

The Daughters of Charity of St Vincent de Paul Seton Care Home

Inspection report

The Marillac
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CM13 3BL

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

Seton Care Home is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Seton Care Home provides a service for up to 12 older people. At the time of the inspection there were 8 people living at the service. Accommodation is provided over one floor and people have access to communal areas.

People's experience of using this service:

- People told us they were very happy living at Seton Care Home, they felt safe. Staff were kind, caring and compassionate and knew each person well. They enjoyed working at the service and felt the registered manager was supportive and had an open-door policy.
- There continued to be systems in place to manage risks and keep people safe from avoidable harm. Staff gave people their medicines safely, followed good practice guidelines to help prevent the spread of infection and ensured health and safety was a priority.
- Staff respected people's privacy and dignity and encouraged independence wherever possible. There were enough staff on duty to provide support to each person in the way they wanted. Staff continued to receive training, supervision, guidance and support so that they could do their job well.
- People chose their meals and staff provided support in the serving of those meals. External healthcare professionals helped people maintain their health.
- People made decisions in all aspects of their lives and were fully involved in planning what they wanted to do.
- People were provided with opportunities to put forward their views on the running of the service. Staff understood the provider's ethos and values and made sure that people's lives were as comfortable and fulfilling as possible.
- The registered manager and staff team strove for continuous improvement, worked well with external professionals and ensured that people were part of their local community.

Rating at last inspection:

Good (report published 26 July 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Seton Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

Inspection team:

Consisted of one inspector.

Service and service type:

Seton Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us. Following the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with four people, the sister servant, this a long-standing member of staff who represented the interests of the people who lived at the service, the registered manager and a visiting priest.

We looked at two people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

Is the service safe?

Our findings

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

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

Safeguarding systems and processes.

- The provider had effective safeguarding systems and training had taken place. Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
- People who lived at the service told us they felt safe.

Assessing risk, safety monitoring and management.

- Care plans contained explanations of the control measures for staff to follow to keep people safe. Records used to monitor those risks such as hydration, nutrition and pressure care were well maintained. Staff understood where people required support to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels.

- People told us people received their care in a timely way. The registered manager confirmed they continued to review staffing levels to ensure people's support and care needs are met.
- Staff we spoke with confirmed there were sufficient staff to meet people's needs

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them, or they were no longer required.
- Where people were prescribed medicines to take 'as and when required' detailed guidance was available to staff on when to administer them. We observed that people were asked if they required any pain relief before it was dispensed from packets.
- Where errors were found during checks, these were investigated. Staff would undertake further training and a competence assessment would be carried out if errors were found.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection.

- Staff understood how to protect people by the prevention and control of infection.
- The provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection. The service was clean and tidy.

- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- The registered manager was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring. They had had no recent accidents that had occurred. The registered manager told us they would always share any learning with the staff to prevent a further occurrence.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this

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

- Assessments of people's needs were undertaken. People's care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people well. A person told us, "Staff know exactly what they are doing."

Staff skills, knowledge and experience.

- Staff had received appropriate training and had the skills required to meet people's needs. Training plans were in place which were reviewed and updated on a regular basis. Staff we spoke with told us the registered manager responded to any training requests.
- Staff told us they had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Staff told us they felt supported. One member of staff told us, "The (registered) manager is very supportive and we get our supervision and training regularly."

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

- People had choice and access to sufficient food and drink throughout the day; people told us they enjoyed it. One person said, "We have a good selection of home cooked food. We can have fruit any time and able to ask for more."
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations.

- Referrals to healthcare professionals such as dieticians and chiropodists were made in a timely manner.
- Staff knew people extremely well and ensured that any changes in a person's condition were noted and discussed with the registered manager.
- People's care plans showed the involvement of health care professionals, for example, chiropodists and GP's.

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

- People's rooms were warm and personalised to meet their needs.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment, such as call bells and sensor mats, were used effectively to meet people's care and support needs.

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

- Healthcare professional's advice was sought when required. Staff followed the guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited the service regularly and the registered manager told us there was a good relationship with them

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

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

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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- The registered manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority should this be required.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported.

- People were treated with kindness and were positive about the staff's caring attitude. We received feedback from people which supported this. One person told us, "All the staff are very kind and are always smiling and love their job." Another person said, "The staff are very good team. I am treated very well. I feel very content. I know if I ask I will get what I need."
- People told us staff knew their preferences and knew exactly what they needed.
- Staff we spoke with all enjoyed working at the service and ensuring people received good care and support. One member of staff said, "I love my job and always enjoy being here."

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to go to bed.
- Staff would signpost people and their relatives to sources of advice and support or advocacy if this was needed.

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

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- People were supported to maintain and develop relationships with those close to them.
- Staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff always knock on our doors and ask to come in."

Is the service responsive?

Our findings

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

Good - People's needs were met through good organisation and delivery.

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where people wanted them to be.
- People's needs were identified, including those related to protecting people's choices and preferences.
- Staff were familiar with people's needs so they were able to support them to engage in activities that were meaningful to them such as providing support to people to attend mass, taking a walk round the grounds or taking people on outings to visit places that they enjoyed or were important to them.
- People also had access to a range of activities taking place on the ground floor. This included art and music groups, cookery classes and social events. A timetable of events was displayed on the notice board, so people could choose if they wanted to attend. People told us they were supported to do whatever they wanted to do. One person said, "We can all do what we want, it's our choice to join in or not."

Improving care quality in response to complaints or concerns.

- There was a complaints process in place
- All of the people we spoke with said they had never had to make a complaint about the service but would feel confident that if they did have to they would be listened to and their concerns addressed.

End of life care and support.

- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The registered manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

Is the service well-led?

Our findings

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

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

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

- Staff told us that they felt listened to and that they could approach the registered manager at any time. Staff understood the vision for the service and were engaged as a team in the continued development of the service.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

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

- The provider made policies and procedures available to staff, which guided them on their roles and what the provider expected of them when they were supporting people.
- The registered manager was a strong leader and managed the service well. They were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt the registered manager supported them well. There was always a senior member of staff on call if they needed to ring them.
- The provider had a robust quality assurance system in place to ensure that staff continued to give high-quality care. The registered manager and the provider's representatives carried out a range of audits as part of a continuous improvement plan.

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

- People continued to choose not to have residents' meetings with the registered manager but instead preferred to use the 'sister servant' to act as a go-between. This person would talk to people individually to obtain their views and then meet with the registered manager to share the feedback which was used to drive improvements.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager had developed close working relationships with other health and social care

professionals and feedback was used to drive through improvements in the care provided at the service, ensuring people's social and health needs were promptly met.

- A culture of continuous learning meant staff objectives focused on development and improvement.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.