home since 1948. In 2016 the provider made some changes to the legal status of the company. This was the first time we inspected Seely Hirst House as a limited company.

The service had a registered manager in place at the time of our inspection. 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.

During this inspection we found that effective action had not always been taken to protect people from the risk of harm resulting from other people's behaviour. The majority of risks associated with people's care and support were managed effectively. However, we found that equipment was not always used correctly, but swift action was taken to address this.

People's medicines were stored and managed safely and people received their medicines as prescribed. There were enough staff to provide care and support to people when they needed it and safe recruitment practices were followed.

Improvements were required to ensure that people's rights under the Mental Capacity Act 2005 were respected at all times. Where people had capacity they were encouraged to make decisions about their care and support. People were supported by staff who had not always received adequate training. However, we did not see any impact of this during our inspection and staff we were competent and knowledgeable. Staff were provided with regular supervision and support.

People's day to day health needs were met and they had access to specialist nursing advice. However, there was a risk that people may not receive appropriate support with specific health conditions as care plans did not consistently contain sufficient detail of people's health conditions. People were supported to eat and drink enough and were offered choice, but we found that some improvements were needed to ensure staff provided people with assistance to eat in a timely manner.

Staff understood how people who used the service communicated and supported them to maintain their independence. People had access to advocacy services if they required this to express their views. Staff understood the importance of treating people with kindness, dignity and respect and we observed this in practice. People and their families were supported with care and compassion at the end of their lives.

Staff had a good knowledge of people's need and people told us they received the support they required. People were provided with opportunities for social activity and were supported to access the local community. People's diverse needs were recognised and accommodated. There were systems in place to gain feedback from people who used the service and to respond to and investigate complaints.

There were systems and processes in place to ensure the safe and effective running of the service. Staff felt supported in their roles and were confident to raise concerns or make suggestions about how to improve the service. Feedback and suggestions from people and their families was used to drive development and improvement at the service.

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 consistently safe.

Effective action was not always taken to protect people from risks posed by other people who used the service.

Risks associated with people's care and support were, on the whole, managed effectively. Equipment was not always used correctly, but swift action was taken to address this.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it and safe recruitment practices were followed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights under the Mental Capacity Act (2005) were not always respected. Where people had capacity to make decisions they were involved in choices about their care and support.

People were supported by staff who had not always received adequate training. Staff were provided with regular supervision and support.

People's day to day health needs were met and they had access to specialist nursing advice. However, there was a risk that people may not receive appropriate support with specific health conditions.

People were provided with a choice of what to eat and drink. On the whole, people were supported to eat and drink enough.

Is the service caring?

Good

The service was caring.

People received compassionate care from staff who knew them

and cared about their wellbeing. People were treated with dignity and had their right to privacy respected.

People were involved making choices relating to their care and were supported to maintain their independence. People had access to advocacy services if they required this.

People and their families were supported with care and compassion at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their needs and respected their preferences.

People were provided with opportunities for social activity and were supported to access the local community. People's diverse needs were recognised and accommodated.

People were supported to provide feedback and raise issues and staff knew how to deal with concerns and complaints.

Is the service well-led?

Good

The service was well led.

Systems in place to monitor and improve the quality and safety of the service were in place, some required further development and this was underway.

People who used the service and their families were offered opportunities to provide feedback on the service and this was used to drive improvement.

Staff felt supported and were involved in giving their views on how the service was run.

Seely Hirst House

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.

We inspected the service on 24 August and 7 September 2017. The inspection was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law such as such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

During our inspection visit we spoke with 12 people who used the service and two relatives. We spoke with four members of care staff, the activity coordinator, the assistant manager, the deputy manager and the registered manager. We also spoke with a visiting health professional.

To help us assess how people's care needs were being met we reviewed seven people's care records and other information, for example their risk assessments. We also looked at the medicines records of four people, three staff recruitment files, training records and a range of records relating to the running of the service for example audits and complaints.

We carried out general observations of care and support also looked at the interactions between staff and people. In addition to this we 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.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe and this was also reflected in the comments from people's relatives. One person told us, "Yes I do feel safe here. If I had any concerns I would talk to the staff." Another person commented, "I like living here. I feel safe because I'm looked after." One relative told us, "I have no problems [relation] is safe here." Despite this positive feedback, we found that some improvements were required to ensure that people were protected from harm.

Staff and managers had a good knowledge of the principles of safeguarding adults, were aware of what action to take should they have concerns and had made appropriate referrals to the local authority safeguarding adults team. However, we found that effective action had not always been taken to implement recommendations resulting from safeguarding investigations. A recent safeguarding investigation had made specific recommendations about actions required to safeguard people from the behaviour of a person who used the service. Recommendations had been made by the local safeguarding team about how to protect other people who used the service. This included ensuring the person was supervised for approximately 80% of the time. Whilst we saw that this guidance had been reflected in the person care plan it was unclear what measures were in place to ensure the safety of other vulnerable residents for the times they were not observed by staff. During our inspection we observed that the person was left unattended with other vulnerable adults in communal areas for periods of around one to two minutes. It was unclear what measures were in place to protect others during these periods, or to monitor the level of observation in place. We spoke with a member of staff and found that they did not have a clear understanding of what was expected of them in terms of observing this person or mitigating risks to others. This meant we were not assured that all reasonable steps had been taken to protect people from harm. Following our inspection the registered manager informed us that action had been taken to update the person's care plan.

People were not always protected from risks associated with their care and support as equipment in place to reduce the risk of pressure ulcers was not always used correctly. A number of people had a specialist mattress to reduce the risk of skin damage. We found that two of these mattresses were not set appropriately, which may have reduced their effectiveness. This failure to ensure the proper use of pressure relieving equipment put people at risk of developing pressure ulcers. The registered manager took immediate action to address this and, after our inspection visit, they informed us about measures they had put in place to ensure that staff had the skills and knowledge to use equipment appropriately.

We found that in other areas risks associated with people's care and support were managed effectively. Plans were in place which detailed risks relating to people's care and support and how these risks should be managed. For example, when people had been assessed as being at risk of falls, preventative measures were in place. Mobility aids were left within people's reach and equipment was in place in people's rooms to reduce the possibility of falls and lessen the impact of potential falls. Patterns of falls were analysed and action was taken to reduce the likelihood of future incidents.

People were protected from risks associated with the environment. We saw there were systems in place to assess and ensure the safety of the service in areas such as fire and legionella and control measures were in

place to reduce these risks. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency such as a fire.

We received mixed feedback about staffing levels at Seely Hirst House. Whilst some people told us that they felt there were enough staff other people told us there were times when they had to wait for support. One person who used the service told us, "There have been problems because there hasn't been enough staff but they always do their best." Another person commented, "I don't think that there are enough staff. The staff could be more efficient." A third person said, "Sometimes I do have to wait a while but it's not usually very long." Despite this, everyone agreed that there were enough staff available to keep them safe this was a view shared by people's relatives.

We found that there were enough staff available to meet people's needs. The registered manager explained that staffing levels were under continuous review and were responsive to changes in people's needs and feedback from staff. As well as care staff there was an activities coordinator present throughout the day who provided support to people as needed. The provider also employed staff in other roles, such as a meal time assistant and a bed maker. This meant that care staff could focus on providing support to people. There was an alarm system in place to enable staff to alert the management team to the need for extra support at busy times. The registered manager told us they often helped out and this was confirmed by staff. This meant there were enough staff available to ensure people's safety and meet their needs.

People could be assured that safe recruitment practices were followed. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People and their relatives told us that they got their medicines as needed. One person told us, "My medication is done correctly." We found that medicines were well organised and stored safely. The majority of medicines records were completed accurately to demonstrate that people had been given their medicines as prescribed. We found two occasions where the amount of medicine in stock did not match the records which meant we could not ascertain if the people had been given their medicines as prescribed. We shared this with the management team who informed us that action would be taken to address this.

Staff had their competency to administer medicines assessed regularly to ensure they were keeping up to date with good practice. We observed a member of staff administering medicines and they followed safe practice. A member of staff had 14 hours per week designated to ensure the safe use of medicines and we saw evidence that they carried out regular audits to ensure medicines were being managed safely and these were effective in identifying issues.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

People's rights under the MCA were not always protected as the principles of the Act were not correctly applied at all times. Mental capacity assessments and best interest decisions were not always in place as required. For example, one person had a sensor on their bedroom door to ensure their safety. Records showed they lacked capacity to make decisions of a similar nature, however, there was no mental capacity assessment or recorded best interests decision to evidence that the movement sensor was in the person's best interests or the least restrictive option. We also found that information about consent in some people's care plans was confusing. For instance, another person's care plan stated that they had 'an impairment of the mind or brain' and to 'ensure decisions are made in [person's] best interests' but there were no decision specific mental capacity assessments in place. We viewed a consent form which was signed by this person giving consent for the use of photographs, however the information in their care plan indicated they may lack capacity to consent to a decision of this nature. This meant there was a risk that people's rights under the MCA may not be respected.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team had made applications for DoLS as required, where these had been granted the management team had an awareness of the conditions and had ensured these were complied with. For example, one person's DoLS authorisation stated that advice must be sought regarding the necessity of some strong medicines the person was on. We saw this had been completed and as a consequence the person was no longer on this medicine.

Where people had capacity they were supported to make decisions on a day to day basis and this was reflected in the feedback we had from people who used the service. One person told us, "I am supported by the staff in the choices that I make. They listen to what I have to say." Another person said, "I am listened to. I only have to ask and I can make my own choices." We observed staff enabling people to make informed choices and gaining their consent throughout our inspection visit.

People told us they felt that staff were well trained and competent. One person's relative told us, "I think that the staff are well trained and they know what they are doing." The relative of another person commented, "I do believe that the staff are trained and well qualified." Staff we spoke with told us they had found their training useful and felt that the training they received was good quality.

Despite this positive feedback, training records showed there were a significant number of staff whose training was out of date in key areas such as medicines management, moving and handling and fire safety. For example, records showed that 22 staff did not have any recent training in moving and handling as previous training had expired. Although we did not find evidence that this had an impact on people who used the service, the lack of training placed people at risk of receiving unsafe support. We discussed this with the deputy manager who told us that they had experienced some recent difficulties due to changes in the staff team. They told us they were in the process of making improvements; such as employing a new trainer and booking staff on to courses. Following our inspection visit the registered manager provided us with updated training records to show that they were in the process to ensuring that all staff were fully trained.

New staff were provided with an induction period when they starting work at the service and recently recruited staff we spoke with told us they felt competent following this. The registered manager told us that staff induction included training and shadowing of experienced staff. New staff also completed the Care Certificate when starting work at the service. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. Staff told us that they felt supported and records showed they had received regular supervision and appraisal of their work.

People told us they received effective support in relation to their health and we found that they were supported with their day to day healthcare needs. One person told us, "If I need a doctor I see one. They do look after us." People were given support to attend regular appointments and to get their health checked. Staff sought advice from external professionals when people's health and support needs changed. Records showed that referrals were made to external physical and mental health specialist teams when advice and support was needed. We saw the advice received was included in people's support plans and acted on. We received positive feedback from a visiting health professional who told us, "They're good here, the carers always stay with people whilst we are treating them, they are really helpful like that. They help us with our assessments too."

Seely Hirst House was part of an NHS vanguard (an initiative to improve services for older people in care homes) and as a consequence they were piloting a 'telemedicine' system. This gave the service access to 24 hour nursing support over the phone or internet. The registered manager told us that staff used this service frequently to access specialist advice about people's changing health needs or specific incidents such as falls. For example, records showed that staff had identified a change in a person's well-being and consulted the telemedicine team. The telemedicine staff advised on a course of action which resulted in the person being admitted to hospital.

We found that when people had specific health conditions care plans did not always contain adequate detail in order for staff to provide effective support. For example one person had a long term condition which effected their balance and hearing. However, there was no information about this in the person's care plan. This placed people at risk of not receiving the required support. We shared this with the management team who acknowledged this and informed us that action would be taken to address this.

People who used the service and their relatives were positive about the food served at Seely Hirst House and told us they were offered a choice and had enough to eat and drink. One person told us, "The food is good here. I have enough and I like my meals. We get enough drink." Another person said, "I get enough to eat. If I have made a food choice I can always change my mind if I want to." The relative of one person told us, "There is food and drink available at any time of the day. [Relation] does have the chance to choose their food."

During our inspection visit we observed a meal time and saw that people appeared to enjoy their food. We saw that people were offered a choice of freshly cooked food and there were cold and hot drinks available throughout the day. People who chose to eat in their bedrooms were offered timely assistance. People's diverse needs were identified and catered for. For example, one person who used the service had specific cultural requirements relating their food. The registered manager told us that a member of staff from the same cultural background prepared food for them and the person confirmed they were served food in line with their preferences. This showed us that people had enough to eat and drink and were provided with choices.

We found that on the whole people were supported to maintain their nutrition and hydration and were protected from the risk of unplanned weight-loss. Care plans contained clear information about people's nutritional and hydration needs and both care and catering staff members were knowledgeable about people's needs. However, throughout our inspection we observed occasions where staff were not responsive to people's needs in relation to eating and drinking. For example, we saw that one person pushed their plate away after eating only a very small amount of lunch although there were staff available they did not intervene to offer encouragement or assistance. After a period of approximately fifteen minutes the assistant manager intervened to offer the person an alternative option. This meant people did not always receive timely support to ensure sufficient nutritional intake.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and respect. One person said, "I do think that the staff are kind and caring, they've been very good to me." Another person commented, "The staff are kind to me. They know me well." This was also reflected in comments from people's relatives. One relative said, "The staff are both kind and caring." Throughout our inspection visit we observed many positive interactions between staff and people living at the home. For example, we saw staff assisting one person to walk; they were gentle and encouraging in their approach saying, "Well done, you are doing really well." Staff acknowledged people as they walked around the home and were warm and friendly using physical touch to show affection towards people.

People received support that was based upon their individual needs and preferences. People's care plans contained information about the person's history, important relationships and their individual preferences. We observed that staff knew people well and had a good knowledge of people's individual support needs and their likes and dislikes. One person who lived at the home told us, "They know me. We have banter, we laugh and joke!" Another person commented "The staff know me, they know what I like and what I don't like." Care had been taken to ensure people's rooms were homely and personalised and people spoke about their bedrooms with pride. One person told us, "I like my room, I love it!"

Staff showed care and concern for people's wellbeing. Throughout our inspection visit we observed that staff were attentive and responded to people's needs. For example, one person had a fall in a communal area. Staff responded swiftly and provided support and reassurance whilst assessing the person's physical health. This resulted in the person remaining calm and relaxed in what could have been a distressing situation.

People told us they felt listened to and had the freedom to make choices. One person told us, "I tell the staff about myself. I feel listened to." Another person said, "I have the freedom to do what I want to do. All you have to do is ask or tell the staff. They're ever so good like that." People's care plans contained detailed information about their communication needs. Staff had a good understanding of each person's individual needs and tailored their communication to involve people in day to day decisions about their care and support. For example pictorial menus and flash cards were available to maximise people's decision making ability. The registered manager told us that people had access to an advocate if they wished to use one and there was information about advocacy displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our inspection but the registered manager explained they would make a referral for advocacy should the need arise.

People and their relatives told us that staff promoted and encouraged their independence. One person told us, "I do as much as I can for myself." There was information in people's care plans about what people were able to do for themselves and areas in which they needed prompting or assistance and we observed that staff encouraged and supported people to maximise their abilities and promote their independence. For example staff were assisting one person to move and approached them with their wheelchair, however; the

person began walking so the staff supported the person to walk instead, encouraging their physical independence and nurturing their confidence.

People and their relatives told us that staff respected their right to privacy. One person told us, "I am treated with respect and I am looked after," another person said, "They always knock the door before they come into my room." Staff were able to describe the measures they would take to ensure people's privacy and we observed that staff treated people in a respectful manner. For example, one person was being assisted by staff to transfer using a hoist, the staff members communicated with the person throughout and took action to protect the person's dignity. People's relatives told us that their loved ones could choose to spend time in private should they wish to and there were a number of quiet areas where people could spend time with their families if they chose. This meant people were treated with dignity and respect and had their right to privacy upheld.

People were treated with care and compassion when they were nearing the end of their life. Where appropriate staff had supported people to think about their wishes for end of life care and this was recorded in people's support plans. We spoke with the relatives of a person who had passed away at Seely Hirst House and they commented on the care and compassion shown by the staff team towards their loved one, they told us, "When [loved one] died here they (staff) were fabulous." The registered manager told us that they held an annual remembrance service to celebrate the lives of people who had passed away.

Good

Is the service responsive?

Our findings

Each person had a care plan which gave staff an oversight of their individual needs and preferences. Care plans contained information about the person's level of independence and areas where support from staff was required as well as information about people's communication and support needs. Care plans also contained person centred information about how people preferred to be cared for and we observed staff followed these in practice. For example, the care plan of one person stated they wanted their dessert to be served at the same time as their main course at mealtimes and we saw this preference was adhered to on the day of our visit. Whilst the majority of care plans contained detailed accurate information, we found that some care plans required further detail to ensure that people received consistent support which met their needs.

People who lived at Seely Hirst House and their relatives told us that staff understood their or their relations needs. One person told us "I get the care and support that I need." The relative of another person told us, "They have done their best to accommodate our [relation's] needs." Our conversations with and observations of staff demonstrated that they had a good knowledge of people's needs and preferences and used this to inform support. Where possible, people and their relatives were involved in planning their care and support and people's relatives told us they felt involved in their loved one's care. The relative of one person told us, "We do feel involved in [relation's] care. They (staff) are always calling us to talk."

People's diverse needs were recognised and accommodated. We saw evidence that time had been taken to learn about and cater for people's individual needs. For example, accommodations had been made for a person's whose first language was not English. A member of staff had been identified who spoke the same language as the person and we observed them conversing during our inspection visit.

During the course of our inspection we received concerns that some people were being assisted to get up very early in the morning to suit the needs of the service. During this inspection we did not find conclusive evidence to support this concern. On the second day of our inspection visit we arrived at the service at 6.20am, no one living at the home was up upon our arrival. We spoke with members of night staff who told us that they had sometimes felt pressure to assist people to get up earlier than they may wish, but, they also told us that despite this, staff always ensured they respected people's wishes or acted in what they believed to be their best interests. We also discussed this with the management team who informed us that additional recording and monitoring would be implemented to address these concerns.

People were offered opportunities for social activity and had meaningful ways to spend their time. People and their relatives spoke very positively about the range of opportunities available. One person told us, "I do join in with all of the activities." Another person said, "We have exercise today, I like that. The exercise helps me." A relative commented, "The activities are brilliant!" The provider employed two activity coordinators, they met with each person living at the home to discuss their social and recreational preferences and this information was used to inform the activities programme. The activity coordinator told us that a combination of individual and group activities were provided seven days a week and they endeavoured to ensure that activities were inclusive of as many people as possible. During our inspection visit we observed

people participating in a dance based activity. This was facilitated by an external fitness teacher who was skilled in encouraging and involving people in the group. They addressed each person by their name and had an understanding of each person's level of ability which they used to tailor their guidance to each individual. We saw that this resulted in a large number of people enjoying the benefits of physical activity. Other sessions included music, games and reminiscence and the activities coordinator told us that activities had a positive impact on people living at the home. For example, one person regularly chose not to get involved with group activities; however staff had used reminiscence materials from a local museum to support them to remember their childhood. This had resulted in the person responding to and communicating with staff.

People were encouraged to make use of the outdoor space at Seely Hirst House. There was a well maintained, accessible garden with a large summer house. People we spoke with clearly valued the garden space and commented positively on this, one person told us "I like to sit in the garden and watch the world go by." The registered manager explained how people who lacked the confidence or desire to leave the home enjoyed spending time relaxing in the summer house. The summer house was also utilised for events. The relative of one person told us about a recent event, "They had a Mad Hatter's tea party in the summer house; that was really good."

People were supported to access the local community. The activities team arranged individual and group trips out to local areas of interest such as boat trips and a local garden centre. One person spoke fondly about recent trip, they told us, "I was taken out into the town. We went to Nottingham by the seaside in the square. I had the most wonderful day, I really enjoyed it. I really appreciated them doing that for me." The registered manager informed us they had been working to build relationships with the local community. For example, links had been made with local tennis club and some people had started attending a ladies morning. This had resulted in people building relationships with members of the local community and each other.

People were supported to maintain relationships with friends and family. Throughout our inspection visit we saw that people's relatives and friends were welcomed into the home. The registered manager told us that there were visiting restrictions in place for a relative of someone living at the home but added that they were working on resolving this. People's relatives were positive about the atmosphere of the service and communication from the staff team. The relative of one person told us, "They always call us for discussions. They took [relation] out the other day and they called us to let us know so that we didn't visit. I thought that was very considerate." People also commented on relationships that they had developed with others living at the home. One person told us, "I enjoy talking to the other ladies here like [person's name], she's good to talk to."

People were provided with a range of ways to provide feedback on their experience of the service including suggestion cards and regular surveys. We also saw that online feedback websites were advertised in communal areas. People could be assured that any concerns they raised would be listened to and acted on. People we spoke with told us they did not currently have any complaints but said they would feel comfortable telling the staff or management team if they did. One person told us, "I always speak to [staff member] if anything worries me, they listen to me." A relative told us, "I am asked for my views on the service. I have raised concerns in the past and I was listened to and things have been put into place." There was a complaints procedure on display in the service informing people how they could make a complaint. Staff we spoke with were aware of the complaints procedure, their role in recording any concerns received and communicating these to the management team. We reviewed records of recent complaints and saw that they had been recorded and addressed. This meant the provider had a system to ensure complaints were appropriately managed.

Good

Is the service well-led?

Our findings

We observed a warm, homely and open atmosphere at Seely Hirst House. People spoke positively about the service they were getting and told us they were happy to be there. One person told us, "I like living here," another person commented, "I have no suggestions for improvement. I'm quite happy. I have no worries."

People who used the service and their families were supported to have a say in how the service was run. Regular meetings were held for people who used the service and action was taken to improve the service based upon people's feedback. For example, in a recent meeting people suggested that they would like a seasonal menu and we saw evidence that this had been implemented. People we spoke with told us they valued these meetings. One person told us, "I go to the meeting, I speak about what's worrying me which is good." Another person commented, "I do go to the meetings, it was good we could look into what we wanted or not wanted." People were also given the opportunity to share feedback in a regular satisfaction survey. We reviewed the most recent survey and found that results had been fully analysed and action had been taken to address any issues raised. For example, one person had said they did not know who the manager was, in response, the management team had developed an easy to read card with photos of the management team and details of how to contact them. This had been distributed to everyone living at the home. This demonstrated that people's feedback was used to drive improvements at the service.

There was a registered manager in place who was passionate about improving and developing the service. They explained that they took advantage of opportunities to get involved in local groups and projects which they felt would benefit people who used the service. For example, they had recently become involved in a research study focused on improving the health of older people living in care homes in partnership with the University of Nottingham. The registered manager also attended a number of local steering groups and attended forums with other registered managers to keep up to date with good practice. The registered manager told us that they felt supported by the provider and said they were provided with resources to ensure the provision of a high quality service. People and their families were positive about the management team. The relative of one person told us, "I believe this home is well managed. The manager is approachable. They know what's going on. They provide good quality of care. Overall I would say that they are very good." Staff were also positive about the management team. A temporary member of staff told us, "The manager is amazing. I've never been made to feel like I am 'just agency' here. They are all really good." We checked our records which showed that the registered manager had notified us of events in the service. A notification is information about important events which the provider is required to send us by law such as serious injuries and allegations of abuse. This helps us monitor the service.

There were systems in place to share information with staff, communicate change and involve them in the running of the service. There were regular staff meetings and staff also told us they felt comfortable approaching the management team with ideas, suggestions and concerns. For example one member of staff told us that they had raised a concern about staffing levels and this had resulted in staffing levels being increased. The registered manager told us they had recently started a 'steering group' to try and better involve staff in the running of the home. Records showed that staff were invited to share ideas for improving the service and then took responsibility for implementing changes. For example, staff had suggested

improving the way that they celebrated people's birthdays, during our inspection visit we saw that a board had been displayed in the foyer detailing people's birthdays and we also received positive feedback from a family member about the care staff took in organising a birthday celebration for their loved one. The registered manager explained that they planned to invite people living at the home to future steering groups.

There were systems and processes in place to monitor and improve the quality of the service.
The management team conducted a number of audits covering areas such as the environment, safety checks, care plans, health and safety, fire, infection control and medicines. Where any issues were identified actions were recorded as being taken. For instance a care plan audit had identified that some important information was not included in a person's care plan. We checked the person's care plan and found that the required information had been added. We shared our concerns about the application of the mental capacity act and the consistency of information in care plans with management team and the assistant manager told us that they were in the process of making improvements to the auditing system to ensure its effectiveness. Accidents and incidents were analysed monthly to identify trends and to assess if any changes needed to be made. For example, the falls audit identified that one person had sustained a number of falls and as a result a referral had been made to the local falls prevention team. In addition to this the management team conducted regular 'spot checks' and walk arounds of the service to monitor the practice of the staff team.

A representative of the provider also visited the service on a monthly basis to audit the quality of the service. These audits were effective in identifying and responding to some areas for improvement within the service. For instance, a recent audit had identified a concern about a specific incident, the management team had conducted a comprehensive investigation in response which resulted in improvements to the person's care and support.