

Sanctuary Home Care Limited

Seaside Care Services

Inspection report

508 Seaside
Eastbourne
East Sussex
BN23 6PA

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25 October 2019

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18 December 2019

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

Seaside Care Services provides personal care to 18 adults who were living in purpose built sheltered accommodation. The people using the service all lived in self-contained flats, the company's office is within this building on the first floor. The first and second floors hold 13 flats and then there are a further five flats on the ground floor. There are no communal areas within the building, however people using the service would attend the office to speak to staff and spend time with their key workers. The office had staff present 24 hours a day, with waking night staff working through the night to be available in case of any support required.

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. At the time of inspection six people were being supported with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe by trained and experienced staff. The registered manager had followed safe recruitment processes to ensure appropriate staff were recruited. People were supported to take their medicines, and medicines were stored and managed in a safe way.

People had thorough risk assessments in place and staff showed good knowledge of people's individual risks. People were supported to eat a balanced diet and staff worked well with other professional partners. This ensured people received joined up care where all professionals working with them were aware of changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by kind and caring staff that treated them with dignity and respect. People's privacy was respected by staff. People were supported to make decisions about their care and independence was encouraged by staff.

People received personalised care and were supported to follow individual interests and hobbies. Care plans detailed the best ways to meet people's individual communication needs and staff were effective in understanding this guidance and putting it in to practise.

There were mixed comments from staff about the registered manager and a recommendation has been made for the provider to address these inconsistencies found in staff comments.

Quality assurance audits were in place to identify any changes required to improve the service. People were offered the opportunity to provide feedback and the registered manager and staff were successfully working in partnership with health and social care professionals to ensure the best outcomes for the people using the service.

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

Rating at last inspection

The last rating for this service was Good (published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Seaside Care Services

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 carried out by one inspector and an Expert by Experience who completed phone calls to people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides personal care to people living in their own self-contained flats, all flats are in one building which also houses the main office for the care agency.

This service provides care and support to people living in eighteen 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

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.

What we did before the inspection

The provider was not asked to complete a provider information return 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 reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager, a senior care worker and a care worker.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and the company's business continuity plan. We spoke with a further person who used the service and a further six members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel incredibly safe here, I know there is staff always here if I ever have a problem or if I need help."
- Established policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received initial and regular refresher training based upon these.
- Staff that were spoken with were knowledgeable about the safeguarding reporting pathway and what action to take if they had any concerns. They were also knowledgeable in identifying the different types of abuse.
- The registered manager had reported any potential safeguarding to the local authority safeguarding team. Any concerns had been investigated and dealt with appropriately, and any learning shared with staff to reduce the risk of re-occurrence.

Assessing risk, safety monitoring and management

- Risk assessments and activity guidelines enabled people to take positive risks. Risks were evaluated to allow maximum control to people by discussing this with them and staff supporting them. One relative told us, "I can't believe what [person's] life is like now. As a Mum you want the best for your child and this place has been amazing for keeping her safe but encouraging her to do as much as possible independently."
- People had risk assessments in place that were completed when the service began supporting them, this ensured the service and staff could meet their needs. These risk assessments were up-to-date, appropriate and personalised to each person being supported. An example was a risk assessment for accessing the community, how to identify distress and manage this in a public place.
- Care plans detailed reviews of risk assessments to ensure that any changing risks were managed, assessed and changes made to the care plan to advise staff on how to support people.
- Staff told us they received positive behaviour support training to help them support them with behaviours that may challenge. Following this training care plans had been updated in line with the training that had been provided.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There's always staff around whenever I need them. That's why this place is perfect for me."
- The service provided support to people with a range of complex support needs. On the day of the inspection it was seen that there were enough staff to meet people's needs.
- The registered manager followed safe recruitment practises. This included reference checks, and DBS (Disclosure and Barring System) checks. These checks ensured that potential staff were not known to police

for convictions or cautions and were safe to support the people using the service.

Using medicines safely

- Staff were following safe protocols for the receipt, storage and disposal of medicines. People told us that staff supported them to take their medicine when they needed them. One person said, "This is very good as they helped me sort out a problem with my meds recently. I got confused because the pharmacy changed me from blister packs to boxes and it's hard to manage. The staff here helped me organise them so I can manage them easily myself which works for me".
- The staff received medicine administration training and regular competency checks. This ensured staff were confident in administering medication.
- There were Medicine Administration Records (MAR) charts that were completed by staff, if there were any gaps identified, these were identified and resolved quickly by further checks. Audits were in place and completed in line with the medication administration process. This reduced the risk of medicines errors for people.
- When people were prescribed "as required" medicines, the effectiveness was recorded to ensure appropriate use.

Preventing and controlling infection

- People were kept safe from the risk of infection. Although people using the service lived in their own homes staff had access to PPE (Personal Protection Equipment) and told us that they used this whenever supporting someone with personal care or food preparation.
- Staff were knowledgeable about how to encourage people to wash their hands and keep people's houses clean. One person said, "They [staff] are great at helping me know what to do to keep my place clean and hygienic. I honestly wouldn't be able to do it on my own."
- Staff received regular training in infection control and the provider had an infection control policy in place.

Learning lessons when things go wrong

- The management team kept a record of accidents and incidents. There was a clear description of the incident, action taken, and lessons learnt.
- The registered manager told us how they analysed all accidents and incidents for any trends or patterns to mitigate risk and reduce re-occurrence. An example of this was shown through incidents of behaviour that challenges and how the registered manager and staff had put in extra recording to ensure any pattern in behaviour or triggers were identified.
- When things went wrong the registered manager discussed this as an agenda item at the staff meetings to ensure lessons were learned and the service improved.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- There was clear person-centred information and guidance for staff to gain a good understanding of people's emotional and health needs. We saw this through interactions which showed how well staff knew people and knew what was important to them.
- People's needs and choices were met in line with national guidance and best practise, including registering the right support. People had care plans in place which promoted their independence and choice. This was shown through the documented involvement of the person with their creation and reviews of the care plans.
- Full assessments were completed prior to people receiving care from the service. Care plans were developed and reflective of people's individual needs. For example care plans detailed what people could do independently and where they needed support.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to meet their needs. One person said, "The staff here all know what they're doing, they're very good and experienced and know how to deal with everything really."
- The provider had an induction process in place which included initial training sessions and working closely with (shadowing) experienced members of staff. Staff told us that their induction was helpful to their role. One staff member said, "The induction really helped me understand the people we support here."
- Training records showed us staff were able to attend specialist face to face training such as a positive behaviour support workshop. Staff told us that they felt the training they received was relevant to their role and helpful for them to know how to support people properly.
- Staff had ongoing support through supervision and appraisals. A staff member told us, "I feel like my supervisions are really worthwhile. I feel supported to put forward my ideas and these are a good opportunity to do so."

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

- People were supported to understand what healthy eating meant so that they could take informed decisions about what they wanted to eat. Staff supported people to go food shopping and select a variety of food, including a mixture of fruit and vegetables.
- The people being supported lived in their own flats and the staff would support them prepare their meals. One person told us, "The staff encourage me to make a variety of dinners, but also respect when I want to have junk food occasionally. They've really helped me with my independence making meals for myself."
- Staff told us that they understood people's individual diet needs and supported them to make the right

decisions about their food and fluid. One staff member said, "At the end of the day, the people here live in their own flats, we [staff] all try to encourage them to make the right decisions to have a variety of fruit and vegetables in their diet. Sometimes they listen, sometimes they don't, if they don't we just continue to encourage them."

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

- People continued to receive the care and support they needed. Staff supported people to access healthcare services when they needed them. This included making appropriate referrals and attending healthcare appointments.
- Relatives told us how staff were proactive in managing their family member's health needs and informed them of any changes. One relative said, "The staff here are great, [person] is good at the moment, but when [person] is in a bad place, it is really bad. The staff are brilliant at identifying the early stages, putting things in place to minimise it and contacting me straight away and giving me regular updates."
- The registered manager and staff worked closely with adult social care to ensure all of the people's needs were met in a partnership working approach. One person told us, "They work with my social worker if I need anything, between them they get it done. I appreciate that."

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

- The Office of the service was housed within the building of self-contained flats and although the door was locked, throughout the inspection people using the service attended the office. People were seen to attend the Office to be supported with their medicines and also to sit with staff and spend time with them. There was an office/staff room area where people were seen to sit and engage well with staff.
- People lived in their own flats with kitchen and bathrooms. Staff supported people to clean their flats and show them how to maintain their living areas to ensure a positive well-being.
- Since the last inspection there had been a summer house installed in the garden where staff and people could interact with each other and promote a communal area for people to enjoy.
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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.

- At the time of the inspection there was nobody that had been assessed as lacking capacity or were being deprived of their liberty. Consent forms in relation to all support were completed for each care file that was seen during the inspection. Examples of consent forms included, consent to photography for medication chart and care plan and third party sharing information consent form, amongst others.
- Staff were seen to ask people for consent regularly before supporting them. This included when staff were supporting someone with their medicines, they said, "Can I help you with that?" The person responded well to this interaction and thanked them for their support.

- Our discussions with the registered manager and staff showed they understood the requirements of the MCA.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were supported by caring staff that made them feel comfortable and at ease. One person said, "I don't know what I'd do without them, they're so kind and thoughtful." Another person said, "They are kind and respectful and I have company if I want it."
- Staff showed empathy when supporting people, one person was seen to be supported and he appeared uncomfortable that there were unfamiliar people in the office. One staff said, "Are you ok [person]? Let's get this done quickly and then you can get on and enjoy your day, is that OK?" The person responded well to the suggestion and their anxiety appeared to ease.
- Staff were able to tell us about people's needs, likes and dislikes without referring to care plans. They spoke about people with passion and enthusiasm and told us how they were proud to be supporting the people using the service. One staff member said, "They're like my second family, they mean that much to me."

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

- People were involved in making decisions about their day to day life and any support they needed, and this was respected by staff. One person said, "I do what I want to do and when I need any help the staff help me with it."
- People had "allocated hours of one to one time" with support staff per week. This was completed on an ad-hoc basis and only when the people wanted the support from staff. This made people feel in control of their lives. The contracted hours were documented in individual care plans to ensure the one to one hours were met.
- People were asked for regular feedback about their experiences and could contribute ideas to changes in the service. The people using the service had been asked for suggestions of activities equipment that could be bought for the summerhouse and as a result items had been bought in response to people's comments, hobbies and interests.

Respecting and promoting people's privacy, dignity and independence

- People told us how staff were respectful of their privacy. One person said, "They respect that it is my flat, they always check before coming in to my personal space. I appreciate that."
- Staff encouraged people to be independent. One person said, "Very kind and caring because they have time to listen to me and know my needs. They don't mither me so I can still be independent which is good and I'm not controlled by them either."
- Records were stored securely, and staff understood the importance of respecting confidential information.

They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff appeared to know people well when we spoke with them. They explained if they ever needed to know a specific detail about a person's history, wishes, goals, likes or dislikes they would refer to their care plans, as these were so detailed. However, most of the staff were confident they knew all the people well and that care plans would rarely have to be referenced.
- Care plans were person-centred and had individual details to meet the range of complex needs of the people being supported. Examples of this were seen through entries designed by the person, one said, "Staff need to give me time to assimilate information and respond. I often require encouragement and patience from staff."
- Care and support plans were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's changing needs effectively and safely according to their preferences.

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.

- Each person had a communication profile in their care plan describing how they liked to communicate. This guided staff in how to best communicate with people and how best to respond to people in different moods or if they were displaying behaviour that challenges.
- We saw staff communicate with people in line with their needs. People were seen to appreciate the staff's effort to communicate with them effectively.

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 supported to live full and active lives and to maintain relationships with people important to them. Staff told us how people were supported to see their relatives as much as possible.
- The service had funded a summerhouse project, which had been added to the communal garden. This encompassed a mixture of hobbies of the people living within the building, and supported people to develop relationships with other people. This also helped people strengthen their rapport with staff.
- Staff supported people with hobbies and activities outside of the supported living premises. People would use their one to one time to go shopping and visit local areas of interest. Staff also supported people to follow interests through signposting them to various community activities that they could attend

independently.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident to raise any concerns they had and there had been no reason for them to make a complaint. One relative said, "If we had a problem, we would take it straight to staff and we know that it would be dealt with as quickly as possible."
- Records showed us complaints were addressed, reviewed and followed up appropriately by the registered manager. This was in line with the provider's complaints policy that was in place.

End of life care and support

- Details of preferences were clear in care plans and the registered manager explained that she would be looking into guidance around adding more detailed end of life plans in to people's care files. There was nobody being supported at the end of their lives at the time of inspection. Due to the design of the service it was unlikely to become a service they would provide. However, the registered manager was open to discussing this with people and their relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- Staff told us, "It's all about the people we support, they are the most important thing, their wishes, how they want us to support them, that's the only way we are ever going to get the best working relationship with them and best results for them, no question."
- The care plans were person-centred and offered advice to staff on how to support the people using the service that had a variety of complex needs to ensure good outcomes for people.
- People and relatives spoke highly of the management team and staff. One person said, "The manager and the staff do the best job they can do, I really appreciate all the hard work they put in."

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 registered manager understood their responsibilities and legal requirements. Notifications and referrals were made where appropriate. For example services are required to make notifications to the CQC when certain incidents occur, these had been completed.
- The registered manager was knowledgeable of the service and the people using it. They spoke about their role with passion and it was evident they were striving to provide a good service.
- The provider and registered manager were open and transparent when dealing with issues or concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- Staff were clear about what their individual and team responsibilities were. Staff knew what was expected of them to ensure good standards of care was always maintained. One staff member said, "We are all clear on our roles and know when we need to ask for help or assistance."
- Staff spoke of how supportive the team in which they worked in was. This enabled them to share learning and develop in their role.
- The registered manager provided good practise guidance to staff and ensured all staff were notified of any changes in policies.
- The registered manager had quality assurance audits in place to identify any issues within the service and a policy to take action quickly in response to any concerns identified.

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

- People using the service and their relatives were asked for regular feedback that was documented and changes made in response to any ideas or concerns brought forward.
- People told us that staff listened to them and their opinion mattered. One person said, "I know if I had any ideas staff would listen to me. They have made changes in the past which is from my suggestions."
- Mixed feedback was received from the staff at the service. Staff meetings were regular, however, some staff felt that the registered manager did not take on board any ideas or suggestions to improve the service. One staff member said, "I feel like at the staff meeting we are often shouted at or told what we are doing wrong and often leave deflated." Further staff members made similar comments about feeling demotivated, hesitant to raise ideas and not supported by the registered manager. However, other staff members told us that the registered manager was approachable, open to new ideas and supportive to their development.

We recommend that the provider seeks out ways to reach out to members of staff to offer support if they are feeling demotivated or require additional support.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals. An example of this was seen through documentation of a long process which resulted in a person receiving a diagnosis that they had been mis-diagnosed for their whole life. This meant that now this person was receiving the right medicines and treatment to manage this condition.
- Regular audits took place to measure the success of the service and to continue to develop it. These included medicines audits and care plan reviews.
- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry.
- The registered manager and staff worked closely with specialist teams. An example of this was a compliment that had been sent by the Adult Social Care Mental Health, Substance and Misuse Team, "I am writing to confirm my appreciation of the support yourself and staff provide to [person]. Enabling [person] to stay at the placement longer. This would not have been possible without the team work. It is a pleasure working with your service. The place is always clean, the residents I have contact with always provide positive feedback and the paperwork I check is always up to date and factual."