

# Optima Care Limited

# Seahaven

## Inspection report

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Date of inspection visit:  
09 December 2016

Date of publication:  
25 January 2017

## 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 was carried out on the 9 December 2016 and was unannounced.

Seahaven is registered to provide accommodation and personal care for up to 19 people. The service is split over two adjacent houses, with an inter-connecting door between them. One house was called Seahaven and the other house was called Kingsdown Lodge. There were five people living at Kingsdown Lodge and 11 people living at Seahaven. People living in both houses had a range of learning disabilities and mental health needs. Some people were living with autism and some people required support with behaviours that challenged.

The service was located in a rural location, overlooking the sea. Each house had its own kitchen and lounge areas. People were able to move between the two houses whenever they wished, to visit their friends and staff. Each person had their own bedroom.

The service had a registered manager in post. A registered manager is a person who is 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. The registered manager also managed a smaller service for three people in Deal, Kent and shared their time between the two services.

Some people's care plans and risk assessments required updating. The registered manager had already identified this and there was a plan in place to ensure this happened as soon as possible. When people's care plans and risk assessments had been updated they were detailed and accurate. People told us that they were supported by the same staff, who knew them well and so they always received the support they needed.

Detailed assessments were carried out before people moved into the service. One person had recently moved in and they had visited the service and met staff several times so they were able to get to know everyone.

There were enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

People kept their medicines in a locked safe in their bedrooms and were supported to be as independent as possible when taking their medicines.

People were relaxed in the company of staff and their relatives told us that staff were kind and caring. Staff knew people well and offered people reassurance and support throughout our inspection. People were treated with dignity and respect. Some people needed support with their communication so staff used signs

and symbols to help them make their needs known.

The registered manager documented and investigated any complaints.

People and staff told us they thought the service was well led. Staff told us they were well supported by the registered manager and there was an open and inclusive ethos within the service.

Staff completed incident forms when any accident or incident occurred. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

Staff had an induction and the training needed to carry out their roles. All staff had received training in how to manage people's behaviours safely, and how to prevent behaviours from occurring. Staff met regularly with their line manager to discuss their training and development needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there were any restrictions to their freedom and liberty, these had been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were able to access their kitchen, whenever they wanted and were supported to prepare meals and drinks of their choosing. People were supported to eat a healthy and balanced diet.

Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. People were supported to manage unstable healthcare conditions such as diabetes.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. These were collated and analysed and the results were displayed within the service so everyone could read them. When areas of improvement were made, these were acted on and people's views were listened to.

## 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.

The registered manager had identified that some documented risk assessments needed updating. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There were enough staff to keep people safe. Staff were checked before they started working at the service.

Medicines were managed safely.

Staff had received training and knew how to recognise and respond to different types of abuse.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, training, and supervision to support people effectively.

Some people had Deprivation of Liberty Safeguards (DoLS) authorisations in place. Staff had an understanding of DoLS and the Mental Capacity Act (MCA).

People were involved in planning and preparing their meals.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

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### Is the service caring?

Good ●

The service was caring.

People were relaxed in the company of staff.

Some people needed support with their communication so staff used signs and symbols to help them make their needs known.

People were treated with dignity and respect and received reassurance from staff when they were anxious or distressed.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Assessments were carried out before people moved into the service. Some people's care plans needed updating to provide up to date guidance for staff.

People participated in a range of activities both inside and outside of the service.

Complaints were documented, investigated and responded to. People told us they had no complaints about the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed staff, relatives and other stakeholders to gain feedback and the results were analysed and displayed within the service.

# Seahaven

## 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 9 December 2016 and was unannounced. It was carried out by two inspectors.

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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the deputy manager. We spoke with five members of staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spoke and spent time with people. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We last inspected Seahaven on 23 June 2014 when no concerns were identified.

# Is the service safe?

## Our findings

People indicated and told us that they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. One person said, "They [the staff] are good, very good at their job." Another person said, "They look after us, I'm safe."

The provider had recruitment and disciplinary policies and procedures which were followed by the registered manager. Checks were completed to make sure staff were trustworthy and reliable to work with people. These included obtaining two written references, one being from the most recent employer, and a full employment history. Records of interviews were kept and included any discussion about gaps in employment history. Disclosure and Barring Service (DBS) criminal record checks were completed before staff began to work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider had completed an audit of staff files and had identified shortfalls in some files when staff had worked at the service for a long time. The registered manager and deputy manager were in the process of addressing the shortfalls. The registered manager agreed this was an area for improvement.

The registered manager had identified that some people's care plans needed updating, to contain detailed information about the risks associated with unstable health conditions, such as diabetes and people's behaviours. The deputy manager had already updated some people's care plans. These explained how to manage risks and ensure that people received the care they needed to minimise the risks from occurring. There was a plan in place to ensure that all care plans contained this level of detail, and this is something we will follow up at our next inspection.

Staff were knowledgeable about people's behaviours and knew how to support people to help them remain calm. During the inspection we were told that one person could become anxious if they saw staff or people they did not know carrying a drink. We were asked not to have a drink in front of this person. Throughout the inspection staff moved to other areas of the service when they needed a drink and the person remained calm all day.

Staff recorded accidents and incidents when they occurred, including if people displayed any behaviours that may challenge. Staff detailed in the records what had been happening before, during and after an incident to give a full picture about what had happened.

People told us there were enough staff to support them with their daily activities. Staffing levels were assessed and monitored by the registered manager to make sure there were enough staff, with the right skills, on each shift to meet people's needs and keep them safe. The duty rotas showed there were consistent numbers of staff throughout the day and night. There was a 24 / seven on call system in place to make sure staff had a management contact in the case of an emergency. There were contingency plans for emergencies, such as staff sickness, which included a bank of regular flexi staff.

During the inspection staff were busy and made sure people had everything they needed. Each day people's

appointments and activities were co-ordinated and the registered manager allocated staff to support people. The registered manager told us, "The number of staff on each shift varies. It depends on what support people need. There are always enough staff to take people out. Most people go out every day."

Each person had a personal emergency evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated from the service in an emergency. A folder containing essential information about people's individual needs, including health conditions and medicines, was easily accessible for staff to pass to other health professionals in an emergency. The registered manager reviewed these every six months or when there was a change in a person's needs. A business continuity plan contained plans in the event of a major incident, such as, a gas leak or flooding. Emergency contingency arrangements were in place for people to be moved, if needed, to other services owned by the provider to keep people in a safe environment. There had a recent incident that meant everyone was moved from the service. This was coordinated well and everyone remained safe and calm.

People were encouraged to be as independent as possible when managing their medicines and kept their medicines in individual safes in their bedrooms. One person invited us into their bedroom when they were having their medicine. A member of staff placed their hand over the person's hand, and with support they were able to administer their own insulin injection. The person smiled whilst they were pushing the injection down and staff told us this was a big achievement for them.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. Medication Administration Records (MARs) were fully completed, showing people received their medicines as and when they needed it.

Some people had medicines on an as and when basis (PRN) for anxiety and behaviours that challenged. There was clear guidance in place so staff knew when people might need these medicines and how much they should take. One person's care manager had commented that the guidance was much more detailed now, so staff understood how people may look or behave if they were unable to tell staff how they were feeling. People received the support they needed sooner and the use of these medicines had reduced over the past year.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "I would report it to my senior or manager. If I needed to, I could go to head office and there is a whistleblowing line I could call. The number is over there [displayed on a wall in the lounge.]" Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.



# Is the service effective?

## Our findings

People received effective care from staff who were trained in their roles. Staff completed training to keep them up to date with current best practice. Some training was completed online and other training, such as using special moving and handling equipment was face to face. Training courses were relevant to people's needs and included epilepsy awareness and Makaton. [This is a language programme using signs and symbols to help people communicate]. A record of the training undertaken was kept up to date and refresher training was booked as needed. The registered manager and deputy manager worked with staff each day to monitor staff competency.

When staff began working at the service they completed an induction. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff got to know people's routines and preferences by shadowing experienced colleagues.

Staff said they felt supported by the management team and that they worked closely. Staff had regular one to one supervision meetings to discuss their performance, training and development needs and any support they required. During the inspection the staff and management team communicated effectively with people and each other.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "Some people here have the capacity to make their own decisions. One person can go for a walk or to the shops on their own, but other people need more support so they have a DoLS in place. We give everyone as much choice as we can, in a way they understand." The registered manager had applied for DoLS for some people, and some of these had been authorised by the local authority. Where there were conditions on people's DoLS, these were met. People were able to make day to day choices about what they wanted to do, eat and wear.

When people did not have capacity the registered manager had carried out capacity assessments and acted in line with the MCA. Best interest meetings had been held regarding people's health interventions and the support they needed to manage their behaviour. One person had needed to have some teeth removed and the decision regarding this had been clearly documented.

People were involved in the preparation of food and helped choose what they wanted to eat. One person told us, "I get a bit of help from staff at lunch time and tea time. I like eggs, fried eggs, so staff help me to do that, and we always make sure they are runny, as that is my favourite." People assisted with preparing and tidying up after each meal.

There was a pictorial menu displayed in the dining room showing people what was for lunch and dinner. One person needed support to make healthier choices due to their diabetes. They had a 'choice board' that they completed each day so they knew what they were going to eat at each meal. They showed us their completed 'choice board' and said they were looking forward to their healthy dinner.

People visibly enjoyed their lunch time meal and the atmosphere was relaxed, with people chatting to staff and each other. Some people had eating and drinking guidelines in place from a speech and language therapist. Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely. Food and fluid charts and weight charts had been completed to monitor people who were at risk of malnutrition.

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as psychologists and speech and language therapists to ensure that staff had up to date advice and guidance on how to support people effectively. Some people needed support to manage their diabetes. Their blood sugar levels were regularly checked and staff supported people to take necessary action if people's blood sugar levels were too low or too high.

Staff assisted people to attend a variety of healthcare appointments and check-ups. One person told us that they had a chest infection. They told us that staff had supported them to see a doctor earlier in the week and they were starting to feel better. Some people were unable to communicate verbally but staff said they knew when people were unwell. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

## Is the service caring?

### Our findings

People spoke positively about the care they received and the kind and caring nature of staff. There was a relaxed atmosphere and people were laughing and joking with staff and each other throughout the inspection. Staff knew people well and said they had built up good relationships with the people they supported. One person told us, "I get all the help I need." A staff member told the person, "We are guests in your home. You should expect nothing less."

Staff knew how to communicate with people effectively. Some people needed support to communicate and there was detailed information in people's care plans on how to interpret their specific vocalisations and signs. One person's care plan stated that the sounds, 'burarare' and 'oh hook' meant that they were happy. Other people used signs or pictures to communicate and we witnessed numerous, natural interactions where people were able to make their needs known.

People were encouraged to be as independent as possible. One person's care plan said, 'Sign 'look' and 'wash' as this will encourage me to wash myself.' Other people's care plans directed staff to assist people by placing their hand over the person's hand so they were able to things together. We saw staff helping people to administer their medicine in this way. Staff said they always encouraged people to do as much as they could for themselves.

People personalised their rooms in line with their particular likes and preferences. One person showed us their room and they had recently had red blinds fitted. They told us that red was their favourite colour and they had chosen the blinds with staff support. Another person's room had pictures of bubbles and clouds painted on their walls. The deputy manager told us that they had helped the person design and paint their room.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. One person had recently moved in and an advocate had been involved to support them with that decision.

Staff treated people with respect and dignity. When people became anxious or upset staff reacted quickly and ensured people received the support they needed to remain calm. One person became visibly distressed, shouting and pacing in the corridor. Staff reassured the person, speaking to them calmly and offered them a bath and they looked calmer?. Staff told us that the person enjoyed having a bath and found the warm water relaxing.

People's privacy was respected. The chiropodist visited the service whilst we were there. Staff asked each person in turn if they would like to have their feet looked at. Their foot care was attended to in a different room and people received the support they needed in a discreet manner.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Staff explained to people who we were and why we were there. One person was anxious when

they met new people for the first time. Before we spoke to them, staff reassured them, bending down to look them in the eye. They said, "Look, it is fine, they [the inspector] is smiling, they are nice, and I will be right here." We were able to speak with the person and they told us they liked living at the service and that staff supported them when needed.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people, staff answered in a quiet voice so not everyone was able to hear.

Staff communicated effectively with people and each other. A handover was completed at the beginning of each shift to make sure staff were up to date with any changes in people's needs. The registered manager worked at the service each day and continuously monitored staff practice to ensure a positive and respectful approach was sustained. The staff team spoke about people with warmth, empathy, compassion and a genuine concern for their wellbeing. Throughout the inspection staff were attentive to people.

## Is the service responsive?

### Our findings

People received the care and support they needed and staff were responsive to their needs. People sometimes became anxious and staff responded quickly to reassure them and ensure they remained calm. One person told us, "I love it, it is a nice house. My keyworker takes me out a lot. I've been out today to play pool at the arcade."

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and the person's funding authority as possible. The registered manager told us that one person had moved in recently and staff had visited them several times before they moved in. They were also able to visit the service and get to know the people that already lived there. An individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. Staff continually updated people's care and support plans as they got to know people better.

The registered manager had identified that some people's care plans needed updating with up to date guidance on how to support them effectively. One person's care plan stated that the cupboards in their kitchen should be locked, as they had difficulty controlling the amount that they ate. Staff had worked with the person and the cupboards were now unlocked. The person was a healthy weight and staff said they were proud of their achievement. Their care plan required updating to illustrate this change. Other people's care plans were detailed and contained the correct information on how to support them. A plan was in place to review and update each person's care plan to ensure they contained the correct information. This work had not yet been completed, so this was an area for improvement.

Some people needed support to communicate their needs. People had their own, personalised communication passports in place, stating how they communicated and what staff needed to know about them. There were pictures of people using their signs so that staff knew exactly what the signs looked like, and what each one meant.

People received the support they needed, in a way they understood to ensure they were fully involved in making decisions. One person had pictures showing the clothing stored in each drawer in their bedroom. Staff told us this meant that they knew where to find different items of clothing and helped them to decide what to wear each day. Another person became anxious if they did not know who would be supporting them each day. Staff had devised a sheet which the person was able to carry with them. Each evening staff supported the person to write down who would be supporting them the next day, so they did not need to worry.

Individual goals for people to work towards had not been identified. People were accessing a range of activities and doing new things but staff had not outlined what these were in advance, to ensure everyone was working towards them. This was an area for improvement.

People told us the staff supported them to go out and take part in activities, such as swimming, bowling, day

centres, the cinema and horse riding, which they enjoyed. On the day of the inspection, one person went out to a local health club, which they were a member of. They told us they had gone shopping, and then 'popped in' to the club for a drink after. The person had invited some friends that they had made at the health club to the service's Christmas Party.

The service was busy and full of activity throughout the inspection. People were making Christmas decorations with staff which were later displayed around the service.

People told us they had no complaints about the service or the staff. They said they would speak to staff if they were worried about anything. They felt confident they would be listened to and that action would be taken if they raised a concern.

The provider had a complaints policy which was displayed in the service. When a complaint was received the registered manager followed the policy and procedures to make sure it was dealt with correctly. People were given an easy to read copy of the complaints procedure which included 'what can you talk about', 'who can I talk to' and 'how can I get my voice heard.' A comments box was available in the lounge of each house where people and visitors to the service could post their thoughts on the service. One relative had written, 'I found Seahaven and all the staff treat [my loved one] very well and they are very happy there'.

## Is the service well-led?

### Our findings

People regularly approached the registered manager throughout the inspection. The registered manager knew people well and offered support and guidance to staff. One member of staff told us, "The management is very good, there is an open door policy and I can always go to them if there are any issues. We know what we are doing and things run properly."

Some care plans and risk assessments needed updating, and the registered manager had a plan in place to address this. We will follow this up at our next inspection. Staff knew people well, and there was a stable staff team so people received consistent support, even though some parts of their care plans were out of date.

The registered manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager had worked with people with learning disabilities and mental health needs for over 20 years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it. The registered manager was also in charge of a three bedroomed service in Deal. They shared their time between the two services.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They had sought advice and guidance from a local university around best practice for supporting people with learning disabilities. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were readily available and were stored securely

There were links with the local and wider community and people had friends in the local area. The registered manager regularly organised events and open days where people from outside the service were invited to come and visit the service. People told us they enjoyed it when their neighbours visited the service, and they were proud to be able to show people where they lived.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which were based on equality and mutual respect. The registered manager told us, "For me, it is about the people. As long as they receive a first class service then I am happy. People here have complex needs, and we support them to live full and active lives."

People and their relatives were encouraged to feedback to the registered manager and share their experiences. Surveys were carried out, and the results were collated and analysed. All of the feedback we saw was positive. One relative had written, 'Thanks to all the staff at Seahaven for their effort they made on behalf of [our loved one] and all the clients.' Another relative had written, 'I know things could always be

better and we should always strive to make them better but from where I am looking in and what I have seen the way [my loved one] is being treated is first class as it is.'

The registered manager and deputy manager observed staff throughout the day and carried out informal competency checks. They also completed checks at various times of the night. Regular quality checks were carried out on key things, such as, moving and handling equipment, infection control, health and safety, the environment and medicines management. Audits were recorded, analysed and a summary of the findings with actions was produced. When a shortfall was identified the registered manager met with staff to discuss the issues and decide what action to take to resolve them.