Voyage 1 Limited

Seaview

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

This inspection took place on the 8 March 2017 and was unannounced. Seaview provides accommodation and support for up to seven people who may have a learning disability or autistic spectrum disorder. There is a driveway and some on street parking, a bus stop and the beach are within walking distance. At the time of the inspection four people were living at the service. All people had access to communal lounges/dining area, activities room (referred to as the 'Happy room'), kitchen, shared bathrooms, and laundry room. There was a garden which people could access when they wished.

The previous inspection on the 9 July 2014 found no areas of concern and an overall rating of 'Good' was given at that inspection. At this inspection we found the service remained Good.

The registered manager had left the service in January 2017 and deregistered with the Commission in March 2017. The deputy manager had been promoted and had been managing the service with the support of the operations manager; they were in the process of applying for registration with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff with the right skills and knowledge to support people. Staff had good support and supervision to fulfil their roles effectively and felt well supported by the manager. People were protected by the service using safe and robust recruitment processes, staff understood how to recognise and raise concerns about people's safety.

There were safe processes for storing and administering medicines. Medicines were administered by trained staff and were regularly audited to ensure errors were identified quickly.

Accidents and incidents were recorded and audited to identify patterns. The manager was supported by the provider's quality assurance team to minimise the risk of repeating incidents. The risk of harm to people was reduced as risk assessments had been implemented. Staff understood that although they had a duty of care to help keep people safe, people were also free to make their own choices even if this could increase the level of risk to that person.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment.

The manager demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions and the Mental Capacity Act (MCA) 2005. They ensured people's rights were protected by meeting the requirements of the Act.

People's health needs were responded to promptly and healthcare professionals said they felt well informed about people's needs when they changed. People had choice around their food and drinks and staff encouraged them to make their own decisions and choices. Individual support was given to people with specialised requirements around their food and professional healthcare advice was listened to.

People were supported to take part in activities, which were suitable for their individual needs and had the opportunity to discuss activities they wished to undertake in the future. People discussed their aspirations with their key workers and action was taken to achieve them.

Staff demonstrated caring attitudes and communicated with people in a respectful and dignified way. People felt confident and comfortable in their home and staff were easily approachable. Interactions between people and staff were positive and encouraged engagement.

Complaints were listened and responded to appropriately. People could access an easy read version of the complaints procedure if they had any concerns about the care and treatment they received.

The provider strived to continually improve the service and to improve the lives of the people. They conducted their own internal audits and quality assurance checks so improvement was driven.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good

There were enough staff to support people and meet their individual needs.

People received their medicines safely.

There were detailed risk assessments, which were person centred and encouraged people to make their own choices.

Accidents and incidents were recorded and audited to identify patterns.

Is the service effective?

Good

The service remains Good

Staff had appropriate training to support people with their individual needs. Staff received regular supervision to support their role.

The provider was meeting the requirements of The Mental Capacity Act 2005.

People were supported to make their own choices around their food and drink. People were supported to manage their diet with input from outside health professionals.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

Is the service caring?

Good

The service remains Good

People were treated with respect and dignity.

Staff spoke with people in a kind, patient and engaging way. There was a good rapport between people and staff.

People felt comfortable in the presence of staff and were treated as equals

Is the service responsive?

Good

The service remains Good

Care plans were detailed, informative and person centred. People's aspirations were recorded and steps were taken to help the person achieve them.

People were offered varied activities to meet their individual needs and interests.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

Good

The service remains Good

Staff were clear about the aims and values of the service and said they felt well supported. Staff demonstrated positive attitudes to their work and people.

Audits and reviews were made to check what areas in the service could improve. Action was taken from audits to improve the lives of the people.

People's feedback was sought and listened. Following feedback changes were made to improve the outcomes people experienced.

Seaview

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 March 2017 and was unannounced. The inspection was conducted by one inspector.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with four people, three staff, one visitor, one relative, the new manager and a visiting registered manager from one of the provider's over services.

Before the inspection we received feedback from three healthcare professionals and after the inspection we received feedback from another three healthcare professionals.

Some people were not able to express their views clearly due to their limited communication. We observed interactions between staff and people.

We looked at a variety of documents including four people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, medicine administration records, and quality assurance information.

Good

Is the service safe?

Our findings

A relative said, "Generally staff are good, very caring I have no concerns about (relative's) treatment or safety". A healthcare professional said, "My general impression of Seaview is that it is a happy and well-run home. The staff are always helpful towards me and it is clear that my client has a good relationship with them".

Staffing was sufficient and flexible to meet people's needs, three staff were available over a 14.5 hour period during the day. At night there was one sleep in staff and one wake night staff. One person was allocated one to one support over a 24 hour period, other people shared two staff between them. The manager covered any shortfalls if there were not enough staff to cover shifts. A healthcare professional said, "There are sufficient staff on duty. The service had used agency staff to meet recruitment gaps, but the same staff were used to ensure consistency for the residents". People were responded to quickly when they asked for assistance and staff had enough time to engage with people in an unhurried and meaningful way. The manager was on call should staff need support or assistance at any time, if they were unavailable an operations manager was on call. Information was available for staff to identify which operations manager was designated to be on call each week along with their contact details.

Recruitment processes were in place to protect people: Employment gaps had been explored, references and photographic identification obtained and Disclosure and Barring Services (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable adults. Other checks made prior to new staff beginning work included references, and identification checks to ensure staff were suitable and of good character. All staff were subject to a six month probationary period. They were monitored and assessed throughout this period to ensure they were competent in their role and worked well with people.

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered and staff that administered medicines were trained to do so. When people were helped to take their medicine staff did this in an unhurried and person specific way. Temperature checks on storage facilities were taken daily and recorded to ensure the quality of medicines used. Daily audits were conducted by staff during handover of medicines to identify if any mistakes had been made. Additional monthly audits were made by the manager. All staff that administered medicines were competency checked annually. If staff made any errors with medicines they were retrained and competency checked before being permitted to administer medicines again. During the inspection one person came to the office to receive their medicines. The manager explained to the person what their medicines were for and supported the person in an unhurried way.

Staff were aware of their responsibilities in relation to keeping people safe. They knew how to whistle blow and report any concerns to the manager and also to external agencies, such as the local safeguarding team or Care Quality Commission. Staff were given sufficient training in recognising and reporting abuse. A staff member said, "I would know how to report safeguarding's. I could raise with the manager or ring safeguarding directly". Robust safeguarding and whistleblowing guidance and contact information was

available for staff to refer to should they need to raise concerns about people's safety.

People were supported well to manage their individual behaviours. The provider employed a behaviour therapist to support staff to manage people's behaviour which could be challenging towards others. The behaviour specialist conducted assessments for people that required additional support and put strategies together for staff to follow with their full involvement. The strategies offered detailed information and guidance for staff to refer to; this ensured support was offered to people in a consistent and least restrictive way. Information was broken down to highlight the most important and key point's staff should focus on to achieve good outcomes with people. For example, within the strategy documentation was a section called 'Summary of critical information' which described what staff should 'always do', 'do not do' and 'never do'. Each person's support plan was individual and personal to their own individual needs.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe in areas such as medicines, traveling in vehicles, self-injurious behaviour, routines and particular behaviours. Risk assessments included information about the support required for people to remain safe, if the risk was low, medium or high, what the likelihood of the risk was and if a risk management plan was required. People were encouraged to take informed risks to promote their choices and independence. The manager explained how one person had fedback that they wanted to become more independent when going out. The manager had made an agreement with the person that staff would observe them from a distance while they did their shopping alone. If the person needed any support, staff were close by. This had helped the person build confidence and improve their self-esteem.

People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire evacuation drills were conducted so staff understood how people's PEEPs were put into practice. Contingency plans were in place that staff could follow in the event of an emergency and alternative arrangements were planned should people be unable to use the service. A grab bag containing emergency plans and equipment was available for staff should this be required. Appropriate checks were made to keep people safe, safety checks had been made regularly on equipment and the environment. This included electrical installation, gas safety, water temperature, emergency lighting, and fire equipment checks.

There was good management and oversight of accidents and incidents. Any accidents or incidents were logged in a folder and then transferred onto the provider's electronic management system. The information was reviewed by the quality assurance team to monitor if any further action was required and to check if the manager had taken all reasonable steps to prevent a repeat of incidents, which could be avoided or managed in a more effective way. The manager reviewed accidents and incidents regularly to identity any trends and monitor if people's behaviour required further input from the behaviour specialist.

Good

Is the service effective?

Our findings

A healthcare professional said, "I was overall impressed with the care home. I feel the staff are very person-centred in their approach providing their residents choice and control over decisions. Staff are able to adapt to changes, going out of their way to liaise with the appropriate professionals. I have been kept informed with updates. I was very impressed with how reviews were set up, working on a strength-based approach and focusing on the positive things and what is going well for the service user".

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people. Records showed that all staff members received essential training to support them with their roles. Mandatory training included; fire awareness, medicines, first aid, infection control, health and safety and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, Prader-Willi syndrome (Prader-Willi syndrome (PWS) is a rare genetic condition that causes a wide range of problems. These may include a constant desire to eat food driven by a permanent feeling of hunger, learning disabilities and behaviour problems), Diabetes awareness and managing behaviours, which could be challenging towards others. Training was delivered in the form of face to face or e-learning.

New staff benefitted from a formal induction period to support them in their roles. They spent several weeks shadowing other staff as part of their induction when beginning employment with the service and were issued with an induction workbook to complete. New staff would not lone work until their competence was confirmed by the manager. The Care Certificate was issued to supplement the provider's own induction processes. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff were offered supervisions every three months to discuss their roles and identify areas of development and growth. Each year staff were given an appraisal to review their progression over the year and discuss any further goals or aspirations.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the manager. They demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions. 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Two people were subject to a DoLS to deprive them of their liberty. We saw recorded documentation of how the service had responded to meet the requirements of this law and the needs of the people. The provider was working within the principles of the Act. The manager said that people were encouraged to make day to day decisions, but a best decision process was followed when decisions were more complex and people

lacked the capacity to fully understand the decisions that needed to be made.

People were encouraged to have choice around their food and drinks, and staff understood the importance of supporting people manage their individual needs around this. A healthcare professional said, "I was impressed by the way they organise the menus, including client's wishes and recipes which they have requested". Some people had restricted diets due to their health needs and records showed that people had a diet to suit their individual dietary needs and preferences. People were supported by the relevant health care professionals, such as dieticians, to make sure they were receiving a healthy diet. Staff had good understanding around following the guidance put in place to support people to maintain their health needs well. Menus detailing the daily meal options were displayed in the kitchen, people chose the following week's menu each Sunday, numerous pictures and photographs were available to help people choose meals. On the reverse of the pictures were recipes which detailed the calorie content of the meal. This assisted staff and people to cook meals following the guidance as implemented by the healthcare professionals. If people wished to have an alternative meal option this was catered for. A staff member said, "We keep fluid charts and monitor food intake, meal times are structured. It is important to have routine to keep anxiety levels low".

People were supported well to monitor their health care requirements. A healthcare professional said, "Staff were happy to try different things to support a service user whose needs had changed a number of times over the past few years due to illness and other factors. Staff were aware of how important it is to adapt to the person, and were willing to do so. The service identified potential risks and approached their client's GP; subsequent referrals to psychology and psychiatry were made". Each person had a health action plan outlining their individual physical needs, appointments that had been attended or arranged, and hospital passports containing important medical and communication information should people need to be admitted to hospital. Another healthcare professional said, "Health needs are met and healthy diets encouraged with the full participation of the individual. The service had good working relationships with the GP, Mental Health team and Learning Disability Community Nurse".

Good

Is the service caring?

Our findings

A person said, "The foods nice I like pizza, I have my own keys to my bedroom door. Staff always ask before going in. I have pictures in my room and a key worker, we have meetings together. I went to the London Eye, the staff listen to me and are nice, (staff member) is my favourite".

Throughout our visit we observed many interactions between people and staff which were positive and encouraged engagement. People were relaxed in each other's company and had positive interactions. For example, a staff member was showing a person pictures of their family and talking to the person about them. The person enjoyed this conversation and was comfortable in the staff members company. A healthcare professional said, "Goals and outcomes are discussed and also any barriers they are facing as a home. Service users are comfortable in their home and know they can approach staff. I have also the impression the support staff in the home value their service users and go the extra mile for them".

People were encouraged to remain as independent as possible; some people helped do their laundry and cleaned their rooms with encouragement and support from staff. One person had lost some of their independence around their personal care due to having an accident a number of years ago. Their care plan stated, 'Before (person's accident) they could complete their routine independently with minimal prompts from staff, this is what we are aiming to achieve in the future so (person) is able to gain more independence and privacy'. Staff understood people's specific needs well. For example, one person could become distressed if they were told too soon about activities or appointments which were happening during the day or future. Staff were aware this could be distressing to the person so were careful when communicating specific information to them. This had been well recorded in the person's care plan which stated, 'To make sure my daily routine is followed and have choices of activities to do. Not to tell me about up and coming plans until the day as this causes me to become fixated on this and anxious'.

A healthcare professional said, "The manager and staff have a very caring approach and treat people with dignity and respect. During my visit I witnessed good interactions between the support workers and residents". Another healthcare professional said, "Staff come across as respectful, as well as genuinely kind and caring, and I think the service users seem to pick up on that honesty and genuineness". Throughout our inspection people came and went as they pleased and had several areas where they were able to spend time, such as the garden, the lounges, the 'Happy room', or their own room. The manager had an open door policy, and we observed people frequently coming in and out of the office to talk to them. People were always spoken with in a dignified and respectful manner, it was apparent that people felt confident and comfortable in their home and that the staff were easily approachable.

People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys and photographs to make their rooms feel homely and comfortable. One person told us they had decorated their room how they liked, choosing their preferred colours and furnishings. Staff knocked and asked for permission before entering people's bedrooms and people kept their bedrooms locked if they wished to. One person asked us to go to their room with them so they could show us their bedspread, pictures and personal items which they had chosen.

Each person was assigned a key worker. Following key worker meetings a report was produced to outline the achievements the person had accomplished since their last meeting and to monitor their general health and wellbeing. A discussion around what was working well for the person and was not working as well was also included. This demonstrated staff took a person centred and meaningful approach to supporting people's individual preferences and needs. People were included in all aspects of their care and treatment and consulted about their wishes. If people needed help to make specific or complex decision they were supported to obtain advocacy services.

Good

Is the service responsive?

Our findings

One person said, "You can look in my plan (care plan). I don't look in it much but could; it's about my support plan. The staff know how to help me". A healthcare professional said, "My client has lots of activities, and staff have enabled them to overcome some of their anxieties which at their previous home they was unable to tolerate. They were also very prompt at recognising health problems and having the relevant treatment organised swiftly. I have had no concerns at all about the care at Seaview, and have always enjoyed my visits there to see my client".

People's care files were written in an easy read format which included pictures to help people understand its content. Information included, a relationship map, one page profile, what was important to the person, how to support the person well, communication information, decision making information, risk assessments and guidance to support people manage behaviour which may challenge others. A healthcare professional said, "Support plans are detailed with appropriate guidelines and risk assessments in place. One individual was working towards a move into supported living, with the service helping them to develop the skills needed for the transition".

Care plans were meaningful and contained specific detail so staff could understand people better. For example, one person's support plan said, 'I can take time to process information, my speech can become slurred when I'm tired and at times I can be difficult to understand'. The person's guidance went on to describe what particular actions or behaviour could mean and what staff should do to support the person well. For example, if the person paced around the house it could mean they would like to ask you something and you should ask the person what is on their mind. If the person raised their hands to their face or covered their mouth and nose it could mean they were excited about something. Care plans had been reviewed regularly to ensure information was still current and reflective of people's needs. Staff demonstrated a good understanding of people's individual needs and preferences and could describe to us in detail how they supported each person individually.

Each person was assigned a key worker who had responsibility for updating the support guidance within the care plan, arranging special days out and birthdays. Key workers also arranged key worker meetings and communicated with other members of the team about the needs of the people they were key working with. This ensured each person's current needs were well supported and understood by staff. People's care plans contained information about their history which included photographs which made the information more meaningful to the person. Staff told us they found the care plans easy to use and useful for guiding the way they supported people. A staff member said, "I do refer to the care plans as I work in other homes. There's good communication here, information gets passed on".

During people's key worker meetings areas that people expressed an interest in were documented and re-reviewed at subsequent meetings. One person had said they would like to spend one to one time with staff before they went to bed to talk about anything they was on their mind. The person also wanted to be in charge of wiping and setting the dining table. A staff member said, "Both of these things sometimes happen now, depending on (person's) mood. The meetings give people a chance to say what they want to do and

we can see how far people have progressed".

People were offered opportunities to pursue personal interest, hobbies and educational experiences outside of the service. During the inspection everyone went out to do various activities. One person went out with their relative shopping and to have lunch and other people went for a picnic and to feed the ducks. A healthcare professional said, "I found the service to be responsive to people's needs delivering person centred care tailored to each individual. People had the opportunity to engage in a wide variety of activities and access local community facilities. One person was supported to volunteer at a steam railway, another person worked in a local charity shop".

Some people went to the day centre each week; other people chose what they wished to do on a daily basis. During house meetings people had the opportunity to discuss activities they may wish to try or places they wished to visit. One person had an activity schedule in the office which helped them plan their week which gave them reassurance. During the inspection this person showed us their planned activities and explained what they would be doing each day for that week. People had been on holiday, some people had gone to Centre Parks and one person went to Disney Land Paris. One person had opted to purchase a Merlin pass for the year instead of a holiday so they could attend numerous days out to various attractions. Their options around this were clearly explained and recorded in their care plan demonstrating they had been given information to make their own choice and decision. One person had expressed a wish to go on the ferry to France for the day; staff explained they would need to purchase a passport which they helped the person do. People had chosen to go on recent day trips to Dover Castle, and the London Eye. Within the service people could choose other activities to participate in such as arts and crafts or cooking.

The service responded to complaints appropriately. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the process. An easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. Most people were able to verbally complain or use picture prompts to help express themselves if they were dissatisfied with any areas of their care and treatment. Staff had a good understanding of peoples individual body language and communication so could recognise signs if people were unhappy. There were no open complaints at the time of the inspection.

Good

Is the service well-led?

Our findings

Relatives and visiting professionals were positive about the service. Their comments included: "The staff team presented as very enthusiastic, engaged, and thoughtful. They were able to reflect well on the challenges of working in residential care. The staff team seemed well aware of the different service users' needs. There is a great atmosphere amongst the staff team, and clients pick up on this and mirror this". "They care for the client group, put the clients first and always accept advice from other professionals".

Although the manager was not registered with The Commission they had started the process of applying for their registration. The manager had worked at the service for a number of years as the deputy manager and had a good understanding of the people, staff and service.

There was good communication and processes between staff to ensure people's daily needs were met. A staff member said, "Handover is done in the office with all staff, the senior will inform staff about the day, a senior is always on shift who runs it. They allocate who is doing medicines and who is with who for the day". Areas covered in the handover and shift planner sheets included, money, activities, medicines, keys, daily fire checks, notes on what's happened throughout the shift and what needed to be done in the next shift. Staff used a communication book for general messages which helped staff who had been away from the service catch up with important information or events during their absence. Staff had regular meetings to discuss areas of the service such as action plans from previous meetings, health and safety, infection control, and communication. A staff member said, "Team morale is good, people speak to each other, I know I could speak to the manager or team leaders. Even though I'm bank staff I'm completely in the loop about what happens here".
The provider offered staff resources to encourage inclusion and maintain good communication. For example, each staff member was issued with a staff information booklet annually which gave them various information to support their roles. Included in the booklets were key contact information, a summary of the Mental Capacity Act, information regarding safeguarding, accident and incident reporting and details about training. A staff member said, "I can go to the manager, I know my position, we want to ensure the service is safe, effective, responsive, caring and well led. We get emails from head office telling us of new news which is printed out and kept in the communications folder".

The provider strived to continually improve the service to enhance the lives of the people. Quarterly audits were conducted to identify areas of the service requiring further work to improve. Consolidated action plans were produced following the quarterly audits outlining staff responsible for improvements with agreed timescales. The audit conducted during February 2017 had highlighted that people's weights had not been monitored each month when this had been highlighted as an individual need and fire drills had not been undertaken at a minimum of six monthly intervals. Action had been taken to improve these areas. Staff had been issued with a copy of the action plan which they signed to agree they had read and understood the action they should take to improve outcomes for people.

An annual service review was conducted by the provider so future plans for improvement could be planned and areas which had improved could be recognised. The manager conducted their own internal audits on

areas such as vehicle safety, wheelchair checks, equipment, medicines, cleanliness, and first aid kits. This maintained good oversight of the service so if issues were identified action could be taken immediately to improve the service people received. The manager said, "Our vision, mission and values are to deliver world class outcomes in the highest quality homes with innovative support".

The provider had listened to people and acted on feedback. Questionnaires had been sent to people, outside professionals, relatives and staff. Questionnaires were produced in an easy read format with pictures to help people understand their meaning. Relative had fedback that some areas of the service could be improved cosmetically; following this feedback some of the doors were given maintenance. Comments from the questionnaires included, 'Fantastic place to work, nice to work in an open environment'.