

Seabrook Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seabrook Services is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. At the time of our inspection the service was providing personal care for six people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

We received positive feedback from people's relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff recognised what was important to people and ensured an individually tailored approach that met people's personal needs, wishes and preferences was delivered.

People were supported to maintain relationships with their families and friends. People's independence was promoted, and they received support to achieve their goals and reduce social isolation.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The service was well-led by a registered manager who was committed to improving people's care. The provider had quality assurance processes in place which were effectively used to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15 October 2019 and this is their first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Seabrook Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 January 2021 and ended on 13 January 2021. We visited the office location on 6 January 2021.

What we did before the inspection

We reviewed information we had requested from the service in relation to quality assurance systems and care records. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with the registered manager and three members of care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "We can report concerns to the manager, social workers, safeguarding or CQC (Care Quality Commission)."
- The provider had safeguarding policies in place and the team reported concerns accordingly. Records showed the registered manager knew how to safeguard people and raised safeguarding alerts appropriately.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessment included areas such as their mobility, environment, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- People's relatives told us their relatives felt safe receiving care from Seabrook Services. One relative said, "Dad is safe with them and very happy. The carers know him very well."

Staffing and recruitment

- The service had enough staff to ensure people were safe. Relatives told us they never experienced any missed visits and always knew which staff member would be coming. One relative said, "They are always on time and have never missed any visits. We always see the same carers."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed. People and relatives told us staff supported them with medicines safely.
- Medicine administration records (MAR) were completed fully and accurately. Staff supporting people with medicines signed the MAR to confirm they had taken their medicines.
- The provider had a medicine policy in place which guided staff on how to administer medicines safely.

Preventing and controlling infection

- The provider had current infection control policies and procedures in place which guided staff.
- Staff received training in infection and prevention control and knew how to support people in line with current guidelines.
- Relatives we spoke with told us staff followed safe infection control practices. They confirmed staff wore gloves, aprons and masks and followed government guidance. Staff also washed their hands and disposed

of their PPE correctly.

Learning lessons when things go wrong

- The provider ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, audit outcomes were used as learning points to improve care.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were assessed before they received care from the service to ensure those needs could be met and individual care plans put in place.
- People's records showed they were involved in assessment and care planning processes.
- People's relatives were positive about support their loved ones received.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. Staff completed training both online as well as face to face in Covid secure environments. One member of staff told us, "Induction training was very good. I shadowed for three weeks until I was ready to work alone."
- Staff told us they felt supported in their roles through one to one meetings with their line managers. Staff records showed staff received supervisions regularly.
 - People's relatives told us staff were knowledgeable. One relative said, "Staff know what they are doing and are knowledgeable."
- Staff told us further training was available and the provider consistently offered it to ensure staff development.

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

- People's nutritional and hydration needs were met. Records showed staff supported some people with food preparation as well as eating and drinking.
- Care plans gave detailed guidance on people's needs, including their preferences and any allergies. Records showed staff had received training in food safety.
- People's records showed staff worked closely with relatives to ensure adequate nutrition.

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

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- The service was flexible enough to ensure people attended hospital appointments when required.
- People and their relatives told us they were supported to access on-going healthcare support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. One member of staff explained, "I assume the people I support have capacity according to the training I have received and unless it is established that they lack capacity in which case I have to act in their best interest."
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. People were given choices as staff worked to the principles of the MCA. One relative told us, "They offer him choices and ask for his permission before they do anything."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were very positive about the care they received and told us staff were caring. One relative commented, "Staff show they are caring mostly by their well-considered actions. They stay one step ahead, anticipating what might be needed or what could help my father without being prompted."
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. Relatives told us they saw the same staff most of the time. A relative commented, "We always see the same carers. If someone is new, they are always accompanied by someone who knows dad very well."
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's cultural needs and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas and training.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and had their privacy maintained. People's care plans highlighted the importance of respecting privacy and dignity. Relatives told us staff treated people with respect and as individuals.
- People's care records highlighted ways to promote independence. For example, giving people time to do the simple tasks they still could, such as brushing hair. One member of staff commented, "We empower clients with simple tasks such as brushing teeth or hair. We support with mobility and offer reassurance."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans included information about personal preferences and were focused on how staff should support individuals to meet their needs.
- Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit.
- The service understood the needs of different people and delivered care and support in a way that met those needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication needs assessments completed as part of the care planning process. For example, some people used glasses and hearing aids. Staff ensured these were within reach and in working order. Where necessary, staff allowed more time for people to respond to questions and observed their facial expressions.
- The service ensured information was provided to people in an accessible way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service made people's care visit times flexible enough to accommodate their interests as well as any other social commitments.
- The service had established relationships with families. They encouraged external social inclusion and integrated people with community resources.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints. They had not received any formal complaints since registration.
- People's relatives told us they knew how to make a complaint. One relative told us, "We have never had any reason to complain. Any small issues are addressed straight away. We would go to the manager if we needed to raise any concerns." There were many compliments received regarding good care.

- The provider's complaints policy was available to all people, and a copy was kept within people's care records in their homes.

End of life care and support

- The registered manager informed us no one was receiving end of life support at the time of our inspection. The service would work closely with other professionals to ensure people had a dignified and pain free death.
- Staff told us they knew how to support people during end of life care. They talked about how they would maintain people's dignity and support families during such difficult times.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives were complimentary of the management team and told us the service was well-led. They commented, "Seabrook is a very good service which is managed very well. Staff are very caring" and "Both my father and I very much like [Manager] and find her warm, accommodating, aware and considerate. She goes beyond what I would consider normal by seeing what needs to be done and what can be done to improve matters and will often take the initiative to contact other professionals where appropriate."
- People experienced a service that was dependable. Relatives told us the registered manager, supported by the office team, was always available and approachable.
- Staff were complimentary of the support they received from the registered manager. Staff said, "[Manager] treats her staff as equals, meaning that she is one of us and we can have confidence in bringing tough issues to her", "She is approachable and encourages open communication, feedback, she emphasises even negative feedback is good because it is what makes everyone realise the gaps and opportunities for improvement" and "Manager is very understanding, approachable and supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager who was also the provider had a clear staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place which were used to drive improvement. These included, audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning. They held meetings with staff to discuss work practices, training, development needs and staff's well-being.

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

- People and their relatives had opportunities to provide feedback through care reviews. Most of the feedback was positive and the registered manager told us they used the negative information gathered to improve the service.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time as well as during reviews of care.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "Manager operates an open-door policy where we can discuss things that affect our work be it personal or professional. She makes it easy to discuss concerns, ask questions, or make suggestions without worrying of any repercussions."

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. One healthcare professional told us, "Seabrook Services sought out advice from Oxford County Council (OCC) regarding funding matters in order to adjust support in line with the guidance. They also liaised with professionals who came into a client's care and they took an extra mile to support the client when they were in need of urgent help."
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service was transparent, and this was evidenced through their effective communication and reflective practices which aimed to improve care outcomes for people.