Oaks Health Limited

Seaview

Inspection report

44 Seaview Avenue
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Colchester
Essex
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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 provides accommodation, care and support for up to five people who may have a learning disability and/or autistic spectrum disorder. There were five people living in the service when we inspected on 30 March 2016.

There was a registered manager in post. 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.

People received care that was personalised to them and met their individual needs and wishes. Staff communicated well with people and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

Care and support was based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions. People were encouraged to pursue their hobbies and interests and to maintain links within the community.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this

was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. Audits and quality assurance surveys were used to identify shortfalls and drive improvement in the service.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

People's feedback was valued and acted on. The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

There was an open and transparent culture at the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Seaview

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 unannounced inspection took place on 30 March 2016 and was carried out by an inspector.

Before our inspection, the provider 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We met five people who used the service and spoke with two of these people about their experiences of using the service. People used various methods of communicating with us, including verbally, using their method of non-verbal communication and speaking to staff, who related their comments to us. We also observed the care and support provided to people and the interaction between staff and people.

We spoke with the registered manager and four support workers. We reviewed feedback received from two people's relatives and three health and social care professionals.

To help us assess how people's care needs were being met we reviewed two people's care records and other information, for example their risk assessments and medicines records.

We looked at four staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the staff. One person when asked if they felt safe living in the service smiled nodded their head at us and communicated, "Yes am safe." Another person said, "I am safe and happy here."

We saw that staff were attentive to people's needs to maintain their safety. For example staff were swift to identify and act when there was a risk people's behaviours could endanger others, by diverting and supporting them. The registered manager advised us of risks to people when we arrived in the service. This included anxiety that may be caused by our presence in an official capacity wearing our identification badge as well as being a stranger to the service. They advised us how to respond to certain people to alleviate any potential distress and anxiety. This showed that the staff were aware of potential risks to people and took appropriate action to minimise these risks.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training and communication to staff when learning needs had been identified.

People were protected from risks that affected their daily lives. For example, people had individual risk assessments in their care records which covered identified concerns such as nutrition, medicines, accessing the local community and behaviours that may pose a risk to themselves and others. There were clear instructions for staff on how to meet people's needs safely and minimise risks. People who were vulnerable as a result of their condition had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. There was an established staff team in place to provide the support required to meet people's needs. Discussions with the staff and the registered manager told us that when they were

unable to cover shifts themselves, preferred agency staff ,who were familiar to people using the service, helped to provide cover. These measures ensured consistency and good practice and meant that people were supported by people they knew and who understood their needs.

People's needs had been assessed and staffing hours were allocated to meet their requirements. The registered manager told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Throughout our inspection we saw people supported by staff undertaking various one to one activities and accessing the community on planned and impromptu trips out. Our conversations with staff, feedback from relatives and records seen confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. We observed people receiving their medicines in a safe and supportive way from staff. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on medicine administration records (MAR). Where medicines were prescribed to be taken 'as and when required,' for example as a response to aggressive behaviour, there were plans, guiding staff through the process for deciding whether to administer the medicines, and what alternative strategies should be attempted before the use of medicines in such circumstances. Weekly audits on medicines and regular competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included using reassuring touch, maintaining eye contact and using familiar words and pictures that people understood. In addition staff were skilled at interacting with people using sign language and responding to people using objects of reference as their means of communication. This is when an object has a particular meaning associated with it for that person. For example staff recognised when one person picked up their pebbles from their objects of reference box that they wanted to go for a walk on the beach and they supported the person to do this.

Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. They told us they were supported in their role and encouraged to professionally develop. Records confirmed what we had been told.

In addition to the mandatory training, including safeguarding and moving and handling, staff described training provided to them to specifically meet people's diverse needs. This included supporting people with epilepsy, autism and managing behaviours. Training in sensory awareness and intense interactions and British sign language enabled staff to successfully communicate with people. These measures provided staff with the knowledge and skills to effectively understand and meet the individual needs of the people they supported and cared for.

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager gave us examples of when relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful

People were asked for their consent before staff supported them with their care needs for example assisting them with their medicines. Staff had a good understanding of DoLS and MCA. Records confirmed that staff had received this training. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

When asked if they liked living in the service and if the staff were nice to them two people smiled and nodded their heads. One person went to hold the arm of a member of staff they said was their favourite. Another person told us that the staff were, "Kind, nice and caring."

Feedback from people's relatives about the staff approach was positive. One person's relative described how staff understood complex needs such as autism and how it can impact on people. They said, "Staff have a good understanding of [person's condition] "and person is "happy and well cared for." Another relative said, "[Person] has thrived at Seaview and blossomed into a confident and happy young [person] and always returns very enthusiastically when we have taken [person] out."

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff demonstrated an interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them.

Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected by the staff and acted on. For example we saw one person shake their head when asked if they wanted any refreshments then changed their mind a little while later and indicated they did want a drink. We saw the member of staff respond to their request straight away and encourage the person's independence to help with the task.

We observed people in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day.

Staff were knowledgeable about people's life experiences and spoke with us about their different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how people communicated and made themselves understood, for example using objects as points of reference to express their choices. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing and knew how to respond appropriately

Staff were familiar with changes to people's demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety. We saw a member of staff recognise when a person's mood had suddenly changed and they had become distressed. The member of staff talked to the person calmly and in a reassuring manner. They suggested to the person they may like to do an activity they knew the person liked to do such as a trip out in the car. We saw the person smile and go and get their jacket

indicating to the member of staff they had agreed and wanted to go out.
Staff told us how they respected people's dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. People's health care needs were discussed in private and not publicly. People chose whether to be in communal areas, have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, comfortable with the staff, came and went as they chose and were supported when needed.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. Staff encouraged people to pursue their hobbies and interests and to maintain links within the community. One person's relative told us that their relative, "Is treated as an individual." And, "Has a good programme/timetable that staff work to." This included being supported regularly to go out for trips to the nearby beach or into town shopping or going to a local fast food restaurant, something they enjoyed doing.

We saw that staff were attentive and perceptive to people's needs including non-verbal requests for assistance. Where support was required this was given immediately. Staff explained how they used different communication techniques to engage with people and to demonstrate their understanding; this included short verbal sentences, pictures, sign language, objects of reference and using reassuring touch. This showed that staff recognised and were responsive to people's individual needs. A relative described how they had attended 'object of reference' training with the staff to enable them to communicate effectively with their relative. They said about their involvement, "This is important in ensuring that we are both "tuned in" to [person] in the same way."

Care records were person centred and reflected the individual care and support that each person required and preferred to meet their assessed needs. They contained detailed information to inform staff about people's physical health, emotional and mental health and social care needs. They were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

People's daily records contained information about what they had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other and used a communication book to reflect current issues as part of a formal handover to staff on the next shift. This made staff aware of any changes in people's needs on a daily basis.

People had an allocated staff member as their key worker who were involved in that person's care and support arrangements. Conversations with people, relatives and staff informed us that key workers met regularly with people and where appropriate their representatives, to discuss the care arrangements in place and to make changes where necessary if their needs had changed. Records seen confirmed this. A relative told us of their positive experience of being involved in ongoing care decisions they said the, "Annual reviews are good, we are given adequate notice and a chance to input." This ensured that people received care and support that was planned and centred on their individual needs.

One person's relative described how communication from the service was effective and kept them informed and updated. They said "We have ongoing dialogue." People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to menus and the choice of activities provided following suggestions made. Good practice was fed back to the

staff through team meetings and in one to one supervisions to maintain consistency.

There was a complaints procedure available in the service. This explained how people could raise a complaint. In meetings attended by people and or their relatives, they were asked if they had any concerns or complaints they wanted to discuss. Records showed there had been no formal complaints received in the last 12 months but records of previous concerns showed that they were investigated and responded to in a timely manner. The registered manager told us that they spoke with people and relatives on a regular basis and any concerns were addressed immediately. This prevented people being unhappy enough to raise a formal complaint. They shared examples of how they had addressed concerns including replacing furnishings, care arrangements and decorating people's bedrooms.

Good

Is the service well-led?

Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people, relatives and health and social care professionals about the staff and management team were positive. One person's relative said, "We have an excellent relationship with the manager and staff. This could not be better."

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the management team were approachable and listened to them. One member of staff said, "It is a very supportive place to work. The manager particularly is hands on and always available if you need them."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and accessing the community. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

A range of audits to assess the quality of the service were regularly carried out. These included medicines audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider's internal review system. This included feedback from family members, keyworkers and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.