

# Lothlorien Community Limited Seabourne 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

This inspection took place on the 20 September 2017 and was unannounced. Seabourne House provides accommodation and support for up to five people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection four people were living at the service. All people had access to a communal lounge/dining area, kitchen, a shared bathroom and well maintained garden. Two people had bedrooms on the ground floor; two people had bedrooms on the first floor.

The service had a registered manager in post. The registered manager also had oversight of two other services. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 registered manager was present throughout the inspection.

The previous inspection on 21 and 22 June 2016 found five breaches of our regulations, an overall rating of requires improvement was given at that inspection. The provider had resolved the issues raised at the previous inspection which were no longer a concern at this inspection.

There were safe processes for storing, administering and returning medicines. People received their medicines in a person-centred and appropriate way.

Staffing was sufficient and flexible to meet people's needs. Staff demonstrated they understood people and had good knowledge about their personal histories, interests and preferences. Staff had received sufficient training to help them complete their roles effectively.

Appropriate checks were made to keep people safe and safety checks were made regularly on equipment and the environment. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire.

Employment checks had been made to ensure staff were of good character and suitable for their roles.

Robust safeguarding guidance and contact information was available for staff to refer to should they need to raise concerns about people's safety. Staff had good understanding about their responsibilities in relation to this. The provider audited safeguarding processes to ensure they remained robust.

The registered manager demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions and the Mental Capacity Act (MCA) 2005. They ensured people's rights were protected by meeting the requirements of the Act.

Regular monitoring and review of people's health took place so action could be taken if further professional

healthcare input was required.

People were supported to eat and drink and had choice around their meals.

Staff demonstrated caring attitudes towards people and spoke to them in a dignified and respectful way. Staff communicated with people in a person-centred and individual way to meet their own specific needs. There was a relaxed and open atmosphere; people were kept involved in all aspects of the service.

Care plans were meaningful and contained specific detail so staff could understand people better, care plans were a reflection of what happened in practice. People chose to participate in a variety of recreational activities inside and outside of the service.

Complaints were recorded and responded to effectively. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the investigation process.

Robust systems for monitoring the service and identifying areas in need of improvement had been established since our last visit. The provider listened to people and their representatives and acted on feedback.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received their medicines safely.

There were enough staff to support people and meet their individual needs. Recruitment processes were in place to protect people.

Accidents and incidents were recorded and audited to identify patterns.

Safeguarding processes were in place to help protect people from harm.

### Is the service effective?

Good ●

The service was effective.

People's health needs were supported and responded to well.

The provider was meeting the requirements of The Mental Capacity Act 2005.

People were supported to make their own choices around their food and drink.

Staff had appropriate training to support people with their individual needs.

### Is the service caring?

Good ●

The service was caring.

Staff spoke to people kindly and in a respectful and dignified way.

People were encouraged to maintain contact with their relatives.

People were given space when they indicated they wanted to be left alone although staff were close by should they require any help or support.

There was good rapport between people and staff.

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

**Good** ●

The service was responsive.

People benefited from care plans which were meaningful, informative and a reflection of how support was offered in practice.

People chose what activities they wished to do inside and outside of the service and staff were flexible to their individual needs.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

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

**Good** ●

The service was well-led.

Audits and reviews were made to check what areas in the service could improve. Action was taken from audits to improve the lives of people.

People's feedback was sought and listened to. Following feedback, changes were made to improve the outcomes people experienced.

The registered manager had good oversight of the service and there was a clearly embedded culture, staff had good attitudes and understood their roles well.

# Seabourne 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 the 20 September 2017 and was unannounced. The inspection was conducted by one inspector.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Before the inspection we asked for feedback from six healthcare professionals but did not receive any responses. During the inspection we spoke with four people, one staff, the deputy manager and the registered manager. After the inspection we spoke to one relative. Some people were not able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people.

We looked at a variety of documents including four people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

# Is the service safe?

## Our findings

A relative said, "I've got no concerns with (relative's) care. They do what they want whenever they want."

At our inspection on 21 & 22 June 2016 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not deployed enough staff to support people with their individual needs. The provider had resolved these issues which were no longer a concern at this inspection.

Staffing was sufficient and flexible to meet people's needs. Two staff were available throughout the day, during the night one staff member slept at the service. At the previous inspection one person chose not to come downstairs from their bedroom or leave the service. This meant one staff had to remain at the service which impacted on other people's freedom to leave and attend activities outside. This person no longer lived at the service which meant staff had more flexibility to meet the needs of other people. People were responded to quickly, during the inspection some people went out to do various activities. No agency staff were used at the service, occasionally staff from the registered manager's other services would cover shortfalls in the rota due to sickness or annual leave.

At our previous inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Individual personal emergency evacuation plans (PEEPs) did not fully describe in enough detail what assistance people would need in the event of an emergency. The registered manager was unaware about the process the service used for logging accidents and incidents and had not been auditing to reduce repeating incidents. The provider had resolved these issues which were no longer a concern at this inspection.

People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Staff practiced fire evacuations to test if PEEPs worked well in practice. There was good management and oversight of accidents and incidents. Incidents were recorded in the incident folder. Information was then transferred onto the provider's e-compliance system by the registered manager. The information was reviewed by the compliance team to assess what action had been taken to prevent incidents from re-occurring. The registered manager regularly reviewed information to analyse if people's behaviour was changing or if further behaviour strategies were required due to people's changing needs. Risk assessments had been included in people's care plans to identify areas of risk. Control measures were in place to minimise the harm people were exposed to and the action staff should take to support people with their individual needs.

Safeguarding incidents had been referred to the appropriate external bodies for investigation and the provider had notified the Commission of these events; which is their statutory duty. Staff understood their responsibilities in relation to identifying and reporting any concerns they may have about people. A staff member said, "I would tell the on-call manager and report any kind of abuse between people and staff, neglect, anything that's not safeguarding people". Staff had a safeguarding policy which they could refer to should they need further information.

Safety checks had been made regularly on equipment and the environment. This included checks of fire alarm system, fire extinguishers, emergency lighting, portable appliances, gas safety and wheelchair checks. The provider could be assured by making these checks that the premises and equipment were in good working order and safe for purpose. The registered manager said a full fire risk assessments review had been completed in July 2017 and some minor maintenance work had been recommended; for example the re-adjustment of some fire doors and some minor maintenance work in the laundry area. The provider had made arrangements to complete this work in their maintenance plans. A contingency plan (This is a plan of actions to be taken by the staff in specific emergency situations) was in place in regard to a range of events that might stop the service from operating normally. This covered a range of eventualities so that staff would know what to do and could implement emergency procedures.

Recruitment processes were in place to protect people. Gaps in employment history had been fully explored and Disclosure and Barring Service checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character.

There were safe processes for storing, administering and returning medicines. People's medicines were stored in lockable storage in their rooms. There were individual assessments around how they liked their medicines to be administered. When people required occasional medicines (PRN) staff had information to refer to so people received their medicines at appropriate times particularly if they were unable to verbally request it. Medicine was audited each day by staff to ensure no errors had been made. The registered manager and senior management conducted further audits to check medicines were in order. All staff that administered medicines were trained to do so. The dispensing chemist had completed an audit in May 2017 but had not made any recommendations to improve medicine management.



## Is the service effective?

### Our findings

At our previous inspection we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were not supported well to monitor their healthcare. Appointments to see outside health professionals were not made in a timely or responsive way. The provider could not be assured staff were able to respond to a person's particular health needs in an effective way. The provider had resolved these issues which were no longer a concern at this inspection.

Regular monitoring and review of people's health took place so action could be taken if further professional healthcare input was required. A person's epilepsy was monitored to assess if further measures needed to be implemented to help support them with their condition. Staff monitored the person's seizures and used assistive technology so the person's privacy was not impacted on (an audio monitor was used during the night time or when the person spent time in their bedroom alone). Staff said there had been a reduction in the amount of seizures the person experienced and their epilepsy was more stable. The registered manager said the person usually had seizures at particular times in the month. This meant staff were more aware that closer monitoring should occur at this time.

At our previous inspection we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. 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 are called the Deprivation of Liberty Safeguards (DoLS). Capacity assessments and best interest decisions for less complex decisions were missing from people's files which meant decisions to place restrictions on people were made without consideration of compliance with the Act. The provider had resolved these issues which were no longer a concern at this inspection. DoLS applications had been made to the appropriate authorising body. Where people lacked capacity for less complex decisions, assessments of their capacity and a best interest process had been followed with involvement from other appropriate individuals who knew the person well, which was well documented.

A staff member said, "We get a lot of online training, we have access to a computer here and do it at home. Had face to face training in fire and first aid which I like". Another staff member commented, "I have supervision with the manager or deputy every six weeks but see them regularly. We've had some additional training on new topics". All staff completed mandatory training in the form of face to face sessions or e-learning. Mandatory training included; fire, medicines, infection control, health and safety and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, managing challenging behaviour, equality, intro to Autism spectrum disorder (Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.) MCA and confidential data management. Staff demonstrated they knew people well and had the appropriate skills and knowledge to support people with their needs.

Staff confirmed that they had supervision and the management were always available for support. Through supervision it could be identified if further performance management was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wished to develop further or support they may wish to receive. New staff spent time shadowing other staff and completed the provider's induction package.

Staff that lacked experience or had not completed an NVQ Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above completed the Care Certificate. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff did not lone work until their competence was confirmed by the registered manager.

People were encouraged to make their own choices about their food and drink. If people were unable to verbally communicate their preferences they were shown food items or pictures to help them make their own choices. People were not rushed throughout their meals, staff asked people if they were okay and if they wanted more food and drinks. People were offered drinks and snacks throughout the inspection.

## Is the service caring?

### Our findings

One person told us they liked living at the service and liked the staff. They said to a staff member, "I like you looking after me".

Staff spoke and recorded information about people in a respectful manner. Staff spent time talking and engaging with people in an interested and patient way. One person spoke to staff about their new shoes and getting their hair cut. Staff listened to what the person said and reassured them when they repeated the same information.

People appeared relaxed and happy and were able to freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interest and what was important to the person. The registered manager knew people well and kept their office door open; people were able to talk to them at any time.

Staff demonstrated they understood people and had good knowledge about their personal histories, interests and preferences. People were given space when they indicated they wanted to be left alone although staff were close by should they require any help or support. Staff respected people's privacy and asked for permission before entering their personal space. One person enjoyed spending time alone in their room organising their personal items. Staff respected their need for privacy and did not disturb them too frequently. Staff encouraged people to be independent, staff supported people to make hot drinks for themselves and others and make their own lunch.

People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys and photographs to make their rooms feel homely and comfortable. One person was keen to show us their bedroom and they told us how much they liked it. They pointed out various personal items they kept in their bedroom and said they were happy with how their room was decorated; which they had chosen. The service was well maintained and had a homely feel.

People were encouraged to maintain contact with their relatives. If people were unable to make choices due to their communication or capacity their relatives were informed and asked to give feedback on their behalf. People were supported to visit their relatives at home and relatives were welcome to visit people in the service. A relative said, "(Relative) comes home when they want. As long as they are happy the staff are happy.

Each person had a key worker who they regularly had meetings with to discuss their aspirations and future goals. One person said they wanted to paint their bedroom. Although paint had been purchased in May 2017 the person said they had second thoughts about the colour. Staff said they would wait until the person had made their mind up before the room would be painted.

There was a relaxed and open atmosphere; people were kept involved in all aspects of the service. Some people had said they would like to have a barbeque in the summer. Several barbeques were arranged which

people enjoyed. Staff were planning holidays with people. Some people said they wanted to go on an adult weekend to Butlin's, another person said they would prefer to do days out rather than a holiday. In June 2017 one person had asked for new garden furniture which was purchased. They said they liked the new garden furniture and sitting outside for dinner.

## Is the service responsive?

### Our findings

At our previous inspection we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Some documentation in care plans gave conflicting information and lacked important information. There were not enough staff to meet the individual preferences of people when pursuing their outside interest and activities. The provider had resolved these issues which were no longer a concern at this inspection.

Peoples care plans had been updated since the last inspection. They were person-centred and described in good detail how staff should support people in a consistent way. People's care plans included a personal profile, personal development and support needs, and communication information. Other information included areas such as mobility, health, safety, voicing concerns and complaints, advocacy, nutrition, capacity and consent, family and friends, culture, identify and beliefs, behaviour support, and social interactions, hobbies and interests.

A person-centred approach to care planning was adopted. There was detailed information about how people preferred to be supported with areas such as their personal care which ensured staff responded in a way people chose. Staff demonstrated they understood people well. One staff member said, "Care plans are self-explanatory. I do use them but I know people very well. Now we have an activity planner it's easier for people to choose what they want to do". People had specific support guidance around managing their behaviours. Behaviour guidance explained how people may respond to certain situations or how their body language may indicate they were anxious or unhappy. There was information for staff to refer to of how to respond to behaviours in a proactive and positive way.

Some people had communication dictionaries which gave more detailed information about what specific body language may mean. This was more beneficial for people with limited verbal communication skills. Staff demonstrated they understood people's body language well and responded appropriately at the right times. Because care plans and documentation were detailed and easy to understand, any new staff that began work at the service would have clear guidance to refer to so they could support people consistently and in their own preferred way.

People did various activities inside and outside of the service. One person enjoyed threading beads, another enjoyed puzzles which they were busy with during the inspection. One person regularly went trampolining which they said they enjoyed and had been making good progress with. Some people liked to have structure to their week which helped reduce anxieties about when things would be happening. However, there was flexibility should they wish to do something different on the day. A bus stop was located close to the service and people had access to a vehicle. A person told us how they had recently been to a theme park and a zoo. Staff told us another person liked to go to the Rare Breeds centre to pet the animals and there was a Halloween disco planned which people could attend in October.

The registered manager responded to complaints appropriately. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout

the investigation process. An easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. People had access to an easy read complaints policy in their care file. The easy read complaints policy gave people information about who to contact outside of the service if they were unhappy with the response given or action taken by the provider.

Some people would find it difficult to understand how to complain following the formal process. They would rely on staff to recognise if they were unhappy about the service they were receiving by understanding their body language and other means of communicating. The registered manager responded to concerns even if not raised as formal complaints. For example, a relative had requested their relative receive more one to one activities. The registered manager explained although the person was not funded to receive specific one to one hours they would be offered activities to do alone with staff. There were no open complaints at the time of the inspection.

## Is the service well-led?

### Our findings

A relative said, "I think there's been massive improvement since the manager has been here. They listen to any concerns I have". A staff member said, "Seabourne is much better than it's ever been. Its more organised and staff and people are happy".

At our previous inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The service lacked oversight. The new manager could not demonstrate a good understanding of the needs of the people at the service. They had not established robust systems for monitoring incidents and staff did not benefit from clear guidance. Systems for accountability had not been established which meant people's immediate needs had not been responded to. The provider had resolved these issues which were no longer a concern at this inspection.

Robust systems for monitoring the service and identifying areas in need of improvement had been established since our last visit. The registered manager, although managing two other services had good knowledge and understanding of the people living at the service. A staff member said, "It's made such a difference, having a good manager. Before we didn't know what we were doing now we know our jobs well which has improved the lives of people".

An out of hours on-call rota indicated which senior manager could be called when the registered manager was unavailable. This meant staff always had support should they need help or guidance. Staff had a clear understanding of their roles and responsibilities. The registered manager understood their responsibilities in relation to notifying the Commission and other professional bodies about incidents which occurred at the service.

A safeguarding audit tool was completed every six months to check staff had been sufficiently informed and trained to understand their responsibilities in this area. The registered manager had good oversight of the service and regularly reviewed further areas such as care plans, training and policies. Following the previous inspection an action plan had been made to improve areas of the service. A senior manager audited the progress the service had made to ensure all areas of concern were improved sufficiently.

Further internal audits were conducted by the registered and deputy manager to ensure the service provided safe care and treatment for people. In July 2017 an internal audit had looked at a variety of areas including risk assessments, fire evacuations, staff training, medicines, staff files, rotas, incidents, care plans, and supervisions. Where areas had been identified as in need of improvement follow up checks had been made to identify if action had been taken at the agreed time. This demonstrated the service was continually reviewed so improvement could continue resulting in a better service for people. Where improvements had been made this was recorded and where further recommendations were made this was highlighted for the registered manager to address.

Quarterly safety, quality and compliance meetings took place which were attended by the registered manager, deputy and other staff. The purpose of these meetings was to discuss any areas where further

action was necessary and identify who would be responsible for its completion. This demonstrated the provider had implemented robust strategies for monitoring the service and identifying problems before they became worse. A senior manager conducted a quarterly site review to further analyse and have oversight of the service. The senior manager conducted supervisions with the registered manager to ensure they received support and guidance with their role.

The provider listened to people and their representatives and acted on feedback. Questionnaires were sent to people, outside professionals, relatives and staff. In July 2017 questionnaires had been sent to relatives and healthcare professionals. The registered manager analysed the information which had been returned but no improvement plans had been necessary as no negative feedback was received. People were routinely asked for their feedback during their key worker meetings, people had also been offered questionnaires to complete. Comments included, "No I like everything", "I like making my tea" and "I like the staff".