

Oaks Health Limited

Seaview

Inspection report

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Essex
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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

We inspected Seaview on the 11 December 2018.

About the service:- Seaview caters for up to five people with learning disabilities. At the time of our inspection five people were using the service. The service had spacious living areas and was set over two floors. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good (report published 6 May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

Seaview

Detailed findings

Background to this inspection

The 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.

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

Seaview caters for up to five people with learning disabilities. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 took place on the 11 December 2018 and was unannounced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we communicated with three people and observed their interactions with staff. We spoke with the registered manager and two care workers. We reviewed care files and records held in relation

to the running of the service. After the inspection we rang and spoke with two relatives to gain their views and feedback on the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes.

- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A relative told us, "[person name] is very happy living at the service."
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff said, "I would record everything and report to the manager, if they did not do anything I would report it to the owner or go to the CQC and safeguarding."
- The registered manager protected people from financial abuse and supported people to manage their money.

Assessing risk, safety monitoring and management.

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence.
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid, if they needed immediate assistance from medical services they knew to call for an ambulance or would get support from the GP.
- People were cared for in a safe environment. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the registered manager employed people with the skills to complete these.

Staffing levels.

- People received care from a consistent staff team who had the skills to deliver high quality care. Staff told us there were enough staff available to support people with all their needs, including trips into the community.
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for. One member of staff told us, "There is always enough staff on duty we never work short staffed."

Using medicines safely

- Medicines were managed and administered safely. Only trained and competent staff supported people with their medication. The registered manager ensured staff training was kept up to date and observed medication practices. Regular audits were completed and the pharmacy provider also completed a yearly review at the service.

Preventing and controlling infection.

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.

Learning lessons when things go wrong.

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were consistently assessed and reviewed with people to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.

Staff skills, knowledge and experience.

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. The registered manager ensured staff were kept up to date with training and where there was an identified need provided additional training. For example, all staff had received training in Autism management when this became a need identified for people living at the service. A relative told us, "Before [person name] went to live at the service all staff had training to understand their needs."
- Staff felt supported at the service. Staff told us they had regular staff meetings to discuss the running of the service and people's needs. The registered manager told us that they had supervision with staff and completed yearly appraisals.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink. Staff met with people and went through menu plans to identify people's likes and dislikes and adapted their request and diets to their needs. Where people required support with special eating plans we saw the manager had got advice from dieticians and speech and language therapists. A relative said, "They have done really well with [person's name] weight and have encouraged them to lose weight, which they feel much better for doing."

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- Each person had a health action plan in place and a health passport if they needed to access hospital care. The registered manager had been very proactive in supporting people to access the appropriate health support when required.

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

- The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms with ensuite facilities. We saw that all the rooms had been individually decorated the way people wanted them. The registered manager told us that they had recently decorated the lounge and dining room and people had been involved in picking colours and wall designs.

Ensuring consent to care and treatment in line with law and guidance.

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments and where necessary lasting power of attorneys had been put in place for people. This told us people's rights were being protected.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People indicated to us they were happy living at the service. Relatives we spoke with supported this view, one relative told us, "[person name] is very happy there. The staff really do think of everything, [person name] is very happy and content. Another relative told us, "The staff have been exceptional, they really understand [person name] and have really helped with their behaviour. I think the progress they have made has been exceptional."
- Staff we spoke with demonstrated they knew people well and spoke with kindness and fondness of people. A relative told us, "[staff name] really has done so well working with [person name] they really love them."

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

- Care was planned in a very person-centred way and staff had spent time getting to know people and the best way to communicate with them to get their views. Staff spent time going through people's care plans with them to discuss their aims, wishes and goals. One member of staff told us how they did this in stages with people and were led by them and how much they wanted to do at any one time. We saw that care plans were very detailed outlining people's likes/dislikes and preferences for care and support.
- Where appropriate families were involved with decisions about care and also advocates. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.

Respecting and promoting people's privacy, dignity and independence.

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day. We saw that one person had their own car and staff supported them in going out to places they were interested in visiting each day.
- Staff supported people to have private time if they wished and respected people's rooms were their own personal space. Where some people were hard of hearing they had doorbells fitted which flashed a light so people knew if somebody wanted to enter their room.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

How people's needs are met.

Personalised care.

- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- Before people came to live at the service staff spent time getting to know them. A relative told us, "We had a really slow transition and staff spent a lot of time getting to know [person name] and made sure that they were happy to go and live there."
- The service remained responsive. We saw the registered manager had been very proactive in arranging equipment and specialist appointments with other health professionals when people's needs had changed to ensure they received the support they required.
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Each person had very individualised communication plans in place this included using pictures and communication boards. We saw one person was able to communicate by focussing their eyes on pictures the staff had developed different pictures which were meaningful to the person. For example, they had arrows indicating if they wanted to move up or down their bed and a sign of a door ajar to indicate if they wanted their door open or closed. Staff had also undergone training in British sign language and we saw people communicating with staff using signs.□
- People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed. A relative told us, "[person name] is well known in the local area, they go out to the café and staff take them to fly their kite." Another relative told us how they had enjoyed going away on holidays.

Improving care quality in response to complaints or concerns.

- The registered manager had a complaints procedure in place and responded to any complaints in a timely way. Relatives told us they generally did not have any concerns but were happy the registered manager would deal with these if they did have

End of life care and support.

- The service did not specialise in end of life care and had a relatively young client group. However, the registered manager was confident that they would access support from the relevant health professionals if required.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management.

- Staff shared the manager's vision for the service to give people the best possible care that is safe and promotes choice. One member of staff told us, "We want people to enjoy life." Another member of staff said, "We want to make the best possible life, to listen to their choice and make as confident as we can." Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements
- The registered manager understood their registration requirements including notifying us of significant events that happened at the service and displaying their latest report and rating. They were also aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and said they felt they had a good team. Staff told us that they had regular team meetings and handovers to discuss people's care.
- The service was well led. Staff were given individual responsibilities to ensure the safe running of the service. One member of staff told us, "I take a lead in first aid and check equipment, I also do health and safety checks."

Engaging and involving people using the service, the public and staff.

- People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. People's opinions had been sought on activities and important decisions about the service, such as redecoration. People also discussed food and activities and reviewed their care plans regularly with their key workers.
- The registered manager also sent out a yearly questionnaire to people, relatives, staff and other health professionals to gain their feedback. In addition, there was a suggestion box and a voting system in place for staff and people to vote for an employee of the month.

Continuous learning and improving care; Working in partnership with others.

- The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety and care records this information was used as appropriate to continually improve the care people received.
- The service had been developed as a small family home in the middle of the community. The registered manager told us the home was inclusive in the local community and people regularly accessed community facilities.

