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Sea Gables Residential Home

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 19 and 20 May 2016 and was unannounced. The home provides accommodation for up to seven people with a learning disability. There were seven people living at the home when we visited. The home is a converted house and is based on two floors. There was a choice of communal rooms where people were able to socialise and all bedrooms had en-suite facilities.

A registered manager was not in place at the time of the inspection, although the manager had applied to be registered with CQC and their application was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The providers operated an innovative project called "The Land" to provide meaningful outdoor activities for people within a safe environment. This had proved beneficial for people living at Sea Gables by providing opportunities for them to care for animals, grow produce and develop links with people and organisations in the community.

People were happy living at the home and were supported to work towards individual goals. These were detailed in people's care plans, together with information about staff should help people achieve them. For one person, working at The Land had acted as a catalyst to developing their independent living skills and achieving their goal of moving to a supported living setting.

People felt safe living at Sea Gables and were protected from the risk of abuse. Individual risks were managed in a way that protected people from harm while promoting their independence.

Staff worked in a flexible way to enable people to lead happy and fulfilled lives. Recruitment practices were safe, people's medicines were managed safely and there were plans in place to deal with foreseeable emergencies.

Staff were suitably trained and supported in their work and knew how to care for people effectively. They received appropriate induction and supervision.

People received enough to eat and drink and were supported to prepare meals. They had appropriate access to healthcare services when needed. Staff sought consent from people before providing support and followed legislation designed to protect people's rights and freedom.

People were cared for with kindness and compassion. All interactions we observed between people and staff were positive and it was clear that staff knew people very well. Staff supported people to build and maintain relationships and protected their privacy at all times.

People were involved in developing and reviewing the care and support they received. They could access their care plans on request at any time and staff were responsive to people's views when they requested changes to the way they were supported.

Sea Gables was well-led. The providers operated their services in a joined up way that complimented one another. There was a positive, open culture. The manager acted in a consultative way. Staff were happy in their work and worked well together.

There was a suitable quality assurance system in place. The manager was aware of the key strengths and areas for improvement at the home and had developed a plan to manage these.

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.

People were protected from the risk of abuse. Risks were managed in a way that protected people while promoting their independence.

Medicines were managed safely. Staff worked flexibly to meet people's needs.

Appropriate recruitment practices were followed to help ensure staff were suitable to work with the people they supported.

Is the service effective?

Good ●

The service was effective.

Staff sought verbal consent from people before providing care and support. They followed legislation designed to protect people's rights and freedom.

People were cared for by staff who were suitably trained and supported in their work.

People received suitably nutritious meals and a choice of drinks to suit their individual preferences. They were supported to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for with kindness and compassion. Staff knew people well and supported them to build and maintain relationships.

People's privacy was protected at all times and they were involved in planning the care and support they received.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received personalised care and support from staff who understood and met their needs well.

The providers ran an innovative project to provide meaningful activities for people in a safe, outdoor environment. This, together with other community based activities, encouraged people to develop their independence.

Care plans were detailed and informative. They included goals people wished to achieve and were reviewed regularly.

The providers sought, and were responsive to, people's views.

Is the service well-led?

Good ●

The service was well-led.

The providers operated their services in a joined-up way that was beneficial to people at Sea Gables.

There was a clear management structure in place and the manager worked in a consultative way with staff and people. They were aware of the key strengths and areas for improvement at the home and had developed a plan to manage these.

The providers promoted a positive, open culture. There was an appropriate quality assurance system in place.

Sea Gables Residential Home

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 providers were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 19 and 20 May 2016. It was conducted by one inspector.

Before the inspection the providers completed a Provider Information Return (PIR). This is a form that asks the providers to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the providers. A notification is information about important events which the service is required to send us by law.

We spoke with four people living at the home and a visiting Social Services care manager. We also spoke with one of the providers, the manager and five care support workers. Following the inspection, we received feedback from a doctor who had regular contact with people living at Sea Gables.

We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We also observed care and support being delivered in communal areas.

The home was last inspected on December 2013, when we identified no concerns.

Is the service safe?

Our findings

People felt relaxed and safe living at Sea Gables. One person told us "Nothing frightens me [at Sea Gables]; I've never been frightened here." Another person said staff were "OK" and "look after me".

People were protected against the risks of potential abuse. For example, a clear procedure was in place for managing money that staff looked after for some people, which included daily auditing of the records and protected people from the risk of financial abuse. One person was at risk as they could be too trusting of strangers, so staff always supported them when they accessed the community. Staff had received training in safeguarding adults and had a good understanding of their responsibilities for reporting accidents, incidents or concerns. The manager had reinforced this during a recent staff meeting.

Staff were aware of the signs people displayed when they were becoming anxious or agitated and knew how to defuse situations before they escalated into conflict between people. One person confirmed this; when talking about another person who sometimes became confrontational, they said, "Only staff are allowed to tell him off. They talk to him and he goes off to his bedroom." A staff member told us, "Tension [between people] is well controlled. We know residents well and can spot the signs. With [one person] we take them to a quiet area and use techniques like music to calm them down."

Staff were aware of potential hazards to people and took steps to minimise these to prevent harm. However, they also supported people to take risks that helped them retain their independence. For example, one person liked to visit a local shop independently but was at risk of financial abuse when spending money. Staff had been supporting the person by observing them going to the shop on their own and then checking they had been given the right change afterwards. This had increased the person's confidence and understanding of money; they told us they now felt ready to visit the shop without staff observing them and this was planned for the week following our inspection. Another person had a wheat intolerance but enjoyed toast; this had been discussed with the person and their GP and they had agreed to limit their intake to two pieces of toast each day, which they were happy with and caused no ill effects. A response from a relative to a survey conducted by the providers included the comment: "Safety measures are adhered to without impacting on the enjoyment and quality of life."

Suitable arrangements were in place for the ordering, storing, administering and disposing of medicines. People received their medicines as prescribed from staff who had been suitably trained and assessed as competent to administer them. People received 'as required' medicines when needed and information about when to administer them was being further developed by staff. One person told us, "I used to have headaches and got paracetamol." Another person managed their own medicines and had been given secure storage for it. A recent audit of medicines by a community pharmacist had identified that the number of tablets in stock was not carried forward from month to month, so could not always be accounted for. Plans had been put in place to address this when the medicine records were next updated.

People told us there were enough staff to support them at all times. One person said, "There's always someone to help." Another person told us, "[My nominated support worker] is there for me whenever I need

them." Staffing arrangements were based on the need for a staff member to be present in the home at all times. Additional staff then worked flexibly to support people on an individual basis with activities or events they wished to attend. The manager told us that feedback from people showed they wished to be supported later in the evenings on some days, so staff duties had recently been changed to accommodate this. People told us this was "good" and would allow them to stay out later.

Safe recruitment procedures ensured that people were supported by staff with the necessary experience and character. Appropriate checks, including references and Disclosure and Barring Service (DBS) checks were completed for all staff. The DBS helps employers to make safer recruitment decisions. Staff confirmed this process was followed before they started working at the home. People were involved in the recruitment process and were asked for their views of the candidates to help ensure they were compatible.

There were arrangements in place to keep people safe in an emergency. Staff and people understood these and knew where to access the information. One person told us "When the fire alarm is tested I don't like the noise; but I know what to do and where to go." The providers had recently appointed a new contractor to manage their fire safety systems and equipment. They had recently reviewed arrangements and plans were in place to enhance the fire alarm system to make it easier to identify any source of fire. Personal emergency evacuation plans were in place which detailed the support people would need if they had to leave the building in an emergency.

Is the service effective?

Our findings

Staff followed the principles of the Mental Capacity Act, 2005 (MCA) and its code of practice, although this was not always supported by appropriate records. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

The care records for some people living at the home showed they were not able to make decisions about some aspects of the care and support they need. Staff had discussed these with the person concerned and the manager showed us a tool they were introducing to document decisions made on behalf of people. This would allow them to demonstrate why the decisions were in people's best interests. Staff sought verbal consent from people before providing any care or support; for example one person was due to go swimming and we heard staff check that the person still wanted to go. Another person had been scheduled to cook the evening meal and staff made sure they were happy to do this. The person told us, "I choose to cook; nobody makes me do it. If I don't want to do something, I don't do it." Care records showed occasions when people had declined to receive support and their decision had been respected by staff.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found the providers were following the necessary requirements. One DoLS authorisations was in place and applications had been made for two other people. Staff were aware of conditions that had been applied to the DoLS authorisation to limit the impact of the restrictions and we confirmed they were being followed.

People spoke positively about the staff and told us staff knew how to meet their needs and support them effectively. One person told us they liked "everything about being at [the home]". Another person said staff "support me when I'm out". Staff told us they had completed a range of computer-based training, but said this form of training had not always been suitable. The manager had recognised this and was in the process of engaging a new training provider to undertake some face-to-face training with staff. Staff we spoke with were knowledgeable about people and how to support them effectively.

New staff received induction training which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. New staff worked alongside a more experienced member of staff until they had been assessed as competent to work unsupervised. A relatively new staff member told us, "I've had more than enough support, everyone has been lovely."

Staff were supported appropriately in their role, felt valued and received regular supervisions. Supervisions

provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Staff who had worked at the home for more than a year also received an annual appraisal which assessed their performance. A staff member told us, "[Supervisions] are really good. We talk about stress levels, how I'm feeling, personal developments, the clients and training."

People were offered nutritious meals and a variety of drinks to suit their individual preferences. Each person had chosen to take responsibility for preparing the main meal of the day for one day of the week; they told us they enjoyed doing this with the support of staff. Alternative meals were offered if people did not like the menu of the day, together with various snacks throughout the day. Care records contained information about people's dietary needs, their likes and their dislikes. One person told us, "I like trying new foods. I had kippers the other day and liked them." Another person had a food allergy and showed us a special cupboard they used to store their food. This helped ensure they did not eat foods that could cause an adverse reaction.

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, podiatrists and therapists. One person was receiving support to attend regular dental appointments due to a gum problem they had developed. Staff were clear about the support the person needed to follow the treatment plan and reduce the risk of further gum disease. Another person had experienced problems following a routine screening test and been supported to re-visit the doctor for further check-ups. In addition, a 'hospital passport' had been developed for each person, so medical staff would know the support people needed if they were admitted to hospital. A doctor who had regular contact with people living at Sea Gables told us staff "make appropriate and prompt appointments for their clients when needed" and "seem to have a reliable diary keeping process, as follow-up appointments when requested by me are reliably actioned."

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "I like the staff. The staff are nice; they treat me OK." Another person said, "I get on well with staff; they're really supportive and helpful." A response from a relative to a survey conducted by the providers included the comment: "The care embraces the model of kindness, dignity, respect and compassion." A doctor who had regular contact with people told us they "seem to be comfortable and happy in the company of the carers who accompany them [to appointments]".

Without exception, all the interactions we observed between people and staff were positive and it was clear that staff knew people very well. One person was using the quiet lounge when staff wished to use the room for a meeting. The manager asked if the person would mind using another room. The person said they would prefer to stay in the lounge; so, without hesitation, the manager made arrangements for the meeting to be held elsewhere so the person was not disturbed.

Staff used their knowledge of people to strike up meaningful conversations and build relationships. They chatted freely with one another about events in their lives, what they had done that day and what they were planning to do. One person told us "[A staff member] is going to a friend's wedding on Saturday and she's going to tell us all about it on Monday."

Staff supported people to build and maintain relationships with people important to them. Care plans contained information about the person's family members and their circle of support. One person needed staff support to visit a family member. For safety reasons, the providers required a senior staff member to accompany them, but the person found this limited the opportunities for them to visit. Therefore, the manager had agreed that any staff member could accompany the person, so long as they were competent and had been made aware of the risks. The person told us, "It's good for me and means I can have a bit more freedom." Another person enjoyed staying with a family member overnight and staff made transport arrangements that facilitated this.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to help make sure people understood their care plans. These included an easy-read version of care plans for some people which used picture-based symbols to help them understand them. One person occasionally used a communication system based on signs and symbols and some staff had been trained to use this to help the person communicate. A Social Services care manager told us staff "support people to communicate well".

Staff respected people's privacy by seeking permission before entering their rooms. All bedrooms could be locked from the inside and one person had requested, and been given, an additional lock for the outside of their door, so they knew their possessions would be safe while they were out. Staff did not enter people's rooms while the person was out, without contacting the person first. One person told us staff had telephoned them on their mobile phone while they were out because a contractor needed to check the smoke detector in their room. This could have been done without their knowledge, but it demonstrated the

commitment of staff to maintaining respect for the person's privacy.

People were involved in developing and reviewing the care and support they received and could access their care plans on request at any time. One person showed us their care plan and said, "[My nominated support worker] goes through it with me." Another person had written comments on most pages of their care plan, which staff had taken into account. Where appropriate, family members were also consulted. For example, a response from a relative to a survey conducted by the providers included the comment: "I am fully involved with the care provided as well as regular reviews to ensure their rights and diverse circumstances are being addressed."

Is the service responsive?

Our findings

People received personalised care and support from staff who understood and met their needs well. One person told us they got all the help they needed and that staff "help me like I like" with showers and with their laundry. Another person's goal was to develop "money skills". They told us they were making progress with this and we saw staff supporting them with it by showing them coins while they were auditing a cash tin; they asked the person how much each coin was worth and what they could buy with it.

The providers had recognised that there was a limit to the number of meaningful activities people could access outside of the home due to budget constraints. To address this, they had set up an innovative 'not for profit' community project called "The Land". This was a 12 acre woodland site, developed from scratch, which provided the opportunity for people to learn woodland crafts and animal husbandry. This involved caring for animals, including llamas and alpacas, and growing their own vegetables. The providers had opened up the project to other community groups, including people with learning disabilities living in the local area. This had proved beneficial for most of the people living at Sea Gables. One of the providers said people had "got to do things they wouldn't normally have had the chance to do, in a safe environment, such as taking responsibility for looking after animals and plants".

People spoke positively about The Land. One person told us they were "doing a project with sticks"; they said they enjoyed working with the manager and "building things". Another person said the project had "helped me build confidence and independence". They added, "I'm very big on animals, so I like looking after them and taking them for a walk. I'm doing entry level animal care at college; working at 'The land' has helped with that and next year I'm doing level one course [in animal husbandry]."

Other activities run at The Land included fun days and barbeques which allowed people to mix with like-minded people from other areas and develop friendships. This has allowed one person from Sea Gables to re-establish a relationship with a sibling who lived at another home, with whom they had lost contact. They had also developed friendships with people who lived in the community and were cared for by the providers' supported living service. This had helped motivate them towards their goal of living independently themselves. The person told us "I've met people who live at [the supported living service] and I want to move there too." This took a further step forward during the inspection, when the person was assessed by a care manager, who confirmed they were ready to move on from Sea Gables and live independently.

Other activities designed to support people to access the community included shopping, bowling, going to the pub and attending college courses. Transport arrangements were tailored to meet each person's needs. Some people needed full support to attend courses, while others liked to travel independently with minimal support from staff. One person told us, "At college, staff take me but then wait in the café while [I attend classes]." Another person had asked to catch a particular bus to college, so they could meet up with friends. This involved walking along a busy road which could have been hazardous. Staff discussed this with the person and agreed to monitor and observe how they coped. Once the person had developed the confidence to use the route without any difficulties, staff discontinued the monitoring and the person was able to make

the journey independently. Another person enjoyed sewing and told us, "Someone helps me thread the needle but I do the rest."

Staff encouraged people to maintain their food preparation skills. A staff member told us one person had got used to continual support when working in the kitchen. They said, "[The person] had got used to staff prompting them, but to promote his independence we found that if we gave [them] time to think about things and make decisions, then they usually did. Now we only intervene if there's an immediate risk." Another staff member said they had noticed that another person was starting to lose confidence as they were getting too much help in the kitchen. They said, "We decided to take a step back and let [the person] make mistakes. We found she never burned anything! She's more independent now; she's liking what she's doing and who she's becoming."

People's care plans were detailed and informative. They included information about the essential day-to-day support the person needed, together with agreed goals and how staff should support people to achieve these. They had been regularly updated to help ensure the information was accurate and up to date and were in the process of being developed further.

The providers used a key worker system to support people. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for monitoring that person's support and liaising with family members. In addition, they worked with the person to help them achieve their individual goals and often supported the person with daily activities. People reviewed their care and support plans with their key workers regularly. Their views were noted and any requested changes were recorded in an action plan so their progress could be monitored. For example, one person had asked for the time they received one-to-one support to be changed, to allow them to visit friends more easily. An action plan had been developed and had been signed off as complete once this had been achieved.

People's views were sought in a number of ways. Staff encouraged them to raise any concerns directly, so they could be resolved immediately. 'Residents meetings' were held monthly and were well attended. We reviewed the minutes of the meetings and found suggestions people had made had been adopted by the home. For example, changes had been made to the menu and certain foods, like the 'Sunday morning breakfast' had become a regular feature. People had previously chosen where to go on holiday and had started discussing options for this year's holiday. Staff were clear that they would support people to attend the destination that they chose.

In addition, the providers conducted a range of questionnaire surveys to seek people's views about each aspect of the service. Staff were responsive to people's comments and constantly adjusted the way they provided support to suit people's wishes and preferences. For example, day to day activities were kept flexible, so people could change their minds depending on how they were feeling or what the weather was doing. Menus were continuously changing and being developed to meet people's tastes. Staff rotas had been changed to fit requests from some people to stay out later on some days so they could attend events and activities in the community. Other changes instigated by people included the introduction of a games night and a barbeque which had been well-received.

Is the service well-led?

Our findings

People liked living at Sea Gables and felt it was well-led. One person said, "Everything organised well; it's alright, yes." A response from a relative to a survey conducted by the providers included the comments: "Very well managed. I enjoy an open relationship with all staff, feeling happy to discuss any concerns, which are dealt with swiftly"; and "Sea Gables is clearly managed with the needs of people the top priority". A doctor who had regular contact with people living at the home told us, "My overall impression is that Sea Gables seems to strive to maintain a good standard of care for their residents."

The providers were actively involved with running the service and provided a high level of support to the manager. They operated a number of services in a joined up way which complimented one another and provided opportunities for people to develop independent living skills. At Sea Gables, people received a high level of support, yet were empowered to do as much as possible for themselves. Staff worked with them to achieve individual personal goals and, if they made sufficient progress, they were supported to move on to the providers' supported living service. One person was keen to do this and were close to achieving it. "The Land" project had acted as a catalyst for this by providing the motivation, the contacts, the skills and the confidence for the person to make this important step forward. The providers, the manager and staff talked positively about the prospect of the person moving forward and said they were "delighted" and "so pleased" for them.

There was a clear management structure in place, consisting of the providers, the manager and senior staff. Support staff worked well together, understood their roles and were enthusiastic about the support they provided to people. They were happy in their work and felt supported by the management. Comments included: "[The manager] is building relationships with people and staff already"; "I have nothing but good things to say about the home. The residents are great. It's just a lovely home to work for. It feels like a little family; it's a great, little team"; "There have been a lot of changes [since the new manager arrived] for the better. Things are running more smoothly, more relaxed"; and "I enjoy working here; it's a nice staff team. I feel valued and supported."

The manager consulted with staff and sought their views. For example, before a new staff rota was introduced, they openly discussed their ideas with staff in a meeting. A staff member told us, "[The manager] was flexible and dealt with any staff concerns straight away." Another staff member said, "Any changes are only introduced through consultation, taking account of [the views of people and staff]. At the end of the day, we're here for [people's] needs." A further staff member told us, "I like the way things run. I'm very impressed with how [the manager] gets things done. She's very approachable and her door's always open."

The manager had only been in post for a few weeks, but had already conducted a thorough review of the service. They were aware of the key strengths and areas for improvement at the home and had developed a plan to manage these. For example, the issues we raised around the MCA, were already being addressed and an alternative form of staff training was being introduced. In addition they had engaged a fire safety specialist to further enhance the fire safety arrangements, which they had identified as a priority.

The manager kept up to date with current practices, legislation and national guidance through private study and the local care homes association, where they held a senior position. They also sat on the Safeguarding Adults Board, which had given them an insight into serious incidents that had occurred at other homes. They had then used this knowledge to review the safety of the environment at Sea Gables.

The providers promoted a positive, open culture. They told us they wanted people to enjoy living at Sea Gables and "to feel safe, happy and respected; and to have fun". Staff shared this vision and were committed to supporting people to live happy and fulfilled lives. For example, one staff member told us, "What we want for the clients is to give them as much independence and quality of life as possible."

The providers notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. They had an appropriate 'Duty of Candour' policy in place to help ensure staff would act in an open transparent way if things went wrong.

The providers had introduced a new quality assurance system based on the five key questions we ask during inspections. They were in the process of working through this to identify improvements that could be made to the safety and quality of the service provided. Part of this work included survey questionnaires of people using the service and their relatives, the result of which were in the process of being analysed.

Audits of key aspects of the service, including care planning, medicines, infection control and the environment were conducted regularly to assess, monitor and improve the quality of service. When concerns were identified, changes were made to enhance practices. For example, the infection control audit identified the need for new waste bins in bathrooms and additional cleaning of blinds; we saw these actions had been completed.