

Seagulls Home Care Ltd

# Seagulls Home Care Ltd

## 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

The inspection took place on the 26 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Seagulls Home Care Ltd provides domiciliary care and support for people in their own home. The service had recently started to provide personal care, help, and support to older people. At the time of our inspection two people were receiving a care service.

The service had a registered manager. 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. A person and a relative told us they felt safe and staff were kind and the care they received was good. The relative told us "I know my relative knows who is coming and feels safe using them".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the registered manager employed new staff at the service they followed safe recruitment practices.

The registered manager had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. One member of staff told us "Before we do anything we ask permission from a person. It is their home, their life and they have choices. One person I see I will hold up clothes so they can choose what they want to wear that day".

Staff had the skills and knowledge to meet people's needs. Staff had received an induction and training to ensure they had up to date information to undertake their roles and responsibilities. One member of staff told us "We have had lots of training, which has included safeguarding adults and moving and handling. It has been all very good".

A person and a relative told us staff were kind and caring. The person told us "I have a good relationship with them. Yes they are caring". People confirmed staff respected their privacy and dignity. Staff had a very

good understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care.

People were able to be supported at mealtimes to access food and drink of their choice if they required. Food preparation at mealtimes for the people using the service was completed by family members or themselves and staff ensured meals and drinks were accessible to people.

There were clear lines of accountability. The service had good leadership and direction from the registered manager and deputy manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us "Yes we are fully supported. It's good and we can talk to the registered manager and deputy manager when we need to. The deputy manager is one step ahead with everything, she is good".

Management monitored the quality of the service by the use of regular checks and internal quality audits to drive improvement. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. A person told us "The manager is very good when it all started. They have a nice style and knowledgeable".

## 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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people who used the service and staff. There were systems set up for recording accidents and incidents.

People were supported to receive their medicines safely and staff were trained and received competency in this area.

### Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment. □

Staff had the skills and knowledge to meet people's needs. Staff received an induction and training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and

the support they received.

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

**Good** ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

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

**Good** ●

The service was well-led.

Staff were supported by the registered manager and deputy manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People and staff we spoke with felt the management were approachable and supportive.

Systems had been set up for management to carry out regular audits to monitor the quality of the service and drive improvements.

# Seagulls Home Care Ltd

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 26 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with one person and one relative who use the service over the telephone, two care staff and the deputy manager. The registered manager was unavailable on the day of the inspection.

We reviewed a range of records about people's care and how the service was managed. These included the care records for two people, medicine administration records (MAR), two staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with one health care professional after the inspection to gain their views of the service.

This was the first inspection of the service since registration.

## Is the service safe?

### Our findings

The person and relative we spoke with told us they felt safe using the service. The person told us "Oh yes, I feel safe using them. No issues there". The relative told us "I know my relative knows who is coming and feels safe using them".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. Staff told us they would have no hesitation in reporting abuse and were confident that a manager would act on their concerns. One member of staff told us "Any concerns I had, I would record and report to my manager. I would also not promise to keep anything a secret if I felt anyone was being abused". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

The service had skilled and experienced staff who had all worked in care for many years. This ensured people were safe and cared for on visits. Rotas were set for the two people who were using the service. Staff were aware of their rotas and told us if anything changed the manager would contact them to let them know. Staffing levels would be determined by the number of people using the service and their needs. The deputy manager told us that they would be continually recruiting staff while the service grew to maintain staffing levels to ensure all visits were being covered for people using the service. They told us "We have two new members of staff who will be attending an induction and start their training in the next couple of weeks. We ensure we have enough staff to cover any calls before we take on any new people, so we can meet their needs".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from their previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Risk assessments were thorough and identified hazards and how to reduce or eliminate the risk. For example, an environmental risk assessment included analysis of the condition of a person's home which included flooring or rugs and considered whether they presented a risk of a trip, slip or fall for a person and how staff were to be observant of any hazards while in the person's home. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example in one care plan it described how one person used a hoist to be transferred. A moving and handling assessment detailed how staff were to make sure the manoeuvre was done correctly and safely for the person and staff. This meant that risks to individuals were identified and well managed so staff could provide care in a safe environment.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. People who were currently using the service only required creams to be administered. Staff were able to describe how they completed the Medication Administration Records (MAR) in the people's homes and the process they undertake. One person told us "The assist me with my medicines and make sure I have taken them, which is helpful to me". Another person said "They look at my medicine chart and make sure I have taken them".

Staff had received a medicines competency assessment. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering medication. Audits on medicine administration records (MAR) were completed on a monthly basis to ensure they had been completed correctly. The deputy manager told us "When I visit people I will also check that the MAR have been completed correctly. If there was an error found I would discuss with the staff involved".

Staff we spoke with were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. One member of staff told us "Any accident however minor would be reported and recorded to the office". There were systems set up to enable the registered manager to monitor accidents, incidents or near misses. This would ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff.

## Is the service effective?

### Our findings

The person and relative we spoke with felt confident in the skills of the staff. The person told us "They are well trained, the manager is good I see her also". The relative told us "They are trained and skilled, pay attention and point things out. Like equipment that would help my relative".

A health professional told us "Carers had an excellent rapport with our service user and were competent, skilled and respectful".

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. Staff were knowledgeable and had an understanding of the (MCA) because they had received training in this area as part of their induction. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff would know the level of support they required while making decisions for themselves. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "Before we do anything we ask permission from a person. It is their home, their life and they have choices. One person I see I will hold up clothes so they can choose what they want to wear that day".

Staff undertook a variety of mandatory training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and infection control. Staff completed their training on induction and also attend courses arranged by an external training company and the local authorities training. One member of staff told us "We have had lots of training, which has included safeguarding adults and moving and handling. It has been all very good". Competency checks had also been completed to ensure staff were delivering the correct care and support for people. Staff were complimentary of the induction and training provided and one member of staff told us "The manager comes out regularly to observe us and work alongside us it is good. They are there and you can check and ask anything you want to". Staff were also provided with fact sheets to assist with learning on areas such as strokes and diabetes. The deputy manager told us they were also planning to incorporate the fact sheets into the care plans if they were relevant to a person. The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they were due to receive their first supervision in the next two weeks. Records we saw confirmed this and staff were to receive supervision on a regular basis and an annual appraisal. Staff told us they were able to talk to management anytime about whether they were happy in their work or anything that could be improved for them or the people they cared for and any training they would like to do. One member of staff told us "I speak with the manager regularly and pop in the office. We are small at the moment with only two service users but communication is still key and I feel supported fully".

People were able to be supported at mealtimes to access food and drink of their choice if they required. Food preparation at mealtimes for the people was completed by family members or themselves and staff were required to ensure meals and drinks were accessible to people. Staff told us of the importance of ensuring people had food and drink and how they encouraged this. One member of staff told us "We ensure people are having fluids. I will ensure I leave drinks close to people before I leave and always ask if they would like a drink. Sometimes we assume everyone likes a tea or coffee but they don't. It is good to offer a variety, especially if it is warmer weather".

The deputy manager and staff told us they encouraged people to contact health care professionals when required or would do so for them if they requested it. Records confirmed they monitored the person's general health and well-being. People's care plans detailed their medical conditions, visits to their GP and visits to other healthcare professionals. They also detailed the contact numbers for the health care professionals involved in providing support to people. One relative told us "They are good with dealing with other health professionals involved in my relatives support. If needed they will contact the nurse and call me to let me know".

## Is the service caring?

### Our findings

The person and relative we spoke with felt staff were kind and caring. The person told us "I have a good relationship with them. Yes they are caring". The relative told us "They are caring, always smiling and with the way they treat my relative".

People received consistent care. People were supported by the same staff that knew them well and were introduced to new staff before they started to deliver care to them. A relative told us "My relative see's the same staff, they don't like change. We did use another service but they are not as good as Seagulls Home Care". Staff told us that they had enough time to support people and never felt rushed when providing care and support. They were committed to arriving on time and told us that they would notify people or the office if they were going to be late. A person told us "I know when they are coming and they arrive on time. No issues I wait in bed for them to arrive". A relative told us "Yes calls are on time and the same carer my relative likes". Staff we told us they were able to build relationships and a good rapport with people which increased their understanding of people's needs, due to the fact that they consistently attended the same people.

People's privacy and dignity was respected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One member of staff told us "People need to have their privacy and I ensure when washing someone they are covered with a flannel". Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. A relative told us "They [staff] shut the door when dealing with personal care and make him [relative] feel comfortable".

People's independence was promoted. The deputy manager and staff had a firm understanding of the importance of people remaining independent. They told us both the people they supported required support with their personal care and guided staff when they needed assistance. A relative told us "They keep [relative] as independent as possible. Not forcing them, but make them feel included". One person's care plan stated 'They like to keep as independent as possible and want to remain living at home'. A staff member told us "(Person's name) has good upper body strength and likes to do things for themselves as much as they can. We are there to encourage and support them".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. A relative told us "They created the care plan and included health professionals, all very good".

We saw the provider had created a survey where people would be able to express their views by completing an annual feedback survey which would give them an opportunity to express their opinions and ideas regarding the service. The deputy manager told us "I complete telephone and face to face reviews with the people and their relatives. We will also be sending an yearly survey to them for further feedback".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Information on confidentiality was covered during staff induction and training.

## Is the service responsive?

### Our findings

People were receiving care that was responsive to their needs and staff were knowledgeable about them. The person told us "I have one lady that comes and helps and washes me. She does very well and all very good". The relative told us "The staff check my relative's health and even their emotional needs to see all is ok".

A health professional told us "The deputy manager and one of the carers alerted a nurse when they identified indicators that a client may have a UTI (urinary tract infection). They requested I supply a bed cradle because they had observed the client's blankets were potentially injuring their toes. I feel this demonstrates they are willing to go beyond their remit to ensure that client's needs are met".

Assessments were undertaken to identify people's support and care needs. Care plans were developed outlining how these needs were to be met. The care records gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to wash and how the person preferred to have a bath and staff were to ensure they used grab rails to assist them. In another care plan it described how a person could feel the cold and for staff to ensure towels were on a heater to ensure they were warm for the person.

People told us they were aware they had a care plan. They said that this formed part of the introduction and initial meeting. There were two copies of the care plans, a copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including preferences. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes. In one care plan it detailed how a person required staff to apply creams to their body to avoid skin breakdown and for staff to inform the office if there was any sign on skin damage. Staff we spoke with found the care plans to be detailed and informative. One member of staff told us "I think the care plans are detailed. There is loads of information about the person and their needs. We also find out so much about someone when we regularly see them like what they do and don't like". Another member of staff said "The care plans are good. One has a detailed action plan on moving and handling and really person centred".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe in detail what signs could indicate a change in a person's well-being. Staff were also confident how to respond in a medical emergency. Staff knew how to obtain help or advice if they needed it and one member of staff told us "We have great support and the manager has a mobile to call when the office is closed".

The person and relative we spoke were aware of how to make a complaint and felt they would have no problem raising any issues if they needed to. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. A person told us "I have no concerns at all,

if I did they would always help". A relative told us "Any concerns I would ring the office direct, no reason though all is very good. They [management] would deal with it straight away".

## Is the service well-led?

### Our findings

The person and relative we spoke with told us that they thought the organisation was managed well. The person told us "The manager is very good when it all started. They have a nice style and knowledgeable". The relative told us "It is brilliantly managed. The manager is very good and comes to see my relative most weeks and checks all is ok".

A health professional told us "The manager is easy to contact and very flexible when we had to arrange joint visits, carers started as soon as the client was ready. I observed the deputy manager working with the carers, information was delivered in an informative but informal manner and carers were clearly able to contribute with ideas and asked questions if they didn't understand".

The atmosphere was friendly and professional in the office. We observed the deputy manager speaking with staff about people, showing guidance and support. Staff spoke highly of the management. Comments from staff included "It is a really good company more supportive than where I have worked before", "Yes we are fully supported. It's good and we can talk to the registered manager and deputy manager when we need to. The deputy manager is one step ahead with everything, she is good" and "They are building the service and it is all good. Any help I need I can call and the manager will come round to the person's house if needed".

Close and consistent communication supported staff to provide a high quality of care and support. The deputy manager and staff told us they had regular communication which gave them a chance to share information and discuss any difficulties they may have. Staff meetings were being held every six weeks. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice with one another. The deputy manager told us "I work alongside the staff and we are in contact all the time. We have good communication and work well as a small team".

The quality of the service was monitored using formal tools such as quality audits. These included audits around care plans, MAR sheets and staff records. Evidence was available to demonstrate that audits had been implemented and used effectively and enabled the registered manager to identify any shortfalls. Quality assurance process's included visits and telephone calls to people and a service review every six months or as and when required, dependent on any changes to the person's health.

The deputy manager showed passion about building the service up and talked about always looking for ways of improving. They told us of how they had regular contact with staff, people and relatives to gain feedback. They also told us how they had organised to hold an afternoon tea in the local church hall to raise money for the Alzheimer's society and to promote themselves in the community. They said "We thought it would be a good idea to hold an afternoon tea, we have also invited people using our service and their relatives. We have lots planned like face painting for children, tea and cakes and a raffle where local businesses have donated prizes. It will be nice to introduce ourselves into the local community".

The provider and staff worked closely with external health care professionals such as district nurses and occupational therapists when required. The deputy manager and staff told us they could support people to

their appointments or arrange appointment's for them if they need it. People we spoke with confirmed this and felt supported to gain access to health professionals if required.