

Avery Care Northants Ltd

Seagrave House Care Home

Inspection report

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Date of inspection visit:
02 February 2021

Date of publication:
08 March 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Seagrave House Care Home is a residential care home providing personal to older people living with dementia and or physical disability. At the time of the inspection 55 people were using the service. The service can support up to 84 people.

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

People told us staff helped them to stay and feel safe but we found risk was not always identified or recorded. Risk management plans were not always in place or up to date. Staff did not always follow policies and procedures for the safe management of people's medicines.

Quality monitoring was not always effective and did not identify all risks or improvements required. People and staff were consulted and involved in making decisions about their care and support. People liked the staff and had confidence in them. The culture at the service was open and inclusive. People and staff found the manager approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 5 July 2018).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation infection control, PPE (personal protective equipment) and record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seagrave House Care Home on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Seagrave House 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Seagrave House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, care workers and domestic staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Not all risk had been identified or included in risk management plans. One person displayed distressed behaviour but there was no risk assessment in place to instruct staff about the best way to offer reassurance and manage the risk. People who were unable to use their call bells did not have risk assessments or strategies recorded on how to mitigate this risk. This put people at risk of harm.
- Records for urine output for a person with a catheter had not been consistently completed. This meant there was risk healthcare support needs would not be identified or referred to appropriate healthcare professionals.
- People's personal evacuation plans were not up to date. One person's plan stated they required a walking frame when walking when in fact their needs had changed and they required a hoist for all their mobility needs. This could result in delay in evacuating this person in an emergency situation.
- Unexplained injuries had not always been investigated fully or followed up to establish the cause.
- Not all incidents had been recorded or analysed so that any trends could be identified, or action taken to reduce further risk.

Risk was not always assessed or managed. People's medicines were not always managed in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training about protecting people from abuse, they told us they knew how to identify and report abuse.

Using medicines safely

- Staff did not always follow guidance for the safe administration of medicines. Some medicines require two staff to check and sign for. Records showed at times only one staff member had signed the administration record.
- Staff did not always record the reason for administering a medicine prescribed on an 'as required basis' to manage a person's distress. These medicines should only be given in specific circumstances described by the prescriber. Staff had recorded in daily records this person 'had a good day' yet they had given the medicine without recording any reason why.
- There were discrepancies found in the amounts of medicine stock available. While staff were able to provide a reason for the discrepancy, this had not been recorded.

- Not all staff had their competency to manage people's medicines in a safe way assessed. This assessment is required to ensure all staff are following safe policies and procedures.

Preventing and controlling infection

- Cleaning records did not provide details about who had cleaned shared bathrooms between use or if they had been cleaned. There were limited records for the cleaning of high touch areas. This additional cleaning is required in order to reduce the risk of spread of infection during the Covid-19 pandemic.
- We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- People we spoke with praised the staff. One person said, "I call the staff my little sisters they are all wonderful."
- There were enough staff to meet people's needs.
- Staff were recruited in a safe way so that, as far as possible, only staff with the right skills and experience were employed.
- Staff received induction training when they first began working at the service. There was also ongoing training for staff to attend to refresh and update their knowledge. However, there were significant gaps in staff training records. The registered manager had a training plan in place so that staff could catch up with all the training they had missed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits and checks had not identified the concerns and deficiencies we identified at this inspection. We saw the water temperature in three showers was above safe limits, however no action had been taken until after the inspection.
- Some people's risk assessments and care plans did not address all identified needs and risks.
- There were gaps in records, or they were inconsistently completed.
- Staff had not completed all the training they required or had not had their competency assessed.
- Some audits such as an environmental audit, wellbeing audit and care planning audit had not been completed or updated.

Quality monitoring and governance processes were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager audited call bell response time and actions were completed when concerns were found.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- We found the duty of candour had not always been followed. We found an incident regarding one person that should have the duty of candour completed, had nothing recorded. The registered manager was investigating the reasons why a duty of candour letter had not been sent.
- All complaints were recorded and investigated in a timely manner.

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

- Meetings were held for people and staff. People were able to give feedback about the cleanliness of their rooms, visiting arrangements and the activities provided.
- Feedback provided by staff during meetings had been acted upon so that improvements could be made. For example, improvements had been made to fire drills and emergency planning.
- Staff told us their manager was approachable. They told us they received regular supervision meetings

where important information was communicated.

- A member of staff said "Staff morale is picking up. We went through a very hard time (due to a Covid-19 outbreak)."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff were open, transparent and accommodating throughout our inspection.
- Where possible, immediate action was taken in response to our feedback. For example, the hot water in the showers was made safe.
- Staff made appropriate referrals to healthcare professionals such as doctors and dieticians.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk was not always identified or managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring processes were not always effective to identify or mitigate risk.