

# Optima Care Limited

# Seahaven

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Seahaven is a residential care home providing personal care to 17 people who have a learning disability and or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 19 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated. The service was delivered in two separate houses. One house accommodated five people and 12 people lived in the other when we inspected. The buildings fitting into the residential area and was surrounded by other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything which suggested they were care staff when coming and going with people.

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

Feedback from people, relatives and a health and social care professional was consistently positive about the service and staff. People told us they were happy with the report they received, and relatives said, "The staff are very professional", and "They are very good and are really caring."

People continued to be supported by staff who knew how to help them remain safe. They were protected from abuse and risks to their health and safety were well managed. Medicines were well managed, and people received these on time and as prescribed.

Staff continued to be recruited safely to make sure they were suitable to work with vulnerable people. Staff were well supported and supervised and had the skills and training they needed to support people.

People's needs continued to be assessed in a holistic way. These assessments were used to develop support plans which included people's preferences and goals.

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.

People were supported to access healthcare services including dental care when they needed to do so and

there was information for people to take with them if they needed to be admitted to hospital. This information would assist hospital staff to support people and communicate with them.

Staff were caring, and people were treated with kindness. Staff knew people well and used their knowledge to assist people to communicate and express their views about their care and support. When people needed emotional support, this was provided. Staff respected people's privacy and people were treated in a dignified manner.

People had keyworkers who led on their support and gave people the opportunity to feedback on their support and any concerns. People and their relatives knew how to complain if they choose to do so and were able to speak to the registered manager and deputy manager when they wanted to.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes which include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent. People were supported to make choices and were involved in planning their care.

There were systems in place to check and maintain the quality of the service to ensure people received a good standard of care. The service was well led and focused on providing people with personalised support.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published on 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Seahaven

## 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.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Seahaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means 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

This inspection was unannounced on the first day. We told the registered manager we would be returning for a second day.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care

provided. Some people were not able to verbally engage with the inspector, other people choose not to speak with us or were out during the inspection. We observed people's support in the communal areas to see what care people received. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers.

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

After the inspection

We looked at training 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. One person said, "I feel safe. Is alright here."
- Staff had completed safeguarding training and continued to understand how to identify concerns. Staff and the registered manager knew how to report concerns to the local authority. Where there had been concerns, they had been reported, investigated and acted upon as appropriate.
- Staff knew how to blow the whistle if they had concerns about poor practice at the service.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed. One health and social care professional told us, "Support plans, behavioural support plans, risk assessments are so clear and very informative. Risk assessments are thorough and kept updated." For example, where people had epilepsy there was up to date information for staff on what the persons seizures looked like and what to do to support them to remain safe. This included how to support the person to remain safe whilst they were having a bath. There was equipment in place to alert staff if someone with epilepsy needed support during the night.
- Some people needed support to manage their emotions to reduce the risk of an incident occurring. There were emotional behaviour support plans in place which were thorough and detailed and contained the information staff needed to support people safely. Staff used the strategies in people care plans to support people to remain calm.
- Physical restraint was used to support two people as a last resort and infrequently. This was used when other strategies had been exhausted where the person's behaviour could cause harm to themselves, other people or staff. There was guidance for staff on how to prevent an incident escalating to the level where restraint was needed. Where forms of physical restraint were used these were clearly documented in people's support plans and took in to account their health conditions. High risk restraints such as floor holds were not used. Staff had received appropriate training in the use of restraint recognised by the British Institute of Learning Disability.
- People continued to be protected from risks from the environment. For example, the environment and equipment were safe and well maintained and the appropriate checks such as gas safety checks had been carried out. There were regular fire drills.

Staffing and recruitment

- There continued to be enough staff to keep people safe.
- Staffing was arranged flexibly and where people needed one to one or two to one support at home or in the community this was provided. In one building people were also supported by a cleaner and a cook. There was also a full-time maintenance person and a gardener shared between this service and another small local home run by the provider.

- Staff continued to be recruited safely. For example, Disclosure and Barring service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

#### Using medicines safely

- People continued to receive their medicines as prescribed. One person told us, "I get my medicines every day." People's needs had been assessed for support with medicines and some people managed their own medicines with prompting from staff.
- Medicine administration records were complete and accurate and staff competency to support people with their medicines was assessed.
- Medicines were stored safely in people's own rooms or in a medicine's fridge. The temperature of people's medicine cabinets and the fridge was regularly checked as being too hot or cold could change the effectiveness of some medicines. There was a plan in place to ensure medicines remained at the correct temperature.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when they should be offered to people.
- People had STOMP plans in place. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines and is promoted by NHS England. People's medicines continued to be reviewed in line with STOMP. People continued to be supported to reduce their use of these medicines.

#### Preventing and controlling infection

- Buildings were clean people were protected from the risk of infection.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff had access to appropriate equipment such as gloves and bags to use when clothing or bedding were soiled. staff used these and followed best practice guidelines.

#### Learning lessons when things go wrong

- When things went wrong lessons continued to be learnt.
- Changes were made to people's support to reduce the risk of re-occurrence. For example, after one incident where a person was at risk of harm the person's support plan had been updated to include actions staff needed to take to prevent the incident happening again. Staff involved in the incident were de-briefed and the learning was shared with other staff.
- Incidents of emotional behaviour were reviewed for trends and underlying causes and these were addressed. For example, staff noted one person was upset more often and had made changes to their physical environment to address this concern. As a result, the person was happier, and incidents had reduced.

# 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 last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's needs continued to be appropriately assessed. Assessments were holistic and included what support people needed with personal care, communication, finances, managing their health, emotional behaviour and accessing the community.
- Assessments were used to plan people's support. This included making sure support was provided for people's diversity needs such as their religion, culture and expressing their sexuality or gender identity.
- Where the service had identified it was no longer able to meet people's needs they raised this with the local authority as appropriate and put in place extra support whilst a new placement was found for the person.
- There was a system in place to receive and review updated advice, guidance and changes to the law. Staff used this guidance to ensure people's support was delivered appropriately. For example, medicines were managed in line with STOMP. STOMP is best practice guidance promoted by NHS England to reduce the use of psychotropic medicines for people with a learning disability, autism or both.

Staff support: induction, training, skills and experience

- Staff continued to have the training and skills they needed, and staff knew how to support people safely. Staff told us, "The training is good, there is e-learning and classroom based which is more specialised."
- Staff had also completed training specific to people's needs such as, autism, Asperger's and Tourette's, positive behaviour support, epilepsy and diabetes awareness and nationally recognised training to make sure they could provide support to people who could have emotional behaviour which could harm others or themselves.
- Staff told us, "I am happy working here. When I started I shadowed a more experienced member of staff and I did the Care Certificate which is brilliant. I get regular supervision meetings and feedback, it's really helpful." The Care Certificate is an identified set of standards which social care workers must adhere to in their daily working life. Staff had annual appraisals to review their performance and provide them with support to improve their practice.

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

- People were supported to eat and drink well and make healthy choices.
- The menu for the day was displayed on a picture board. The menu was based on people's choices and there was a system in place to support people to suggest changes to the menu at any time. People told us they were happy with the support they had with food and we observed people helping themselves to drinks or being encouraged to drink by staff.
- Where people were at risk from choking they had seen the speech and language team (and there was

guidance in place which staff followed to reduce the risks.

- Where people needed support with diabetes there was information for staff on how to support the person and they had remained well. Where appropriate the person had been supported to attend classes to learn about their health condition and how to make healthier choices.

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

- There was information for people to take with them if they needed to stay in hospital. These documents provided useful information for healthcare staff and included information such as how the person communicated and their health needs and medicines.
- People had health action plans which included information about their healthcare needs and appointments such as doctors, dentists and opticians.
- Staff supported people to access healthcare and attend annual health checks when they needed it. People also had access to mental health support when this was required. The support people received was based around their needs. For example, staff were working with a nurse to support one person to go through a desensitisation programme to enable them to undertake blood tests with less anxiety.

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

- Buildings were designed and adapted to meet people's needs. For example, a shower was added to one bathroom as one person preferred to shower and wanted to use that particular bathroom.
- People's rooms were personalised to suit their tastes and needs. The environment was pleasant, spacious and people told us they were involved with the decoration and happy with their environment. There were quiet spaces where people could go and sit if they wanted to.
- There was an accessible garden which people used. One person liked to grow vegetables and was supported to do so. They had grown a variety of fruit and vegetables which they used for salads and in their meals.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- Staff had a good understanding of the MCA and knew how to protect people's rights. For example, staff knew to assume people had the capacity to make a decision until it was found otherwise. One staff said, "They are adults, they are entitled make unwise choices."
- Where people were unable to make decisions for themselves best interest meetings were held in line with the MCA. People who needed support with more important decisions were still offered day to day choices and staff were aware that people without capacity could still make choices such as what to wear and what to do with their day.
- Where people's capacity changed DoLS had been put in place when they were needed and removed when the person no longer needed this support. People without DoLS came and went freely from the service.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff continued to treat people with kindness. People said, "The staff are nice." and, "I do like living here, I like all the clients and all the staff. The staff are all friendly." One relative said, "I am very impressed with the staff, they are excellent."
- People were relaxed at the service and comfortable in the company of staff. Staff and people laughed and chatted together with people leading the conversation. Staff spoke with people in a kind way and were gentle and calm with people.
- People's equality and diversity needs under the Equality Act 2010 were respected and supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their disability, sexual orientation, gender identity or religion.
- People were provided with emotional support where needed. For example, some people needed support with mental health and had attend group sessions for support and to express their feelings.

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

- Staff knew people well and understood their nonverbal communication such as their signs and gestures. One health and social care professional told us, "It is clear that staff, including the cook know every individual very well down to the little details. For example, changes of facial expressions when the person is unable to communicate verbally."
- People had keyworkers who they regularly spent time with to talk about their views. Keyworkers are staff who take the lead in coordinating a person's support. Relatives confirmed they continued to be invited to reviews of people's care and were listened to by staff.
- People had access to advocates where they needed them to help them be involved in decisions. Advocates are independent workers who help people express their views. For example, one person had met with an advocate to discuss some dental care they needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged independent and had learnt new skills to enable them to increase their independence. People were involved in everyday tasks such as managing their laundry and keeping their room clean. One person told us they were supported to manage their own personal care and we observed people making drinks for themselves and offering drinks to others. One relative said, "They encourage [my relative] to be independent. They are very sociable and has developed better social skills whilst living at the service."
- People's privacy and dignity were respected. For example, technology was used to enable people to

spend time alone in their room safely. Where people did not want to be disturbed in their rooms there were signs on their doors informing staff not to disturb them. One relative said, "Staff give [my relative] the time, space and privacy they need."

- People's records were stored securely to protect their privacy.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care continued to be personalised and based on people's needs and preferences. For example, people were supported by their keyworkers to identify and achieve their goals. One person's goal was to learn to prepare their own meals. The person was now making their own breakfast and lunch and was working towards being able to make a main meal. Another person wanted to take a trip out of the county. Staff supported the person to achieve their goal in a way which minimised their anxiety.
- Support plans were up to date and continued to contain information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health. One health and social care professional told us, "This service is very much tailored to the individuals needs to a high standard. I am always impressed with their attention to detail. Documentation is always clear and up to date."
- Technology was used to provide personalised support for people. For example, one person with visual support needs said, "I have tapes to help me read." They also used other technology to undertake day to day tasks and told us this was very important to them.

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

- People led active lives and participated in a range of social, fitness and learning based activities. Activities were personalised, and people went out alone with staff support or in small groups if they chose to do so. For example, people went swimming, to classes on areas such as cooking, gardening and money management. One person said, "I like going on the activities, they are fun. We went to music today. It is fun."
- People were supported to keep in touch with their relatives. One person told us, "My family comes and visit me here and my keyworker helps me to write to my mum and send her birthday cards." Families and friends were invited to people's birthday parties and other events.
- People continued to be supported to access the local community. For example, people went to the local shop for daily items such as bread and milk and to the local pub for lunch.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were documented in their support plans.
- Information was provided to people in a suitable format. For example, there was easy read information in

place in people's care plans. One person's support plan had been written in large print.

- There was pictorial information about the service for people. This included which staff were supporting people, activities, people's plans for the day and information about the annual survey of people's views and action taken.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns or complaints they had and they were able to speak to the registered manager if they wanted to do so.
- There was a complaints policy in place which was available to people in an accessible format.
- There had been no complaints about people's care and support since the last inspection. Other complaints received had been dealt with appropriately.

End of life care and support

- No one at the service was being supported at the end of their life but they had been so in the past. People's end of life choices had been respected and staff had worked with the local hospice to support people.
- Some people had end of life plans in place which included information about what support they wanted at the end of their life and after their death. The registered manager was working with other people and their families to complete these. End of life care plans were in easy read format and accessible to people.
- People were supported through grief when they had lost a family member or friend. People had attended funerals and undertaken acts of remembrance when this was important to them.

# 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 Good. At this inspection this key question has remained the same. 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

- There was a positive culture within the service which lead to good outcomes for people. Compliments received by the service included, 'I am very pleased with the rapport the staff have established with my [relative] without a doubt they feel very much at home', and "[My relatives'] quality of life has improved beyond belief. The staff are a credit to their manager and the provider. We are happy that at last [they] receive the love and care they deserve."
- Staff were happy in their role and well supported and motivated. One staff said, "The supervision is really on the button and I get good levels of support."
- One health and social care professional told us, "I am impressed the way the service is managed. Advice is acknowledged and taken on board."

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

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Relatives told us they were involved in people's care and when things went wrong or there were incidents they were kept informed where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits continued to be in place to check to quality of the service and address concerns. There were regular audits of support plans, medicines, infection control, staff files, maintenance and health and safety. Where audits had identified action needed to be taken it had been. For example, audits had identified that the menu was not available for people in picture format. This was addressed by the registered manager.
- Staff competency was assessed to ensure they had the knowledge and skills they needed to undertake tasks such as administering medicine.
- The registered manager had informed the Care Quality Commission of significant events which happened within the service, as required by law. Providers are required to display their rating in a clear way both at the service and on any website. The service met this requirement.

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

- People's keyworkers helped them to identify any issues or concerns which they wanted to feedback about the service.
- There was an annual survey for people where they were supported to express their views. Relatives and professionals were also surveyed. The results from these surveys was fed back to people and was on display at the service in easy read form.
- The actions taken to address concerns was also shared with people. For example, people wanted a suggestion box for meals, so they could make suggestions for the menu at any time, this was in place.
- Staff continued to support people with building relationships with the community including links with healthcare services, leisure facilities, local shops and churches. For example, the registered manager had met with staff at a local venue people visited to build a relationship. Members of a local church had been invited in to have coffee with people who chose to attend the church.

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. They regularly attended events, meetings and workshops for registered managers.
- Learning from events had been applied to make improvements at the service. For example, the registered manager had attended a workshop on communication and had put in place more visual communication aids such as signs and pictorial boards for people after this session.

Working in partnership with others

- The registered manager worked with funding authorities and other health professionals such as learning disability nurses to ensure people received joined up care.
- Information was shared with other services to improve partnership working. For example, information about people's communication needs were shared with health and social care staff to enable them to communicate effectively with people.