

Optima Care Limited Seahaven

Inspection report

110 Wellington Parade
Kingsdown
Deal
Kent
CT14 8AF

Tel: 01304364704
Website: www.optimacare.co.uk

Date of inspection visit:
01 December 2021

Date of publication:
10 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Seahaven is a residential care home providing personal care to up to 19 people who have a learning disability and or autism. The service was delivered in two adjoining houses, registered as one location. At the time of our inspection, one house accommodated 12 people and five people lived in the other. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where people receive this support, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a targeted inspection that considered the safety and management of the service. Based on our inspection of safeguarding, people's care and the management. The staff were able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximised people's choice, control and Independence.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services could lead confident, inclusive and empowered lives.

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.

Potential risks to people's health, welfare and safety had been assessed. There was guidance in place for staff to mitigate the risks, however, some care plans required additional points to be more personalised. Accidents and incidents had been recorded and analysed to identify patterns and trends.

Risk assessments relating to people's care, medical conditions and behaviours that could be concerning had been transferred onto the new electronic system which made it easier for staff to ensure that they had all the information they need to support and care for people safely. Staff knew people well and they knew

the risks associated with people's care and support.

People told us they felt safe living at Seahaven. When Incidents that had occurred, they had been reported to the local safeguarding team. The registered manager had taken action to make sure people were safe. Incidences involving people's behaviour had reduced since the last inspection.

Infection was prevented and controlled including risks associated with COVID -19.

The registered manager had oversight and scrutiny of the service. Quality checks had been completed throughout the service. If any shortfalls were identified action was taken to rectify them.

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 requires improvement (11 March 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations in relation to the warning notices we issued at the last inspection. This report covers our findings in relation to the breaches of regulation in Key Questions Safe and Well-led. The Key Questions Safe and well-led, were inspected but not rated as not all the domain was covered.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12, Regulation 13 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seahaven on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection.

This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection.

This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Seahaven

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 and Regulation 13 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Seahaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. However, some people who lived at the service did not receive personal care.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We did not ask the provider to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, the operations manager and four care staff. We also spoke to one visiting professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection care and treatment was not provided in a safe way for people. The provider had failed to assess the risks to the health and safety of people receiving the care or treatment. They did not do all that is reasonably practicable to mitigate any such risks. Infection control was not effectively managed leaving people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. Risks had been identified and mitigated. Infection control was effectively managed. However, there were still areas that needed to improve.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people, including risks from the environment were assessed, monitored and recorded. Action was taken to reduce the risks. However, some risk assessments did not include full step by step guidance for staff on what action to take if the risks occurred. One risk assessment stated that a person needed a 'firm and consistent approach' when they became upset. There was no guidance for staff to explain what this meant. Staff were able to explain to us what action they would take, however there was a risk that not all staff would know what to do. This is an area for improvement.
- Some people experienced behaviour which could be challenging towards other people. These incidences were recorded, analysed and action was taken to prevent reoccurrence. For example, one person's morning routine had been changed to help them be calmer at this time. This had been successful. Risk assessments had been reviewed and updated. Staff had received more training and support in dealing with incidences. The number of incidences had reduced.
- Other risks were identified, and action taken to keep them to a minimum. One person had diabetes. There was information in the risk assessment about what signs and symptoms staff should be looking for if the persons condition became unstable and the action they needed to take. Another person was at risk of developing pressure sores. There was clear guidance for staff to observe for redness or skin breaks. Staff were able to explain what action they would take if these risks occurred.
- People at risk of constipation and epilepsy were supported to manage this safely. There was guidance and information in peoples care plans and risk assessments on how to monitor the risk, the signs and symptoms that may be displayed and the action staff needed to take if the risk occurred. People were supported to identify and mitigate risks associated with their care and support. The registered manager and staff

assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum. People were busy on the day of the inspection. Many had activities planned in the local area and staff supported them to do these safely.

- Lessons were learnt when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again. Lessons learned were shared with the staff team. Staff knew how to respond to and report accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things reoccurring.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure people were protected from abuse and improper treatment; including controls or restraint. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13. People were protected from abuse and improper treatment. Staff knew what action to take if they suspected any abuse. People were only restrained as a last resort and as agreed in their care plans .

- People were protected from the risk of abuse. People were relaxed and happy with each other and in the company of staff. People told us that they felt safe. One person said, "I get on well with the staff. They help when I need it." Another person said, "They have been very good here, I always feel safe. Staff make sure we are safe".
- On occasions some people had to be restrained to keep themselves and others safe. When people had capacity and sometimes needed interventions the registered manager had discussed with them and they signed and agreed to their intervention plan. When people were not able to make decisions mental capacity

assessments were completed and best interest meetings were held with professionals who knew people well. A best interest meeting is a multidisciplinary meeting that is arranged for a specific decision around a person's care or treatment, when a person is deemed to lack the mental capacity to make that decision for themselves.

- Staff knew what constituted abuse. They told us the registered manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew where they could go outside of the organisation to raise their concerns if necessary.
- A visiting professional who visited Seahaven regularly told us they had no concerns about the service. They said the staff and people had a good relationships and there was always a friendly and welcoming atmosphere. They said that staff managed people's behaviours very well and were very adaptable to people's changing needs.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At the last inspection there was a failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service. This was a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17. The service was consistently managed and well-led. Risks were monitored and mitigated. The quality of the service was checked.

- Since the last inspection the provider had employed a new senior management team to oversee their services. The new operations manager visited Seahaven regularly, they were identifying shortfalls and supporting the registered manager to improve the service.
- A new electronic system for recording all aspects of care and support that people needed had been introduced. The system was continually monitoring all aspects of care and support people received. Any shortfalls were identified quickly, and action taken to make sure there was minimum impact on people.
- The registered manager and deputy manager had ensured there was guidance in place for staff to follow to keep people as safe as possible while supporting them to live full and active lives. Governance systems had been reviewed, updated and implemented, so that any shortfalls were quickly identified and rectified. If people did need to be occasionally restrained then mental capacity assessments were completed and best interest meetings were held to ensure legislation was complied with.
- Regular audits were undertaken by the registered manager and operations manager to make sure medicines were managed safely. The newly appointed human resources team carried out all the necessary checks on new staff to ensure they were suitable to work with people.
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) when things go wrong in relation to care and treatment. The registered manager understood their legal responsibilities.

- There was evidence of continuous learning and improving care. Action had been taken to review all accidents and incidents at Seahaven. All reportable incidents and accidents had been reported to the appropriate stakeholders.