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Sea Bank House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sea Bank House is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

Sea Bank House is situated in the seaside town of Knott End On Sea. There are two lounges and a separate dining room for people to enjoy. Parking is available outside the home.

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

Risk assessments were carried out and care documentation recorded the actions required to minimise risks. Staff we spoke with told us they had completed safeguarding training and would report any concerns to the registered manager or external authorities to ensure people were protected from avoidable harm. The registered manager followed safe recruitment practices and staff were deployed effectively, so they could meet people's needs.

The registered manager carried out regular checks on areas such as medicines, infection control, accidents and incidents and the environment to ensure shortfalls were identified and actioned and successes celebrated.

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.

People were cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Training and supervision was arranged to ensure staff had the skills to carry out their role. People told us they were "comfortable" and described staff as "kind and caring." They explained the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

People were treated with dignity and respect and staff we spoke with us told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and achieved good outcomes. People were cared for at the end of their life in line with their wishes.

The registered manager had promoted an open, caring culture within the home and a strong ethos of teamwork to support people to live happily and safely. Staff and the registered manager worked closely together, and with external health professionals, to help enable people to have the best outcomes possible.

People were consulted and asked their views on the service provided. The registered manager provided people with surveys and a comment book for people to give feedback. Any comments were actioned whenever possible. People told us they were happy at the home and were confident any comments or

complaints they made would be listened to.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 December 2018) and there were two breaches of regulation. 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.

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.

Sea Bank House

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.

Service and service type

Sea Bank House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the inspection

We reviewed information we had received about the service since the last inspection and read the previous inspection report. We sought feedback from the local authority. 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. 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

five members of staff including the registered manager, a senior care worker, care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We walked around the home to check it was a safe, clean environment for people to live.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and two staff files in relation to 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 reviewed an environmental certificate which the registered manager sent to us. We spoke with two relatives who used the service about their experience of the care provided.

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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 to people's safety were assessed, documented and reviewed. Changes were made to promote people's safety as needed. Staff understood the support people needed to maintain their safety.

At our last inspection the provider had failed to ensure that care records were an accurate reflection of people's needs. This was a breach of regulation 17 (Safe Care and Treatment) 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 17.

- Care records viewed contained up to date and accurate information regarding people's needs, abilities and the support they required. Records were regularly updated to ensure they were an accurate reflection of people's preferences and agreed care.
- The provider ensured the environment and equipment were safe. The premises were generally maintained, and the registered manager explained decoration was planned. Equipment was serviced and maintained to ensure it remained fit for use.
- There were individual plans to describe the help people needed to evacuate the home safely in the event of an emergency.

Using medicines safely

At our last inspection we recommended the provider seek and implement best practice in relation to the management of medicines. The provider had made improvements.

- The registered manager reviewed systems and processes after our last inspection to ensure medicines were managed safely. Additional documentation and safeguards to ensure medicines were managed safely had been introduced. People told us they were satisfied with the way their medicines were managed. One

person told us, "I get my medicines as I should do."

- Staff were trained in the management of medicines and their competency was checked. Arrangements were in place to receive, store, administer and dispose of medicines safely

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "I feel very relaxed and comfortable here."
- Staff had received regular training in safeguarding awareness and told us they were confident they could recognise abusive practices. Staff told us they would take action to protect people by reporting concerns to the registered manager and external bodies, so people were protected.

Staffing and recruitment

- The registered manager deployed staff effectively. One person shared that they never felt alone, and staff helped them quickly. A further person commented, "Staff are always there. They tell me to ring for help and come straight away." Staff told us they had enough time to support people safely and the registered manager would provide extra staff if this was needed. A relative commented, "They bring staff in to cover shortfalls."

Preventing and controlling infection

- People were protected against the risk of infection. Staff wore protective clothing such as gloves and aprons to help prevent the risk and spread of infection and received annual training to help maintain their knowledge.
- People and relatives told us the home was clean. One person commented, "It's kept very clean." A relative told us, "It's always clean." The registered manager carried out checks on the environment and equipment to ensure the home remained clean and the risk of infection was minimised.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the registered manager to see if there were any trends and if the risk of reoccurrence could be minimised. The registered manager shared any lessons learned with the staff to improve the safety of the service.
- The registered manager met with the provider and registered managers of the providers other care homes to support learning across the services. Trends, lessons learned, and solutions were discussed and considered to improve the service.

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

- Staff assessed people's needs and developed plans of care to ensure care met individual needs and preferences. People and relatives we spoke with confirmed they were involved in this process.
- Staff could explain the care people needed and had agreed to and told us care was discussed with people and relatives whenever possible.
- The registered manager used evidence-based assessment tools to assess people's needs and implemented best practice where appropriate. Oral health plans had been developed with guidance from health professionals to support oral health.

Staff support: induction, training, skills and experience

- The provider ensured staff received regular training to maintain and update their knowledge. The provider was introducing a new system of recording and delivering training to help ensure all staff could access development opportunities.
- Documentation demonstrated staff were supported to maintain and increase their skills. The registered manager completed supervisions with staff to review their performance. Staff told us these were useful, and they were well supported by the registered manager. One staff member said, "As a manager, she listens, and we feel valued."

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

- Staff completed nutritional risk assessments to identify people's individual needs and sought advice from health professionals if needed. For example, if there were concerns with a person's nutrition or ability to eat. Care records reflected health professionals' instructions and the support people required.
- People told us they were happy with the meals provided and they were offered an alternative if they chose not to have the main meal choice. One person told us, "The meals are damn good, home cooked fare."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with GP's, district nurses, speech and language therapists and physiotherapists to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making.

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

- The registered manager supported people to shape and access the environment in which they lived. One person had personalised a communal area with their own items. An accessible shower had been installed to

make showering easier for people with mobility needs.

- The registered manager had considered best practice guidance and visual signage was displayed to help people living with dementia identify the lounge, dining room and toilets.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services as required. For example, opticians and dental appointments.
- One person shared how they been supported to access the support of health professionals and this had resulted in their mobility improving.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make decisions had been assessed in line with the principals of the MCA. The registered manager submitted applications to deprive people of their liberty to the local authority. These were currently awaiting assessment.
- People with mental capacity had signed their care records to indicate their consent to the care provided.

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

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person told us, "They are so lovely to me, each one of them is so kind." A further person described the staff as, "Lovely girls, very kind."
- Staff said they supported people's rights to live individual lives and training in equality and diversity was being arranged to maintain their knowledge.

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

- People were supported to decide their care needs and where this was not possible relatives were engaged in the care planning process. One person shared how they discuss their care with staff. A relative told us, "I'm involved in all decisions. I'm really pleased."
- Staff asked people their opinions and views. We saw staff asked people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and what they wanted to do.
- The registered manager told us they would inform people of local advocacy services that were available if they needed support to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, staff supported people with their mobility and encouraged them to walk when this was possible. One person told us they could now do more for themselves as a result of staff encouragement. They explained this was because staff had helped them gain confidence and had supported them.

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

- People's individual needs were assessed, and care records reflected the support they required and their wishes. These were reviewed regularly, and people and relatives confirmed they had as much involvement as they wished.

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.

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs. There were aids to support communication if this was required, for example picture menus were available and the registered manager told us they would develop pictorial care records if these were needed.

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

- Staff supported people to engage in meaningful activities. We saw people were supported to engage in a game of hoop-la. People were laughing and clapping, and it was evident people enjoyed this.
- People told us they enjoyed the activities and they were encouraged to attend. One person told us they were reminded to take part in bingo as this was a particular favourite of theirs. They said, "I love the bingo. It's a good laugh."
- People were supported to maintain and develop relationships that were important to them. For example, the service had joined the "Johns Campaign." This is a campaign that promotes the right of people living with dementia to be supported by those who are important to them. The registered manager explained friends and relatives were always welcomed at the home and during the inspection we saw this was the case.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. This was displayed within the home. The service had received no complaints since the last inspection.
- People and relatives, we spoke with told us they were happy with the service provided and they would speak to the manager if they had any concerns. One relative commented, "I would if I felt worried but I've no reason to."

End of life care and support

- The service supported people to have a dignified and pain-free death. Plans were developed to document people's individual wishes and spiritual needs. Documentation we viewed evidenced that people, and their relatives when appropriate, were involved in this area of care. At the time of our inspection, the service was not supporting anyone at the end of their life.

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to operate effective audit systems. This was a breach of regulation 17 (Good Governance) 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 17.

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

- The registered manager completed regular checks of the home. These included checks on medicines, infection control, care records and the environment. Areas of concern were identified and completed. For example, a window restrictor had been replaced as it had become faulty.
- The registered manager had notified the Care Quality Commission about events that occurred within the home. This was required by regulation.
- The provider had displayed a copy of their ratings in the reception of the home and it was also displayed on the provider's website. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- There was a caring culture in the service. Staff told us the registered manager wanted to improve the service the home provided, and they felt the registered manager cared. One staff member said, "She's so committed to improving the resident's lives."
- The registered manager spoke openly about the pride they took in providing person centred and high-quality care which was based on best practice guidance. They commended the staff for their transparent and caring approach and the teamwork at the home that enabled this.
- The registered manager told us there had been no recent events when mistakes had been made and an apology required. However, should events occur, these would be investigated, and an apology would be made.

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

characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. The registered manager had asked people and relatives if they wanted group meetings to provide feedback and learn about changes at the home. This was declined so the registered manager provided a newsletter and a comments book to share information. People's views were sought on the decoration of the home and other relevant news was shared. The registered manager could explain the action they took in response to the views in the comments book.
- The registered manager sought feedback to improve the home. People and relatives could complete satisfaction surveys. Where comments were made, the registered manager responded to these. For example, by explaining the complaints procedure if it was not understood.
- Staff told us they had regular meetings as well as informal opportunities to seek clarity and share their views. A staff member explained this helped promote teamwork and a high morale of staff. They commented, "We feel appreciated."
- The registered manager maintained positive relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes. One relative told us how the registered manager and staff had worked with them to access an external health professional due to their family member's needs. They praised the service and explained their family member's health benefitted significantly from the intervention.

Continuous learning and improving care

- The registered manager and provider completed audits and reviewed care provided. They sought people's views, reviewed care and records, including accidents and incidents to see if lessons could be learnt.
- The registered manager attended external meetings to learn new information that may improve care. For example, after attending a best practice meeting the registered manager was introducing 'resident of the day.' They explained this would mean the person would have a regular day when they were celebrated as a person, care was reviewed, and relatives were invited to contribute to the care planning process.