

The Community of St Antony & St Elias

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

Inspection report

2 Seymour Terrace
Totnes
Devon
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18 April 2019

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26 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

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 three people living at the home.

People's experience of using this service:

People told us they were happy living at 2 Seymour Terrace, they felt safe and well supported. Relatives and healthcare professionals had confidence in the service and told us the home was well managed. We found staff afforded people respect and provided care and support with compassion.

Since the last inspection, the registered manager had made a number of improvements, however some improvements were still needed. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA).

We found the home was not taking appropriate action to protect one person's rights. The person had capacity, yet decisions were being made on their behalf. However, the home was working with partnership agencies to resolve this situation.

People's rights were not always protected. Records for one person showed there were various restrictions in place, which prevented this person from leaving the home when they wished to do so. We found there continued to be no legal basis or framework in place to support these restrictions and this person had not been informed of their legal rights.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

Risks associated with people's complex care needs and the environment had been appropriately assessed and staff had been provided with information on how to support people safely. We have made a recommendation about window restriction.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so

People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities.

People were treated kindly and compassionately by staff and people were supported to express their views and make decisions about the care. People and their relatives felt comfortable raising complaints and were

confident these would be listened to and acted on.

The provider had an effective governance system in place. The management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues
Rating at last inspection: The home was previously rated as 'Required Improvement.' The report was published on the 27 April 2018.

Why we inspected:

This inspection was scheduled based on the previous rating.

Enforcement:

We found repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made recommendations in relation to window restriction, staff training and physical intervention. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor the home through the information we receive until we return to visit as per our re-inspection programme.

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?

Good ●

The home was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The home was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The home was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The home was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The home was not always well-led

Details are in our Well-Led findings below.

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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the home under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector 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 home.

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

Notice of inspection:

The inspection was unannounced and took place on the 16 and 18 April 2019.

What we did:

Before the inspection we reviewed the information, we held about the home, 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 home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with three people living at the home, two relatives, five members of staff, the registered manager and a senior manager [provider's representative]. We asked the local authority who commissions care services from the home for their views on the care and support provided. Following the inspection, we received feedback from two healthcare professionals.

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

Is the service safe?

Our findings

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

At the previous inspection in February 2018, this key question was rated 'Requires Improvement'. We found improvements were needed in risk management. At this inspection, we found the home had taken steps to improve the safety of people's care. The rating for this key question has improved to 'Good'

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

Assessing risk, safety monitoring and management:

- The premises and equipment were maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. However, windows above ground level that had been risk assessed as placing people at risk of falls from height, were not being appropriately restricted.

We recommend the provider ensures windows above ground level are fitted with a suitably robust and temper proof restrictor to ensure compliance with health and safety legislation.

- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. Records showed the home's Fire Risk Assessment had recently been updated and the registered manager told us they had recently met with their local fire officer to obtain further advice and support. Individual personal emergency evacuation plans (PEEPs) indicated any risks and any support people needed to evacuate them safely.
- People were protected from the risk of harm. Other risks such as those associated with people's complex mental health and or medical needs had been assessed and were being managed safely. Each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers and signs that might show the person was becoming unwell.

Safeguarding systems and processes:

- People were protected against the risk of abuse.
- When asked, people told us they felt safe living at 2 Seymour Terrace. One person said, "Yeah I do feel safe it's a good set up." Another said, "Yes I do, no concerns from me."
- Policies in relation to safeguarding and whistleblowing were in place. Staff had received training to enhance their understanding of how to protect people for any form of discrimination and were aware of their responsibilities to report concerns about people's safety.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staffing levels and recruitment:

- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited

safely and were suitable to support people who might potentially be vulnerable by their circumstances.

- People, staff and relatives felt there were enough staff on duty to support people and keep them safe. The registered manager told us staffing levels were organised around each person's specific support needs and where people had been identified as needing or had asked for additional support this was provided. For example, such as attending hospital visits or trips out.

Using medicines safely:

- People continued to receive their medicines safely.

- People were encouraged to manage their own medicines and were supported by staff to do this safely.

There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. We checked the quantities of a sample of medicines against the records and found them to be correct.

- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to help ensure those medicines were administered in a consistent way.

- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection:

- People continued to be protected against the risk of infection.

- The home was clean throughout and fresh smelling.

- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

- There was an on-going programme to redecorate and make other upgrades to the premises when needed. For example, following the last inspection the provider had replaced the roof and upgraded the kitchen to make this more accessible.

Learning lessons when things go wrong:

- Accidents were appropriately recorded, and action taken to prevent similar occurrences.

- The provider and management team analysed accidents and incidents and shared learning across the organisation.

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 previous inspection in February 2018, this key question was rated 'Requires Improvement'. We found improvements were needed to show the home was working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection, we found improvement were still needed. The rating for this key question remains 'Requires Improvement'.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

- Records showed the provider/staff were continuing to hold /manage some of one person's monies and/or bankcards. Staff told us this was in place to support the person to remain safe. This person had capacity and therefore their rights were not being upheld. We were told this person's monies continued to be held in a non-interest yielding account. There were no records to show that this person had been asked/or involved in choosing which type of account their monies were held in. This meant the person did not have a choice in which type of account their monies were paid into and as a result were not receiving the interest they were due. We discussed what we found with the registered manager and the provider's representative who acknowledged the current situation was not ideal and assured us action would be taken to resolve the situation.

Failure to gain consent from people, or where people were unable to give consent, involve relevant health or social care professionals in best interest decisions is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 home 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.

- Records for one person living at the home continued to show there were various restrictions in place, which placed restrictive conditions on the times this person could leave the home. We found there was no legal

basis or framework in place to support these restrictions. A recent ruling had deemed any restrictions being imposed on people under a conditional discharge had no legal basis. The provider and registered manager confirmed they were continuing to work with external professionals and the Ministry of Justice with a view to seeking a legal solution. At the time of inspection this person had not been advised the provider had no legal authority to restrict their liberty.

Depriving someone of their liberty for the purpose of receiving care or treatment without lawful authority is a breach for Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff skills, knowledge and experience:

- The homes training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, physical intervention and medication administration. Staff confirmed they received specialist mental health training to support the complex needs of people living at the home. However, records we saw were not clear and as such we were unable to tell if the specialist training staff had received was still valid. The registered and senior manager was unable to tell us how often this training should be undertaken.

We recommend the provider carries out a review of the specialist training provided to staff to ensure they have the right skills to undertake their roles.

- New staff undertook a taster day prior to being offered a position at the home and did not work unsupervised until they had been assessed as being competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Staff received regular support and supervision. Staff told us they felt supported in their role and could approach the registered manager or provider for advice, guidance and support.

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

Healthcare support:

- People's needs were holistically assessed before moving into the home, to help ensure their expectations and needs could be met.
- Support plans provided staff with guidance about how best to meet these needs in line with best practice guidance and people's preferences. Regular care reviews ensured changes to people's needs were identified quickly and support plans amended to reflect these changes.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Referrals were made to GPs and community nursing services when needed and people had opportunities to see a dentist or optician regularly. The provider employed a consultant psychiatrist who was available to see people on a weekly basis and to provide guidance to staff when needed.

Eating, drinking, balanced diet:

- People told us they enjoyed their meals, made their own choices and were involved in buying and preparing the food. One person said, "The food here is very good, we had beef bourguignon the other night and for the vegetarians there was quiche and ratatouille". A staff member said, "Meals are such an important part of people's day and we are always looking for ways to spice it up and encourage people to get involved. For example, we regularly hold theme nights. This year we have held a Greek night, German night and a Mexican night".
- Staff had a good awareness of people's dietary needs and preferences. People could help themselves to food and snacks throughout the day and night and we saw tea, coffee, and soft drinks were freely available.

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 individual interests, likes and hobbies.
- Technology and equipment were used effectively to meet people's care and support needs. For example, the provider had recently installed key fob entry system to the front door and a thumb scanner to the back door. This gave people greater freedom to come and go as they pleased, whilst providing increased security.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- People were fully involved in creating and reviewing their support plans. One person said, "They [meaning staff] always talk to us whenever changes need to be made."
- People, along with family members, were encouraged to share their views about the care people received through regular reviews and meetings. One person said, "I have always been fully involved in my reviews and get to have my say and tell them how things are going".
- Staff understood the importance of people's views, preferences and wishes being respected and understood people's rights to make unwise choices. For example, in relation to life style choice which may not be considered healthy.
- People were included in the recruitment of new staff. The registered manager told us how they consulted with people about their views and the suitability of prospective staff.

Ensuring people are well treated and supported; respecting equality and diversity:

- Staff invested time in people and spoke about them in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes. Comments included; "We are all in it together", "The guys are great, the things they have overcome and achieved are amazing" and, "We support each other and help each other out. there has never been a them and us feel to the home".
- Support plans contained information about people past, cultural and religious beliefs as well as their future aspirations. Staff used this information get to know and build positive relationships. For example, supporting people with their music, attending college or securing part employment,
- The home respected people's diversity and was open to people of all faiths and belief systems. and there were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- Most people had control over their lives and enjoyed varying levels of independence. Support plans included information on things people could do for themselves and those that they needed support with.
- People's goals were central to the care and support provided. Staff described how they supported and encouraged people to develop their independent living skills by helping them to take part in household tasks such as shopping, meal preparation, washing clothes or tidying up. For example, one person was fully self-catering, preparing meals not only for themselves but also for friends and other people living at the home.
- People told us they were able to lock their rooms if they wished and their privacy and dignity was respected by staff who treated them with respect.

- People were supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the previous inspection in February 2018, this key question was rated 'Requires Improvement'. We found improvements were needed to ensure people received care which met their needs and reflected their preferences. At this inspection, we found improvements had been made. The rating for this key question has improved to 'Good'.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support in a way that was flexible and responsive to their needs. Support plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Staff were skilled in delivering care and support and relatives told us that staff had a good understanding of people's individual needs. One relative said, I have always found the staff to be very professional and knowledgeable about [person's name] needs. Another said, "They know and understand [person's name] really well and we can see person name is finally gets his life back."
- Risk management plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress. They contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take.
- Some people were assessed as presenting a risk of physically aggressive. Staff had received training in managing this. Where staff needed to carry out physical interventions, care plans guided staff to follow the policy on physical intervention. However, we found the guidance provided lacked detail and potentially placed both people and staff at risk of harm. We discussed what we found with the registered manager who agreed that both the support plan and risk management plan should be more instructive.

We recommend the provider reviews the guidance provided in relations to physical intervention.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given
- Support plans were regularly reviewed with people to ensure they remained current and provided accurate information about how to meet people's needs.
- People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. People routinely went to a variety of pubs, open mike night's restaurants, cinema, and shops as well as on holiday if they wished to do so. For example, one person told us about their up and coming holiday to the Lake district, which they were really looking forward

too. Another person who had a passion for music regularly hosted a show on a local radio station and had encouraged the registered manager to appear as their guest.

- The provider produced a monthly activity programme and people were able to freely choose which activities they wanted to take part in. For example, archery, canoeing, caving, walking, climbing, cookery, art and music sessions. People told us they enjoyed taking part in these activities and the feedback received from people following the 2018 programme was positive.

Improving care quality in response to complaints or concerns:

- People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on. One person said, "I would go straight to the registered manager and if he didn't sort it. I would go to [senior managers name]". A relative said; "I'm more than happy with them but if I wasn't I know I could just say and they would listen."

- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. These showed people's complaints were taken seriously and the home acted upon these to resolve issues.

- People had access to advocacy support if needed and advocacy details were displayed within the home so that people had contact details should they need them.

End of life care and support:

- All the people living at 2 Seymour Terrace were young adults and did not have life limiting conditions. As such end of life caring planning had not been formally discussed with them. However, each person's support plan held detailed information about the person's care and support needs. This helped to ensure people's wishes and needs would be respected in an emergency.

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 previous inspection in February 2018, this key question was rated 'Requires Improvement'. We found improvements were needed as quality assurance systems had not been effective in addressing the quality and risk issues found by CQC at that inspection. At this inspection, we found the provider had made several improvements. However, some improvements were still required. For example, ensuring that the home was working within the principles of the Mental Capacity Act 2005 (MCA). We have also made recommendations in relation to window restriction, staff training and physical intervention. The rating for this key question therefore, remains 'Requires Improvement'

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.

Failure to ensure systems were operated effectively to ensure compliance with the regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and healthcare professionals had confidence in the registered manager and told us the home was well managed. One person said, "I think so [registered managers name] does a great job." One healthcare professional said, "I am impressed by the way in which the quality of life for all of the residents is made as good as it can be, bearing in mind the seriousness of their conditions. All of them have made remarkable progress and continue to do so".
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes. Concerns and complaints were listened to and acted upon to help improve the services provided by the home.

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

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.
- Staff told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. Staff were motivated and proud to work for The Community of St Antony & St Elias. Comments included; "It's a great place to work", "I am proud to work for this company" and, "Everyone one of us understands the Community's values and we live them every day".
- Quality assurance processes, such as audits, were in place which helped to ensure the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around

how to implement best practice guidance. Learning from these meetings was shared with the staff team.

- The registered manager was aware of their responsibilities to provided CQC with important information.

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

- There were a variety of ways in which people could give feedback. These included annual surveys, face to face, care reviews or through the complaints process. However, we found the annual survey for the year ending 2018 had not been completed. We asked why this had not been completed, we were told it had been overlooked. Following the inspection, the registered manager confirmed the survey had been sent.
- The registered manager and the staff team knew people well which enabled positive relationships and good outcomes for people using the service.
- The registered manager and staff had good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams and other health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were not being deprived of their liberty for the purpose of receiving care or treatment without lawful authority Regulation 13(5)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems were operated effectively to ensure compliance with the regulations. Regulation 17 (1)