

Helen Gifford

# Seabank House

## Inspection report

111 Seabank Road  
Wallasey  
Merseyside  
CH45 7PD

Tel: 01516302791

Date of inspection visit:  
09 December 2019

Date of publication:  
13 January 2020

### 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

Seabank House is residential care home providing personal care to eight people at the time of the inspection.

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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was a period domestic style property. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other larger domestic homes of a similar size.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good.

People living at the home benefitted from individualised care and support. Seabank House had a relaxed and friendly atmosphere. People told us they truly thought of it as their home. There were no set routines and people's choices dictated the course of the day.

The philosophy of the service was to empower people to develop their standing in their community. People were supported and encouraged by staff to be a part of both their local and wider community. The home was situated close to public transport links and good local amenities, meaning it was easier for people to access their community.

People received care and support from staff who were genuinely caring and compassionate and were supported by staff who were familiar to them. Many staff had worked at the home for a long time and had formed strong relationships with the people they supported.

Staff provided care and support in a dignified way and with consideration. Staff took care to encourage and maintain people's independence as far as possible.

People were supported in such a way that allowed them 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.

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 as many opportunities as possible for them to gain new skills and become more independent.

Staff were well supported in their role with appropriate training and supervision. Staff had also received additional training to meet the specific needs of the people they were caring for.

Checks and audits were carried out to determine the quality and safety of the care and support being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

Feedback about the management of the service from people, their relatives and staff was positive.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted person centred care and transparency within the service.

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

At our last inspection, the service was rated "Good." (Report published June 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Seabank House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Seabank House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 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.

#### During the inspection

We spoke with a senior support worker and two support staff. We also spoke with three people who used the

service and made observations of care and support throughout the day.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professional who regularly worked with the service. We spoke with three relatives of people who use the service to help us gain a better understanding of people's experiences of their care and support.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's feedback and their relatives told us they felt the care and support received by staff was safe. People told us, "Yes I feel safe here, all of the time" and "Yes, it's safe." A relative commented, "It's safe there, I have total peace of mind."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people, whilst still respecting people's freedom.

Staffing and recruitment

- People received care and support by staff who were familiar with their individual needs, preferences and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medicines were managed safely and administered by staff who were trained to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- Staff had access to personal protective equipment (PPE).

Learning lessons when things go wrong

- Any incidents and accidents were reviewed by the registered manager to identify any themes and trends. This helped to prevent reoccurrence in the future and minimise risk to people.

# 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 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's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care and support records evidenced the involvement of people and relevant others such as relatives.
- Records were individualised and contained details of people's preferred routines and preferences.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Most staff had undergone additional training to help meet the specific needs of people.
- Staff were competent, knowledgeable and skilled to perform their roles.

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

- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
- Staff supported people attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

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

- Risk assessments were carried out to check the environment was safe.
- People were able to personalise their own rooms. Staff supported people to shop for bedroom furniture and accessories so that each person's room was unique to them.

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).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's capacity to consent to care documented in their support files. Staff asked and explained to people before giving care and support.

# 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 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

- Staff were motivated about ensuring people were well treated and supported. People received support from the same members of staff, many of whom had worked at the home for a long time. As a result, staff knew people's individual needs and preferred routines well. One member of staff told us, "We really look after the residents here, it's family like, we know each one, I really love it here."
- People and their relatives told us they were satisfied with the care people received. One person told us, "The staff here are good." Comments from relatives included, "[Name] is well looked after and happy," "Staff have really got to know [Name's] needs and their character" and "Staff are so nice and friendly."
- A visiting professional told us, "The relationships between the residents and the staff are genuine. I have nothing but praise for the staff."

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

- People's communication needs and any assistance they needed was recorded in their care plan. This provided staff with guidance on the most effective way to communicate with each person.
- People were given the right support to make decisions and choices about their care. People were fully involved in their care and choices around their support.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff were considerate and supported people in a discreet and dignified manner.
- People's care records were stored securely to protect people's confidentiality.

# 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 good. This meant people's needs were met through good organisation and delivery.

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

- Staff were key in the deliverance of support which was unique to each of the people they supported. There was no set routine to the day and people had choice over how they spent their time.
- The service helped facilitate opportunities for people which were meaningful to them. Staff took the time to find out about how people preferred to spend their time. People were encouraged to use public transport and access the community. As a result, strong links with the community had been formed.
- People enjoyed trips to cafes, museums, shopping centres, parks and other places of interest. People had a say in what they wanted to do. People told us about how they had enjoyed trips to London to see their favourite music artists in concert and holidays they had taken each year. One person told us, "I loved going to see the concert and will always remember it." These trips clearly meant a great deal to people and left them with fond memories.

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

- People were asked about their desired outcomes and goals. Staff understood the importance of knowing a person's background to provide person-centred care and support, in line with the person's wishes. A relative told us, "Since being at Seabank, [Name] has become more confident and independent."
- People were at the heart of their care and support plans and their individual wishes, needs and choices were considered. Emphasis was placed on support being given from the person's perspective. Care plans were not just used as a formal record of people's support requirements but as an invaluable tool which enabled staff to care for people in the most effective way possible.
- People's care plans were updated regularly to reflect any advice provided by health care professionals, one professional told us, "If I give advice, staff take heed right away and take it all on board."
- One relative described how they were always invited to their loved one's healthcare meetings so they were kept fully informed. This was important to both the person and their relative.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

End of life

- Although there was nobody receiving end of life care at the time of our inspection, staff had received training and worked in conjunction with other healthcare professionals to ensure people received dignified end of life care and support.

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.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their support plan.
- Important information such as people's care plans and the service user guide were provided in alternative formats to ensure that each person's understanding.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection the service had not received any complaints. People told us they would talk to staff if they had any issues. One relative told us, "I have never complained, but if I did need to, I wouldn't hesitate, I know it would get sorted out."

# 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 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 culture of the service focused on ensuring people received person-centred care and support in a home they could call their own that met their needs and preferences.
- Systems were in place to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Continuous learning and improving care

- The service was committed to further enhancing the quality of care for the people it supported. The registered manager was keen to further develop relationships with external organisations (such as health care professionals) to help provide better support for people.
- The registered manager was continually reviewing and learning where possible.

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

- The registered manager promoted individualised care and support for people who used the service. They demonstrated transparency in the running of the service and was well respected by people, relatives and staff alike. Relatives told us, "[Name of Manager] always lets me know what is going on" and "The manager is friendly, approachable and I can always approach them if I have any queries."
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- People were encouraged to put their opinions and views forward. Questionnaires were used to gather feedback, people were also able to feed their views back to staff at any time.
- The registered manager held regular staff meetings. Staff told us they felt comfortable to raise any issues or suggestions they had at any time.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups. One health care professional who regularly worked with the service told us, "I have no concerns with the service, staff are always willing to take on advice and

contact me if there are any issues." □

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 management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.