

Care UK Community Partnerships Ltd

Seccombe Court

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Seccombe Court is a purpose-built residential care home providing personal and nursing care to up to 60 people. The home is spread across 2 floors and divided into 4 separate units each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection there were 57 people using the service.

This service has a dual registration which means there are two registered providers jointly managing the regulated activities at this single location. They are Care UK Community Partnerships Ltd and WT UK Opco 4 Limited. This means the service is subject to one inspection visit however the report is published on our website twice, under each provider.

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

Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. Activities were facilitated by a team led by an enthusiastic coordinator. The service had gone the extra mile to find out what people wished and evaluated whether it could accommodate activities and made them happen. The provider facilitated a 'wish list' where people could discuss their wishes and staff did all they could to grant those wishes. The service understood the needs of different people and delivered care and support in a way that met those needs. For example, staff recognised the need for engaging activities for people living with dementia such as pet therapy.

People told us they felt safe living at Seccombe Court. Staff knew how to identify and report any concerns. Planned staffing levels were met and recruitment was ongoing. There were sufficient staff deployed to meet people's needs. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. The environment was clean and allowed free movement for people and their relatives. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant dining experience which offered a variety of food choices available at times that suited people's preferences. Staff supported people to maintain food and fluid intakes. People's feedback on food had been used to improve the dining experience.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

The home was well-led by a registered manager who was committed to improving people's quality of life. There was a clear management structure in place and a group of staff who worked well as a team. The provider had clear oversight of the service and effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

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

Rating at last inspection and update

The last rating for this service under the previous provider was good (Published 24 May 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Seccombe Court

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 Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of 3 inspectors and 2 Experts 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.

Service and service type

Seccombe Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Seccombe Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and 2 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 7 relatives. We received feedback from 3 healthcare professionals. We looked at 10 people's care records and 6 medicine administration records (MAR). We spoke with the registered manager, deputy manager and 12 members of staff including nurses, carers, the chef, domestic staff, activities coordinator and maintenance person. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Seccombe Court. Comments included, "I do feel safe, there's nurses around all the time. I need 24-hour care, I do get it" and "I do use the call bell more frequently now because they [staff] kept telling me to use it more. They always respond very quickly, I sometimes only ask for a cup of tea but they don't complain and are attentive."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "I will ensure safety first and then report to manager, safeguarding or CQC." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks, allowing personalised planning of care.
- People's risk assessments included areas such as smoking, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed and we saw staff completing them at the point of care.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- People told us there were enough staff and they rarely had to wait for someone to support them. They said, "I presume there's enough staff. My care hasn't suffered to my knowledge" and "Most of the time staffing is fine. I have absolute trust in them, I don't need much care it's fine for my needs. They always come promptly when I ring them."
- Relatives were equally positive about the staffing levels. They told us, "On the whole yes, Seccombe have enough staff. Of course, holidays and staff sickness can alter this situation but generally the wing is staffed by a continuous rota of the same staff, something which is very important to dad" and "There are always staff at hand who are extremely helpful regardless of role."
- Staff confirmed planned staffing levels were often met and commented, "We have enough staff and don't feel rushed" and "Most shifts we have enough staff, sickness doesn't help but we get by. Our detailed handovers ensure everything get done." On the day of the inspection, we saw staff there were enough staff deployed to meet people's needs.

- Records showed the provider followed safe staff recruitment processes which included disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. One person commented, "They [staff] get my medicine organised and it's well arranged." People were supported to self-medicate and had risk assessments in place to manage the process.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and had their competencies to administer medicines regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged during the Covid pandemic. We evidenced that staff at Seccombe Court had taken many steps to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, a fall analysis trend had resulted in management arranging a falls awareness workshop aimed at improving falls.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission. The service had a dedicated admissions officer who supported people and their relatives throughout the admission process. People and relatives told us they were involved in the assessment and care planning process. One relative said, "The Admissions manager was very kind and caring; he helped us to make our first approach to suggesting residential care to mum. He also worked with our wider family to help them come to terms with mums move to Seccombe Court." Another relative reiterated, "We needed to arrange accommodation for dad very quickly as the hospital discharged him in haste and Seccombe Court could not have acted more quickly. They arranged an urgent assessment of dad and he was quickly transferred. This was an extremely stressful time for the family and dad and the team at Seccombe gave us enormous support and reassurance."
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing opportunities of experienced members of staff. One member of staff told us, "Training here is good, lots of 'e' learning and in house training. I believe I can request specific training. I have completed the care certificate."
- Staff had access to supervisions and appraisals which were used to develop and review their practices and focused on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was home cooked by the catering team. On the day of the inspection, we saw people had a positive dining experience and staff were at hand to provide support in a dignified way.
- The service provided good quality food with a variety of different options to choose from each day. People told us their feedback was sought and used to improve their dining experience. Staff were aware of people's

individual preferences and patterns of eating and drinking.

- People told us they enjoyed the food and said, "The food here is awesome, they have some good ideas for some of the meals", "I have to be honest the food is always good, it is varied, and the chef is quite good. I'm even friendly with the chef, a nice chap" and "To be honest I have put on some weight since I have been here. Previously after I was diagnosed with (disease) my weight had fallen but it is increasing now."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.

- Where referrals were needed, this was done in a timely manner. One healthcare professional commented, "We have weekly ward rounds, monthly MDTs involving care home support service nurses and regular meetings to discuss patient care processes."

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Seccombe Court was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

- Each floor had adapted facilities which included kitchenettes and cosy lounges with fireplaces. There were different sitting areas around the home where people could spend their time with access to the garden.

- The home was well lit with dementia friendly effects which aided easy navigation around the home. People had access to a bar, hairdressing saloon and cinema room.

- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful, landscaped gardens with several sitting areas.

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Respect choices. Explain things and support even with unwise decisions. Assume capacity in first instance. Always offer choices and follow best interest process."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the caring attitude of the staff. People said, "I have a good relationship with the staff, they take care of me. I'm quite involved they keep me up to speed. They are very caring, much better than in hospital", "I am astonished how happy the staff are. I wake up at 4am every day and ring the bell to ask for a cup of tea and boom there it is just a few minutes later, wonderful" and "Well, where do I even start? The staff here are amazing, always cheerful."
- Relatives told us staff were caring and provided compassionate care. They commented, "They greet her [person] by name and a smile. They are keen to ensure she knows where she is, where she needs to be, what's happening, etc. They treat my mother with respect, and an appropriate degree of affection", "All the staff at Seccombe Court know exactly what they are doing and what is expected of them. They are all highly skilled, but also gentle and compassionate in their dealings with residents" and "There is a very good sense of team in the home. The staff turnover seems low, so residents have access to consistent care. All staff in all roles seem to know the residents and treat them with courtesy, respect, humour and kindness. The interactions I witness are appropriate and respectful."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "I am involved in my mother's care. Where staff have dealt with mum being ill or needing specific help they have either spoken to me when I visit or have called me to discuss it."
- The service did all they could to ensure staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People had also built relationships with others.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. People told us, "When they look after me, they always ask if I want the curtains closed. They always knock", "They know my needs, any problems they sort them out. They always respect my privacy and close the curtains when doing things" and "I have a great relationship with them [staff], they are so respectful to me."

- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in locked offices and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. Activities were facilitated by a team led by an enthusiastic coordinator. They ensured everyone who wished had access to meaningful experiences. They told us, "I ask residents what they would like to do. A resident asked to do the Toddington steam train so I arranged it, we are going shortly. I get a healthy budget. I'm free to do even expensive things like Alpacas. I bring animals to their rooms. I also put a DVD on in one person's room which appears on their TV like a fish tank. It is very soothing and relaxing and the resident appreciates it. Another person was able to look out of his window, so I gave him some binoculars which he enjoyed using. They are all small but effective gestures."
- The provider facilitated a 'wish list' where people could discuss their wishes and staff did all they could to grant those wishes. For example, one person wished to get to see, hear and smell the sounds of a steam engine. Through discussions with staff and people it came to light that other people in the home also wished the same experience. Necessary arrangements, including transportation to and from the railway station, tickets for the steam train ride, and a picnic lunch at a scenic location along the railway line were made. People had an opportunity to enjoy their shared interest, socialise with each other, reminisce about past train journey experiences and create new memories. People described the experience as 'wonderful', 'loved it to death' and 'absolutely superb'. Staff noted that people were more engaged and talkative in the days that followed the outing, and that they seemed to have a renewed common sense of purpose and energy.
- Another person who grew up during a time when aviation was still a novelty expressed a wish to take a flight on a small plane. However, due to health concerns and poor mobility this was a challenging wish. Staff sought a local small plane pilot and made the necessary arrangements. Risk assessments were completed to ensure the person's safety and medical support was sought. The person was cleared to take a short flight, was amazed at the sensation of flying as well as the breath-taking views from above. They saw Seccombe Court from above and still spoke about it. The experience brought the person immense joy and a sense of accomplishment.
- People were supported with trips out. During a trip to a garden centre, people loved the Christmas lights on display. An idea of a Christmas wonderland in the home was born which would allow everyone in the home to experience the lights. Staff used an internal garden located in the centre of the home so everyone could enjoy the view from their bedroom windows. Staff set up various winter-themed decorations including a Christmas tree, twinkling lights, snowmen, reindeer and snowflakes. They also added festive music, hot drinks and snacks to enhance the sensory experience. The Christmas wonderland was a big hit with everyone and saw families enjoying the experience and people with their grandchildren. We saw ample

pictorial evidence supporting this.

- The service understood the needs of different people and delivered care and support in a way that met those needs. For example, staff recognised the need for engaging activities for people living with dementia such as pet therapy. The activities team arranged for alpacas from a nearby farm to come to the home. The alpacas were aimed at providing therapeutic benefits such as reducing stress, increasing social interaction as well as improving mood. People were curious and excited to see the alpacas up close, and many of them touched and stroked the animals. The staff team provided guidance and assistance to ensure safety. Staff observed and reported people were indeed more relaxed, engaged and cheerful during and after the visit. Many of them shared their experience with each other and staff. Staff also noticed that the alpacas brought some people out of their shells and stimulated their memories and communication skills. One person commented, "I loved the visit with the Alpacas, I am blind, but I thoroughly enjoyed meeting them and being able to touch and stroke them, their fleece was really soft and they weren't as big as I was expecting. I used to live on a farm and I love being around animals. I was given a sample of their fleece to keep to remind me of their visit."
- People were complimentary of the activities available. They said, "You have things to do here, there's something every day. I have a list I can choose what to do. They don't force you" and "I like the activities, I'm going to Toddington the steam railway in a few weeks. We had Alpaca's in the garden recently."
- Relatives told us people had access to meaningful activities. They commented, "Dad is encouraged to attend even if just for the social interaction. He has had a couple of memorable activities such as pancake day, the visit from the motor museum and the animal visits" and "The activities programme is brilliant. [Activities coordinator] is excellent at providing a huge range of activities for everyone to join in with and enjoy. With the help of a very obliging staff she has a knack of getting the residents engaged in every way possible. She has just the right touch and empathy with residents of all abilities. The musical events, using external performers are superb and thoroughly enjoyed by residents and visitors alike."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. We saw evidence people and their relatives were involved in the planning of care.
- Staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. One relative explained the impact staff had had on their loved one's well-being. They said, "The staff here have gone that extra mile to make dad welcome and involved in every aspect of life at the home. He now takes all his meals in the lovely dining room instead of his room, joins in with activities and events, interacts with staff and enjoys the company of other residents. Thanks to the care and consideration of the staff he has taken on a new lease of life and is very happy there. They are also planning him a milestone birthday and the home is hugely looking forward to hosting a big party in the garden for him on the big day. Staff are very excited about this event and have lots of lovely ideas to make it a huge success. This I consider to be above and beyond in the context of 'care' and typical of the 'can do' attitude that characterises Seccombe Court."
- The provider facilitated a key worker system. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. One relative commented, "A huge advantage is having an email address for her key carer. I know I can contact him at any time and he will reply promptly, with detailed information, if required. Equally, I know he would ring me if that was more appropriate."
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and daily update

meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to observe body language and maintain eye contact to promote communication and minimise frustration.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. We saw the provider had not received any formal complaints; however, any minor issues had been addressed in line with the provider's policy.
- People and their relatives told us they knew how to make a complaint. One person told us, "If I had a complaint I'd speak to the manager, I haven't. If I had I'm sure they would sort it." A relative said, "If I had any concerns, I know I can raise them in person with my mother's key carer, or by email. Equally, if it were urgent and he wasn't available I know I could speak to the nurse, the manager or the deputy manager, as appropriate."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to their support at the end of their lives. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people had dignified and pain free death.
- The home had established a send-off routine following a person passing which we witnessed on the first day of our inspection. A moment of reflection was held in the reception, and the person left through the front door past a staff guard of honour. This gave staff an opportunity to say their goodbyes and express how they felt.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, open, inclusive and empowering. People told us the home was well-led and said, "I would say it's well managed. I think they are very open", "They seem to run things very well here. I've met the manager he seems fine" and "I wouldn't have come back here three times if it wasn't well managed especially with the sort of money I'm paying."
- Relatives were equally complimentary of how the service was run. Comments included, "I think their management structure is excellent. The manager clearly trusts his team, and they seem happy with their responsibilities", "[Registered manager] and his team certainly have a winning formula in managing Seccombe Court. Management style could best be described as friendly and relaxed, whilst totally professional at all times" and "I think the home is well managed. There are different levels of management that are very apparent in the organisation."
- Staff were appreciative of the support they received from the management team. They said, "Very nice, best manager. Understands us, approachable and supportive. Has open door policy", "Manager is approachable and available. Can talk to them anytime" and "Management trusts us to do our jobs well and that is positive. They are very visible and available."

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post for a year. They were supported by a knowledgeable deputy manager as well as the provider. There was a clear management and staffing structure, and staff were aware of their roles and responsibilities and had confidence in the management team.

- There was emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service. This meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys as well as comments from meetings.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Communication was described as a two-way process which enabled better resolution of any issues raised.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through meetings. The information gathered was used to improve the service. For example, lack of vegetarian food options on the menu had been identified as an issue. The catering team had taken this on board and were reviewing vegetarian options with people. During the inspection people told us this was still in progress.
- Records showed staff attended meetings which included agenda items of updates on staffing and recruitment, feedback from people and relatives as well as current challenges the home was facing. Staff told us they felt listened to.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.