

Community Integrated Care Seaview House

Inspection report

Crosscanonby
Maryport
Cumbria
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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

Seaview House is a large period property. Community Integrated Care run Seaview House and provide care and services for up to four people living with a learning disability. They operate a number of similar facilities in Cumbria and other parts of the country.

The home is situated in the centre of the village of Crosscanonby. Public transport does not come to this village but can be reached from the nearby village of Crosby.

People in the home had access to their own transport so that they can visit the nearby town of Maryport and beyond.

Accommodation is in single rooms and there are suitable shared areas. There is one bedroom on the ground floor which affords disabled access to all facilities. There is a pleasant garden with views across the Solway.

At the last inspection, the service was rated as good. At this inspection we found the service remained good. The service met all relevant fundamental standards.

The home has a suitably qualified and experienced 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.

The staff team understood how to protect vulnerable adults from harm and abuse and had received suitable training. Good risk assessments and risk management plans were in place to support people. There had been no accidents of note in the service. Potential incidents were suitably managed.

There were enough staff to give people suitable support. Staff received good levels of training and support. Arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. The registered provider had suitable disciplinary policies and procedures.

Medicines were appropriately managed. People had access to suitable health care. They were encouraged to take a healthy diet.

The house was clean and fresh and there were suitable systems in place to ensure good infection control. Some adaptations had been made to keep people as safe as possible in the house. The house was comfortable and people were relaxed in their home.

People were asked for consent to interactions. Restraint had not been used in the service. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice.

The staff we met were kind and caring. People responded well to them. Staff had received training in person centred care and in equality and diversity. People had access to advocacy.

Each person had a suitable care plan and person centred planning was in place. These were based on on-going, detailed assessments.

People went out on a regular basis and followed their own activities and interests. Staff were looking at ways to give people more options and to develop more community involvement.

There had been no complaints received about the service. There were suitable policies and procedures in place.

There had been a recent change of registered manager following a retirement. The registered manager already managed a service for the provider and was suitably trained and experienced.

The service had a comprehensive quality assurance programme in place. Records were of a good standard.

Further information is in the detailed findings below.

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 remains Good.

Arrangements were in place to ensure vulnerable adults were protected from harm and abuse.

Staffing levels met the needs of people in the service.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service remains Good.

Staff were suitably trained and supported to enable them to give people good levels of care and support.

The people in the home were supported to eat well and keep as healthy as possible.

The house was warm and well decorated and met the individual needs of people in the home.

Is the service caring?

Good ●

The service remains Good.

Staff were observed to be kind and caring.

People were given information to help with decision making.

Independence was encouraged where possible.

Is the service responsive?

Good ●

The service remains Good.

Detailed assessments and care plans were in place.

People were supported to have suitable outings and activities.

There had been no complaints about the service.

Is the service well-led?

Good 

The service remained Good.

The home had an experienced registered manager.

Quality monitoring systems were in place.

Records were detailed and suitably managed.

Seaview House

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.

This inspection took place on 26 May 2017 and was unannounced. It was carried out by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the registered manager for completion. The PIR 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals.

We met all four people who make Seaview their home. We read their care files and the accompanying daily notes, reviews and updates. We looked at the arrangements for each person's medicines management.

We met four members of the staff team and we spoke with the regional manager by telephone. We looked at four staff files and had access to information held centrally in relation to recruitment.

We walked around all areas of the home and looked at the arrangements for food and fire safety and for infection control.

Is the service safe?

Our findings

When we last inspected this service in April 2015 we rated the service as good. At this inspection we judged that the rating remains good.

Not everyone in the service used speech to communicate but those who did were able to say they felt safe and happy. Other people showed by their body language that they felt safe and secure in their own home.

Staff in the service received suitable levels of training in how to protect people from harm and abuse. The registered manager ensured that risk management was in place and that any harm was reduced. Staff understood how to make a safeguarding referral if necessary. Any accidents or incidents were analysed and suitably managed.

We saw the rosters for the service and those showed that despite some staff not being at work for a number of reasons, the registered manager had ensured that good staffing levels had been in place. Staffing ratios had improved in the week prior to our inspection.

We had evidence to show that good recruitment practices were in place. We also had evidence that demonstrated that the registered provider had systems in place to manage disciplinary procedures.

We checked on the management of medicines. Each person now had their medicines in their own bedrooms and staff felt this gave a more personalised way of administering medicine. Good audits of medicines management were in place. Any sedative medicines had been prescribed by a specialist psychiatrist for learning disability. All medicines were kept under review and sedatives or other strong medicines were reduced or discontinued where ever possible.

The house was clean and orderly on the day of our inspection. The service had a good procedure for controlling infection. Staff said they had suitable equipment and chemicals and that there had been no instances of cross infection in the house. We saw evidence of good cleaning processes in place.

Is the service effective?

Our findings

When we last inspected this service in April 2015 we rated the service as good. At this inspection we judged that the rating remains good.

People told us the staff were, "Good..." and they were able to tell us that they were asked about their preferences and consent was sought. One person told us, "Yes...they ask me and I say yes or no."

People also said the food provided was, "Really good...nice...what I want."

We saw evidence to show that staff had received suitable levels of training in the core subjects deemed by the registered provider to be essential for the support people in the home needed. Staff said they were satisfied with the e-learning and face-to-face training provided. They also said that they had asked for more training on supporting people who might display challenging behaviours. This had been agreed to in case staff were asked to help out in other services.

We looked at a number of staff files and we saw that staff had good levels of supervision and that each staff member had received an annual appraisal. Staff told us that they were being trained on an improved supervision approach that had been developed. We saw that this had started but that some team members still needed to finish the training. We judged that the improvement would help with individual and team development.

We looked at potential deprivation of liberty in the service. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary, and were kept under constant review.

People were asked about their preferences during the inspection and we had an active example of how staff helped someone make a decision. Action was only taken after the person consented to the suggested activity. Staff told us that they always negotiated every interaction or activity with people. Consent issues were written into care files. There had been no instances, or need for, restraint in this service.

We checked on menus and food stored in the kitchen. There was a wide variety of fresh food in the home and the menus were well balanced. People looked well and ate well. They told us the meals were, "Nice...good." No one had any major nutritional challenges but one person did have a food intake chart in place and often had special meals made. This was done to ensure a good intake of food. Staff said they were confident in nutritional planning if anyone had a problem.

The records showed that people in the home saw their GP or practice nurse, the specialist learning disability nurse and the psychiatrist who specialises in supporting people with learning disabilities. They also saw the

dentist, optician and podiatrist. Good measures were in place to prevent ill health and promote good health.

The house was in a rural setting with a pleasant garden and views towards the sea. People had single rooms, which were well decorated and personalised. There was a large kitchen diner and a spacious lounge. People made use of all the spaces available. The home had specially adapted bathrooms and toilets. The previously dark woodwork in the house had been painted and all areas looked bright and clean.

Is the service caring?

Our findings

When we last inspected this service in April 2015 we rated the service as good. At this inspection we judged that the rating remains good.

People told us the staff were, "Nice...I like them all..." People who did not use spoken language responded well to members of the staff team on duty.

Staff were able to discuss the needs and rights of people and confirmed to us that they were trained in person centred approaches, equality and diversity and understood the need for confidentiality. We saw that staff received training in these theoretical aspects of the work. We also saw that these were discussed in relation to practice during supervision and appraisal.

We saw genuine affection between staff and service users. The relationships were warm and caring, yet remained professional. Staff said that people could have access to advocacy but we also saw that staff advocated on behalf of people.

We observed staff working with people to assess their wellbeing and they pre-empted needs for people who found it difficult to communicate. They supported people with personal care in a dignified and sensitive way. Interactions were explained to individuals.

Care files showed that staff encouraged people to be as independent as possible. The staff team told us that were supporting individuals at the pace the person needed. The people we met were assertive and able to make staff understand when they wanted to do something themselves. Risk management plans were in place to support this.

Is the service responsive?

Our findings

When we last inspected this service in April 2015 we rated the service as good. At this inspection we judged that the rating remains good.

We spoke to people about their care delivery and people were satisfied with the care and support they received.

We looked at care files and we saw that there was on-going assessments of people's needs and of their wishes and preferences. We also noted that there were up to date risk assessments on file. Each person had a detailed and current care plan that outlined how the assessed needs and wishes would be met. People also had person centred plans that gave details of daily routines and goals for each individual in relation to their hopes and aspirations. These files were regularly reviewed and updated to ensure people received up to date and appropriate care and support.

People spoke about their activities. One person went out to a day centre but the others in the home did not wish to attend these. Some people in the home were older adults and they did not find the activities in the day centres to be suitable. Instead the staff took people out for meals, walks and to shop for the house or for themselves. Some people enjoyed going to the cinema and to a local disco. People enjoyed watching TV and listening to music. We judged that people had suitable activities. The staff and people in the home were organising events that would help the people in the home become more integrated into village life.

There had been no complaints about the care and services received in the service. The registered provider had a suitable complaints policy in place and staff could readily access the procedures for managing complaints. The local authority and CQC had not received any complaints. No one raised any complaints on the day.

People in the home had suitable documents in place in case they had a planned or an emergency admission to hospital. These were succinct and up to date, giving a good picture of each person's needs. No one had moved into or out of the service for a number of years.

Is the service well-led?

Our findings

When we last inspected this service in April 2015 we rated the service as good. At this inspection we judged that the rating remains good.

The previous registered manager had retired and the registered provider had reorganised the arrangements in the area and an established manager had been registered at this location. The registered manager was suitably qualified and experienced to run the service.

The staff we met told us that they worked well together and that the registered manager had helped the team to bond. Some staff had felt that team work needed improved on and that this had happened. Several people said that a new senior support worker had "Made lots of improvements...and had some good ideas that the manager has supported." We learned that there had been changes to the environment and plans to have more community involvement. The staff we met said that everyone, "Worked together...with the same values and residents' care is really important."

We judged that this staff team embraced the culture and values of the organisation and were supportive of people living with a learning disability. They told us that they were encouraged to discuss good practice. We saw this in supervision notes and in meeting minutes. We had evidence to show that staff were encouraged to reflect on their own practice.

The home had an established quality monitoring system in place. Staff were aware of their responsibilities in monitoring and maintaining quality standards. Internal audits for all aspects of the work were in place. We also saw external audits of the home and we heard about plans for improvement that were in place after analysis of audits. These included new activities, improvements to the environment and more contact with the local community.

We spoke with the local authority and we learned that the staff team worked well with them. There were plans in place for the local authority to work with the registered provider to review the service and make plans for the future.