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Sea Bank House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection was carried out on the 01 and 03 of July 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection.

We last inspected Sea Bank House on the 18 October 2013 and identified no breaches in the regulation we looked at.

Sea Bank House is situated in the seaside town of Knott End On Sea. The home is registered to provide care and accommodation for up to 23 older people. The home has planting and benches set in the front gardens and a seated decking area is available at the rear of the home.

The home is located in Knott End and is close to local shops. It is situated over three floors with lounges and dining areas on the ground floor. The first and second floor are accessed by a lift.

Summary of findings

The home has a manager who is registered with the Care Quality 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.

During the inspection we saw people were supported to be as independent as possible. We observed staff responding to people with compassion and empathy and people were seen to be engaging with staff openly.

People told us they liked the food provided at Sea Bank House and we saw people were supported to eat and drink sufficient to meet their needs. We saw evidence that when appropriate, people were referred to other health professionals for further advice and support.

We checked to see if medicines were managed safely. We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. We found there were suitable arrangements in place for the ordering and disposal of medicines. However we found best practice for storing medicines was not always followed. We have made a recommendation about the storage of some medicines.

During the inspection we visited all areas of the home. This allowed us to check the home provided suitable

facilities for the people who lived there. In some rooms we saw there were no window restrictors in place to minimise the risk of falls, or to prevent people from injury if they walked into them. We also saw there was no documented risk assessment in place for a balcony area.

We have made a recommendation about the management of risk associated with falls from heights.

There were sufficient numbers of staff on duty to meet people's assessed needs and staff were knowledgeable of these. The staff we spoke with could explain the reporting processes in place if they suspected people were at risk of harm or abuse and everyone we spoke with told us they felt safe. We found the processes for reporting allegations of abuse to the Care Quality Commission required improvement.

We saw care documentation provided information on the needs, wishes and preferences of people who lived at the home and during the inspection we observed care being delivered in accordance with these.

Processes to ensure that people's freedom was not inappropriately restricted were in place and staff were able to describe restrictive practices that may indicate a person is being deprived of their liberty.

People who lived at Sea Bank House, their relatives and staff we spoke with told us the registered manager was approachable and listened to them. We saw systems were in place to monitor the quality of the service.

Summary of findings

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 not always safe.

Medicines were not always stored safely.

We found staffing levels were sufficient to ensure people's safety and meet their needs. Also, people were protected from unsuitable personnel working in the home as safe recruitment practices were followed.

People told us they felt safe and staff were knowledgeable of the processes in place to report any concerns or suspicions of abuse. However processes for reporting allegations of abuse required improvement.

Requires Improvement



Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's health was monitored and referrals made to other health professionals to ensure care and treatment met their needs in a timely manner.

Processes to ensure that people's freedom was not inappropriately restricted were in place. Staff were able to explain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and how this related to people who lived at the home.

Good



Is the service caring?

The service was caring.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Interactions between staff and people who lived at the home were affectionate and respectful.

Good



Is the service responsive?

The service was responsive.

People were provided with and encouraged to engage in activities that were meaningful to them.

There was a complaints policy in place to enable people to raise concerns if they wished to do so and people were encouraged to make comments about the service provided.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager had developed positive working relationships with the staff team, relatives and people who lived at Sea Bank House.

The registered manager carried out a variety of checks to ensure any improvements to the service were identified. The registered manager also received support from the senior management team to ensure the quality of the service was maintained.

Good



Sea Bank House

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 was carried out on the 01 and 03 of July 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection.

On the first day of the inspection two adult social care inspectors were present. On the second day of the inspection one adult social care inspector was present.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us

plan the inspection effectively. We received feedback from a relative who had a family member at the home who shared their views regarding a safeguarding event. We also contacted a member of the local commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with nine people who lived at Sea Bank House, three relatives, four care staff, the cook and the registered manager. We also spoke with two visiting health professionals.

We looked at all areas of the home, for example we viewed lounges, people's bedrooms and a communal bathroom. At the time of the inspection there were 21 people resident at the home.

We looked at a range of documentation which included three care records and three staff files. We also looked at a medicines audit, environmental audit and a sample of medication and administration records.

Is the service safe?

Our findings

People told us they were happy living at Sea Bank House. People told us they did not have to wait for staff support. We were told, “Wait? No. You don’t have to wait here.” And, “They’re excellent; my experience is they come straight away.” Also, “There’s enough staff here don’t you worry. This is a lovely home.”

On the day of the inspection we were told there were 21 people living at the home. Two of these people required support from two staff. The registered manager told us it was usual to have three care staff on duty during the day and two at night. We asked the registered manager how they ensured sufficient numbers of staff were available to meet people’s needs. The registered manager told us they did not use a formal assessment tool to calculate the number of staff required; they reviewed the needs of people daily and carried out observations to ensure people’s needs were met promptly. They also explained that if people’s needs changed they would ensure additional staff were provided by increasing the staffing provision at the home. The registered manager told us they did not use agency staff at the home as they preferred people to receive care from staff that knew people’s needs and that people had a relationship with. We looked at two weeks rota which was reflective of the manager’s explanation.

The registered manager told us a variety of people were employed to ensure the care staff were enabled to deliver care. These included a chef; housekeeper and a laundry person. They explained that this helped ensure people’s needs were met in a prompt way as care staff were not routinely engaged in other tasks.

We observed people were supported quickly if this was required. We saw numerous occasions where people asked for support and this was provided. One person asked for a cold drink and this was given to them immediately. A further person asked for help to find a possession in their room and staff provided this without delay. We also observed staff sitting with people and talking with them. The atmosphere was relaxed and calm and people welcomed the presence of staff. Three relatives also told us they had no concerns with the staffing provision at the home. They told us the staff supported people quickly and were knowledgeable of their family member’s needs and preferences.

Staff told us they considered they had sufficient time to support people in the way they requested. They confirmed that if extra staffing was required the registered manager ensured this was available. Our observations and the feedback we received showed us sufficient staff were available to meet people’s needs.

Staff we spoke with told us that prior to being employed by the service they had completed a Disclosure and Barring Check (DBS). These checks are important as they help ensure staff who are unsuitable to work with people who may be vulnerable are not employed. We reviewed documentation that confirmed the checks took place.

We asked the registered manager to explain how staff conduct and behaviour was maintained to an acceptable standard. The registered manager told us the home monitored the performance of staff through quality assurance checks and would respond to any issues by implementing disciplinary procedures. We viewed three personnel files which demonstrated the procedures in place. We observed evidence in files that when allegations had been made investigations had been carried out and disciplinary procedures had been instigated. This helped ensure the safety of staff practice.

People we spoke with told us they felt safe. Comments we received included, “Yes, I feel safe.” And, “This is a good home with good staff. I’ve always felt safe here.” Also, “It’s never crossed my mind to ask if I feel safe so that should tell you I do.”

The staff we spoke with were clear they would report any allegations or suspicions of abuse to the registered manager. Staff could give examples of the types and signs and symptoms of abuse and said, “Keeping these people safe is so important. I would want my Mum kept safe and I wouldn’t question if I should report or not. I would just do it” And, “We know the people here and anything, anything at all, a change in behaviour, bruising or missing money, I would go straight to the manager.”

We discussed the management of safeguarding incidents with the registered manager as a relative had shared their experience with us prior to carrying out the inspection. The registered manager told us they would report any suspicions or allegations of abuse to the appropriate safeguarding authorities. During the inspection we saw evidence that this took place if required.

Is the service safe?

The Care Quality Commission (CQC) is required by law to be notified of safeguarding events by providers. At Sea Bank House we were made aware of safeguarding events by the local authorities. There was no evidence on our system to show the required notifications had been received by the CQC, from the provider. Following the inspection we discussed this with the registered manager who told us notifications had been submitted to us by post while they were on annual leave. The registered manager told us that they had reviewed the system in place and in future would ensure that a reference number was obtained from the Care Quality Commission to evidence that notifications had been made in a timely way.

We saw risks to people's health and wellbeing were monitored. For example we saw risk assessments in place to identify if people were at risk of falls, weight loss and skin integrity issues. The care records we viewed also showed us individual risk assessments were carried out as required. For example we saw a risk assessment was in place to minimise the risk of falling on stairs. During the inspection we observed staff following the risk assessment to ensure the person's safety was maintained. We also observed a person being supported to mobilise. We saw this was carried out in accordance with the risk control measures in place and with patience and consultation with the person involved. This ensured the risk of the person falling was minimised whilst still promoting their independence.

During the inspection we noted a bedroom on the second floor had window restrictors in place which could be altered to allow the windows to open freely. On the third floor we saw five bedrooms where velux windows were in situ. The windows opened freely and posed a risk of people walking into them or of people accessing them and falling from them which may result in injury. We discussed this with the provider who told us they would address this with the owner. On the second day of the inspection the registered manager told us they were currently sourcing appropriate restrictors to ensure people's safety was maintained. We also saw there was an external balcony in place for people who lived at the home to enjoy. At the time of the inspection there was no documented risk assessment in place to demonstrate the area had been risk assessed to minimise the risk of falls or injury. This was provided to us following the inspection.

During this inspection we checked to see if medicines were managed safely. We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed.

We observed medicines being given at two separate times. We saw the administering staff explained to people what the medicine was for and asked if they were ready to receive it. We observed the staff member checking the MAR and then checking the medicine before giving it to the person. When the person had taken it, the staff member then signed the MAR record. This minimised the risk of medicine errors occurring and helped ensure accurate records were maintained. Staff were patient with people and helped people understand what their medication was for.

We discussed the arrangements for ordering and disposal of medicines with the administering staff. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. The staff member told us they had received training to enable them to administer medicines safely and this was refreshed on an annual basis.

We saw some medicines were not stored in a safe way. Some medicines required storing in a fridge to maintain their efficiency. We saw the fridge was not lockable and was in the main kitchen. This was accessible to staff who were not authorised to administer medicines. We also saw controlled drugs were stored in box in a locked medicines trolley. We saw the box had the key within the lock. Controlled drugs are medicines which may be subject to misuse and therefore require specific storage to maintain their safety. We discussed this with the registered manager who told us they would ensure the key was removed and given only to staff who were authorised to administer medicines. Following the inspection the registered manager emailed us confirming this had been done. We spoke with the registered manager who told us a safe had been purchased for the storage of controlled drugs and was now in use. We also received written confirmation that the medicines that required cold storage would be stored in locked box, and the key would be accessible only to authorised staff.

We also saw there were no protocols in place for PRN medicines. PRN medications are given on an "as needed"

Is the service safe?

basis for specific signs & symptoms of illness and should instruct staff when and how PRN medicines should be given. Staff explained they referred to a recognised reference book for further advice and in addition the medicines all contained patient information leaflets which contained specific guidance and advice. We looked at a sample of four PRN medicines and saw the patient information leaflets were in place. We discussed this with the registered manager and following the inspection the registered manager provide us with a 'PRN Protocol' template they were planning to introduce.

We recommend the service considers best practice guidance on the storage of medicines and updates their practice accordingly.

We recommend the service considers relevant information from a reputable source in the management of risks in relation to falls from height.

Is the service effective?

Our findings

The people who lived at Sea Bank House told us they received support from staff if they needed to see other health professionals. Comments we received included, “The staff arrange for me to see a Doctor if I need too.” And, “I see a District Nurse and the staff sort it all out for me. It’s a great comfort knowing I can rely on them.” Also, “I don’t worry about that sort of thing, I don’t have to you see, the staff sort out all my appointments for me.” One relative commented, “They will get the Doctor in for my [family member] and have done several times on her behalf.” The documentation we reviewed also showed us people were referred to other health professionals as required. In addition we spoke with two visiting health professionals who both told us the home communicated well with them and made prompt referrals when this was required.

During the inspection we saw one person discussed a concern regarding their health with a member of staff. The member of staff listed to the person’s concerns and it was agreed with them they would make an appointment to see the doctor. We saw the appointment was made and this was confirmed with the person. This demonstrated people’s concerns were listened to and referrals made to health professionals appropriately in a timely manner.

We asked staff what training they received to enable them to give safe and effective care. All the staff we spoke with told us they had received an induction prior to working unsupervised with people who lived at the home. They told us they completed practical training in moving and handling and first aid and also completed training in fire safety, safeguarding, infection control, and infection control. They also explained they had completed a period of shadowing and been introduced to the people who lived at Sea Bank House. Staff told us they had completed training in medicines management, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and dementia awareness. We saw a training matrix was in place which evidenced that staff had received training. We also looked at personnel files which contained individual certificates of staff attendance at training. This demonstrated training was provided to ensure staff skills remained up to date.

We asked the registered manager what service specific training had been completed by staff. The registered manager told us and staff confirmed that further training

was being planned areas such as sensory loss, Parkinsons and strokes. The registered manager also told us a member of staff had been trained in venepuncture. This is a procedure in which blood is taken for testing and is carried out at the instruction of a health professional such as a Doctor. The registered manager explained that this had benefited people who lived at the home as they were able to have blood taken from a staff member who was known to them. In addition, this minimised the delay between the Doctors instruction and the procedure being carried out. We spoke to the member of staff who had completed the training and they told us they had completed a recognised course to enable them to do this. In addition they told us they spent time at the local health centre to ensure their skills remained up to date. This demonstrated training specific to the needs of people who lived at the home was provided.

Staff told us they received supervisions and appraisals to enable them to discuss their performance, abilities and training needs with the registered manager. All the staff we spoke with told us the registered manager was supportive of their role at the home and was available to discuss any concerns at any time. We also looked at two staff personnel files and saw documentation that evidenced supervisions and appraisals took place. This is important as it enables staff to discuss any learning needs and their performance and develop solutions if required.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager told us they were working with the local authorities to ensure applications to lawfully deprive people of their liberty were made appropriately and we saw evidence that an application had been made in one of the care records we viewed.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Is the service effective?

Safeguards (DoLS) and how this related to the day to day practice in the home. Staff told us they would talk to people to try and ascertain their wishes and involve family members if decisions were required to be made. Staff were able to give examples of restrictive practices and without exception told us they would refer any concerns to the registered manager for their action.

People were enabled to eat and drink sufficient to meet their needs. We observed three mealtimes at Sea Bank House. We saw people were asked to choose from a varied menu in advance and the meal of their choice was provided to them. One person declined their chosen meal and we saw an alternative meal was provided promptly. We saw the dining room was attractively arranged to allow people to sit comfortably and talk to each other during their meal and we saw people were offered a choice of where to sit. If people chose to sit alone or eat in their room, this was accommodated.

The meal provided was well presented on clean plates and people were asked if they needed support to cut up food or add condiments. We observed one person being supported to eat and saw they were offered protective clothing to maintain their dignity. The staff supporting them consulted with them throughout the meal by asking what they would

prefer to eat next from their plate. This is important as it enables choice and may support people to eat sufficient to meet their needs. The mealtime was relaxed with music playing quietly and we heard positive comments about the food provided. These included, "That fruit was really lovely." And, "The gammon was just right."

During the inspection we saw hot and cold drinks were freely available. Drinks were offered in the morning and afternoon and we observed staff asking throughout the day if people would like additional drinks and snacks. We saw biscuits were provided and staff told us they also provided other snacks such as fruit, toast or cakes on request. This was confirmed by speaking to the people who lived at Sea Bank House. People also said, "The food here is great." And, "The foods nice and there's lots to choose from." Also, "We get ample to eat."

We saw people's care files contained nutritional risk assessments to ensure any areas of concern were identified. People's weight was regularly monitored in accordance with assessed needs and when appropriate people were referred to other health professionals for further advice and support. This helps ensure the care provided is adequate for people who are at risk of weight loss.

Is the service caring?

Our findings

People told us the service was caring. When asked to give examples of this people told us they were consulted, treated with respect and cared for. Comments we received included, “Everyone here is lovely. I haven’t got any family and the staff know that so they talk to me about theirs. I love it. I feel included and loved.” And, “This home is just that, a home. You can relax here and be cared for...as much or as little as you like, that’s up to you.” Also, “I wouldn’t be anywhere else, This home is lovely and the staff are excellent. They look after me well.”

People told us staff consulted them about their wishes regarding their care and they were able to choose the level of support staff provided. The documentation we reviewed was detailed and gave clear instruction on the support agreed with people. One person described how they were supported to maintain their independence with personal care. They told us, “Nothing is ever just done for me – I’m in control and decide what help I need.” Another person said, “I can talk to staff about my care and they take everything seriously. I feel happy here because it’s my opinion that counts.” “We also spoke with three relatives who told us staff had sought the opinions and wishes of people prior to them moving to the home. They told us, “They strive to make the care personal.” And, “The attention to detail is tremendous.”

We saw care was person centred. We observed a member of care staff explaining to a relative that their family member had requested to stay in bed later than usual, they explained they were taking them a cup of tea. We visited the person and they confirmed this with us. They told us, “The good thing about here is I can do what I like; nothing’s too much trouble for the staff.”

We saw confident and affectionate interactions between the people and staff at Sea Bank House. People approached staff freely and used appropriate touch to express their feelings. We observed staff responding in a respectful and caring manner and this was welcomed by people who lived at the home. The atmosphere within the home was positive and we saw people and staff laughed and made jokes with each other. During the first day of the inspection we observed staff sitting with people and holding their hands when this was requested. One person sat next to a staff member and gave them a hug, we saw staff reciprocated this and stayed with the person who

chose to hold their arm and stroke their hand. The staff member spent time with the person talking about things that were important to them. From our observations it was clear staff knew people and their preferences well. This demonstrated to us the service was caring.

People told us staff knew them well and the staff we spoke with were able to describe the needs and preferences of people who lived at the home. When asked, staff were also able to explain other areas that were important to people such as their social contacts, interests and activities. During the inspection we saw numerous examples of this. We saw staff conversing with people about their visitors, favourite authors and areas of local interest. This demonstrated the service was caring and person centred.

We also saw people were supported to maintain their independence. We observed people being asked what help they needed. For example we saw staff asked people if they wanted to add their own condiments to their meal or milk and sugar to drinks. We saw if support was declined this was respected. We viewed documentation that showed us independence was encouraged. We saw one person had required additional support for a short time and this had been withdrawn as they had improved. We spoke with the person who confirmed the staff had spoken with them to ensure the care and support met their needs and staff had responded to their wishes.

People’s privacy and dignity was maintained. We saw one person asked a staff member to support them with their personal needs. The staff member responded promptly and ensured the person’s dignity was maintained by shutting the bathroom door. People told us that before receiving personal care staff ensured bathroom and bedroom doors were closed and curtains were drawn.

We spoke with one person who described in detail the arrangements they had with staff to ensure their privacy was respected. They told us staff knocked at their door and on being told they could enter; they checked they had heard correctly by opening the door and introducing themselves before entering. They told us that there were times when they valued being in their room and not being disturbed and that staff were respectful of this. This demonstrated staff delivered care and support in a person – centred way.

We asked staff what they enjoyed about working at the home. Comments we received included, “Helping residents

Is the service caring?

stay independent and making this a nice place to live.” And, “Making sure residents are given help when they need it and making a difference to their lives.” Also, “Seeing the difference I make to people’s lives.” This demonstrated to us that staff were caring.

The registered manager told us the people living at the home did not currently access advocacy services, however if this was requested or required, information would be obtained from organisations such as Age UK or the local authority.

Is the service responsive?

Our findings

People told us they were involved in their care. Comments we received included, “This isn’t just a normal home you know, I’ve got full control of my life here.” And, “This is an excellent place; everyone here knows me and equally as importantly doesn’t decide for me.” Also, “This is my home. They’ve made that clear to me from the start and they never take a single thing for granted.”

The relatives we spoke with also confirmed they were involved in the care of their family members when appropriate. All the relatives we spoke with told us they were asked their views and remained informed of their family members’ health. We saw evidence in the care documentation that people and their family members were involved in their care. This showed us the service included people in discussions and decisions about how their care should be managed.

Documentation was written in a person centred way. We saw that people’s personal histories and wishes were included. This is important as it enables staff to gain knowledge of people’s backgrounds and preferences and provide care that meets their individual wishes.

People were enthusiastic when we asked them how they maintained their hobbies and interests. People told us they were supported by staff to go to the local shops for personal items or visit local places of interest. One person told us they had been supported by staff to spend some time in the local café. They told us, “It might not seem important to anyone else but that’s what I like to do. The girls here know that and I don’t know what I’d do without them.” People also told us there was an upcoming local event which the home was involved in. The people we spoke with explained they had helped decorate the garden of the home and chosen the theme and decorations. They went on to say they would be involved in the event and

were looking forward to it. This showed us people were enabled to maintain their own individual interests and in addition, to maintain links with the local community. This is important as it minimises the risk of social isolation.

We asked people who lived at the home if they had ever made a complaint regarding the service provided. The people we spoke with told us they had not, but confirmed they had received information on how this may be done. Comments we received included, “I’ve never had to complain here.” And, “I haven’t had to complain but I would if I needed to. They’d sort it out, you can be sure of that.” We saw a complaints policy was in place that explained the process in place and the timescale people could expect to be followed if a complaint was made. All the relatives we spoke with confirmed they had received information on how to make a complaint and they were confident any comments they made would be promptly addressed.

All the people we spoke with told us they were invited to complete an annual quality assurance survey about the service the home provided. Relatives we spoke with also confirmed they were offered a survey to complete. We viewed the results of the survey and saw positive comments. For example “Staff are very good.” And, “It’s very clean.” Also “Staff are very good to me.” In addition the registered manager told us a member of the providers senior management team visited the home on a monthly visit to carry out quality monitoring visits. They explained that as part of this visit they spoke to people and relatives to gain verbal feedback on the service provided. We viewed documentation that evidenced this. We asked people if action was taken when they made any comments. During our conversation we learnt that people had commented that the garden would have benefitted from some colourful planting. On the day of the inspection we saw this had been done. This demonstrated that the service had systems in place to respond to comments and feedback from people who lived at the home.

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission.

We asked people if they thought the home was well – led. Comments we received included, “It runs like clockwork, so yes I think it is.” And, “Without a doubt. The staff know what they’re doing, [the registered manager] is here most of the time to see things are done properly, and they are.” Also, “Yes. All the staff know me and what I like and make sure I’m looked after. That wouldn’t happen if it wasn’t managed properly.” Relatives we spoke with also confirmed they felt the home was well led. One relative described the registered manager as “very, very, capable” and a further relative commented, “[The registered manager] is really good and this home is well organised and focusses on the people who live here.” Everyone we spoke with told us the registered manager was approachable and professional.

During our inspection we saw people knew who the registered manager was. People spoke openly with the registered manager and we saw the registered manager spent time with people and addressed them by their chosen names. We also saw people responded positively to this. People were seen to be laughing and joking and it was clear they knew the registered manager and found them approachable.

We asked the staff to describe the communication systems in the home. We were told handovers between staff took place on a twice daily basis and we saw documentation that confirmed this. This is important as it enables essential information to be passed appropriately to ensure people received care that met their needs. Staff were clear on their roles and the lines of responsibility and accountability within the home and told us they worked closely with the manager on a daily basis. All the staff spoke positively regarding the registered manager. They told us they considered the registered manager to be approachable, fair and they responded to any comments they had to make.

We spoke with staff to ascertain their views on the service the home provided. All the staff we spoke with told us they enjoyed working at Sea Bank House and they were committed to providing a person –centred service that met the individual needs of people who lived there. Staff explained that they took pride in the work they did. During the inspection we could see that staff enjoyed working in the service, they looked happy and worked together efficiently to ensure people’s needs were met.

Staff also told us they had regular staff meetings during which they received information on the performance of the home and they were invited to give feedback. We saw documentation that evidenced this and the registered manager spoke with us at length about the importance of ensuring staff were well informed and supported to enable the service to improve and develop.

We saw audits were carried out to identify any risks to the health and well-being of people who lived at the home. These included medicines audits, care records audits, staff leave audits and incidents and accidents audits. There was no documentation to show how the registered manager analysed and actioned the results of these but further conversations with the registered manager and staff showed us that actions were taken as required to improve the service.

The registered manager told us a member of the providers senior management team visited the home on a monthly visit to carry out quality monitoring visits. They told us they found this supportive as it enabled them to effectively plan any improvements that needed to be made. Following this a report was provided to the registered manager to identify areas of improvement or good practice. We viewed a sample of these reports and saw evidence that on-going quality monitoring took place.