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Sea Bank House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sea Bank House was inspected on the 03 and 10 May 2018 April 2018 and the inspection was unannounced. Sea Bank House is registered to provide personal care for up to 23 older people who require support with personal care. At the time of the inspection there were 14 people receiving support.

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.

Sea Bank House Care Home is situated in the seaside town of Knott End On Sea. The home is registered to provide care and accommodation for up to 23 older people. Some day care services are also available. The home is set on three floors with a lift to the first and second floor. There is a small paved garden to the front of the home and a raised decked area to the rear.

At the time of the inspection there was a manager who was registered with the Care Quality Commission (CQC). The registered manager no longer worked at the home and had not completed the process of deregistering with the CQC. There was an acting manager in place who worked at the home. They told us they were in the process of applying to the CQC to become the registered manager of Sea Bank House.

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 inspection was prompted in part by information of concern that a person using the service did not receive prompt care and support and was not referred quickly to a health professional. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of infection and the timely referral of people to external health professionals. This inspection examined those risks.

We also used this inspection to check improvements had been made since our inspection in June 2017. At our last inspection in June 2017 we found three breaches of regulation. We found the registered provider had not displayed their rating on their website, referrals to Lancashire Safeguarding Authorities and the Disclosure and Barring Service were not always made and checks had not identified these actions were required.

We served a Fixed Penalty Notice to the registered provider for the failure to display the rating on their

website. This has now been paid.

We asked the registered provider to take action to make improvements for the other areas we had noted. They sent us an action plan which explained the action they planned to take. The action plan recorded that improvements would be made by August 2017.

At this inspection in May 2018 we found improvements had been made. The acting manager completed a series of checks and investigations to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these. People told us they could raise their views on the service provided and they felt involved in the running of the home.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected.

At this inspection in May 2018 we checked to see if medicines were managed safely. We found improvements were required. We found records were not always accurate and people could not be assured they would receive their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

During this inspection in May 2018, the service had not met one of the regulations inspected. This is reflected in the rating 'well-led.'

Care records we viewed identified risk and documented the support people required to maintain their safety. We noted one care record required further information regarding the risk controls and support required to minimise harm. We also noted two risk assessments required more information regarding risk controls in place. We have made a recommendation about this.

We viewed documentation relating to the recruitment of staff. We found the documentation did not request the specific dates of employment. We have made a recommendation about this.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Sea Bank House.

Staff told us they received training to enable them to maintain and refresh their skills. We saw a training matrix which recorded the training staff had completed.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. People also told us they were offered more if they wanted this. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they finished their meal. Staff were available to help

people if they needed support.

We found the environment was clean and we observed staff wearing protective clothing when required. This minimised the risk and spread of infection.

People and relatives we spoke with told us they were happy with the staffing arrangements at the home. We observed staff spending time with people and the atmosphere was relaxed and unhurried. Staff we spoke with raised no concerns with the staffing arrangements at the home.

The acting manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

This is the second time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not always managed safely as records relating to medicines were not always accurate.

Staffing was arranged so people's needs and preferences could be met.

Checks were carried out to ensure the environment and equipment was safe.

Is the service effective?

Good ●

The service was effective.

People were referred to other health professionals if this was appropriate. People and relatives told us they were happy with the care received.

Staff received training to enable them to maintain and refresh their skills.

There were arrangements in place to ensure people's consent was recorded and their mental capacity considered.

There was a varied menu and people told us they liked the meals and were offered alternatives.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

At this inspection the service had not met all the regulations inspected.

Checks were carried out to identify if improvements were required and action taken as required.

There was a culture of team work at the home and people told us they felt the service was improving.

Sea Bank 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.

The inspection was prompted in part by information of concern that a person using the service did not receive prompt care and support and was not referred quickly to a health professional. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of infection and the timely referral of people to external health professionals. This inspection examined those risks.

The inspection visit took place on the 03 and 10 May 2018 and was unannounced. The first day of the inspection was carried out by two adult social care inspectors. The second day of the inspection was carried out by one adult social care inspector. At the time of the inspection there were 14 people receiving support.

At the time of the inspection there was a manager who was registered with the Care Quality Commission (CQC). The registered manager no longer worked at the home and had not completed the process of deregistering with the CQC. There was an acting manager in place who worked at the home. They told us they were in the process of applying to the CQC to become the registered manager of Sea Bank House.

Before our inspection visit we reviewed the information we held on Sea Bank House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. 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. In addition, we contacted the local funding authority and asked them their views on the service provided and reviewed information relating to safeguarding alerts and outcomes

We spoke with three people who received support, and three relatives. We also spoke with three care staff,

the acting manager and the registered manager from another of the providers homes. In addition we spoke with the cook. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. This helped us understand the experiences of people who lived at the home.

We looked at care records of four people who lived at Sea Bank House and the weight records of two further people. We checked a sample of medicine and administration records. We also viewed a training matrix and the recruitment records of two staff. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

At the last inspection in June 2017 we identified safeguarding referrals were not always made promptly to enable investigations to be undertaken by relevant authorities. At this inspection we found improvements had been made.

We spoke with the acting manager who told us they would report any suspicions of abuse. For example, unexplained bruising, neglect or disclosures from people who used the service, staff or visitors. We reviewed the information we hold on our database and saw evidence the acting manager had referred any concerns to the Lancashire Safeguarding Authorities for further investigations if this was required.

Staff told us they were committed to protecting people from abuse. One staff member said, "I'd make sure all the right people knew so they could do investigations quickly." Staff said they would report any safeguarding concerns to the registered manager, the registered provider or to the Lancashire safeguarding authorities. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. We saw the home had a safeguarding procedure to guide staff and the contact number was displayed on a notice board within the home. This meant staff, people who lived at the home, or visitors were able to report any concerns to allow further investigations to be carried out, if required.

People who received support told us they were happy with the way their medicines were managed. One person told us, "My medicine is right on time and I get the right ones." We found however that not everyone who lived at the home could be assured their medicines were managed safely.

We looked at one person's medicine and found the totals of two of their prescribed medicines and the amount that were left did not match with the 'medication stock balance chart.' We looked at this with the registered manager of the registered provider's other home and the manager of Sea Bank House. We were able to ascertain that one of the medicines had been administered correctly and the record 'medication stock balance chart' was incorrect.

We looked at the other medicine and were unable to check if the person had received their medicine as the amount of medicine received into the home had not been carried forward. We noted a missing signature on a further medicine record. At the time of the inspection the manager could not explain why the record was not signed.

We checked a person's 'prn protocol.' This is a record which records why a medicine is prescribed, when and how it should be given. 'Prn protocols' also provide guidance for staff if people cannot communicate their need for medicines. The record we viewed required more information to enable staff to ensure that the person received their medicines when they needed them. The concerns we found demonstrated that medicines were not managed safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection concluding we saw the person's 'prn protocol' had been updated.

We observed medicines being administered and found people were supported to take their medicines and records were completed at the time of administration. Access to medicines was restricted to staff who had received appropriate training. This helped ensure medicines were managed safely. There were procedures to ensure the safe receipt and disposal of medicines and the staff member we spoke with was able to explain these to us.

We checked to see if staff were recruited safely. On the first day of the inspection we noted documentation we needed to view was not always present. The acting manager told us they would locate this and this was provided on the second day of the inspection. The records we viewed confirmed people were recruited safely. We spoke with a staff member who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Sea Bank House. A DBS check helped ensure only suitable staff were employed. We noted the application form did not direct prospective employees to record the specific dates of employment. We discussed this with the manager who told us they would amend the form used.

We recommend the service seeks and implements best practice guidance in the documentation used for recruitment processes.

Care records we viewed identified risk and documented the support people required to maintain their safety. We noted one care record required further information regarding the risk controls required to minimise harm and the support the person required. We also saw two risk assessments which contained only basic information in the management of risk. For example, there was no direction for staff to check a walking frame was undamaged prior to it being given to a person. Prior to the inspection concluding we were informed the records had been updated.

We recommend the service seeks and implements best practice guidance in the assessment and documentation of risk.

Staff we spoke with were able to describe people's individual needs and the help and support they required maintain their safety and well-being. For example, staff could explain the support people needed to maintain their nutritional health or their safety when mobilising.

We looked at how accidents and incidents were being managed at the home. Staff told us and we saw accident forms were completed. The manager told us these were reviewed by them to monitor for trends and patterns and lessons learned. For example, the acting manager told us they had noted a person had fallen and had identified they may benefit from a review of their medicines by a doctor. They told us the review had taken place and the person had not fallen since. This demonstrated the manager looked at ways to minimise the risk of harm.

People who lived at the home told us they were happy with the staffing provision at the home. We were told, "The staff always come if I ring my bell." Also, "They come straight to me if I ring." Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. Relatives we spoke with also told us they were happy with the staffing provision at the home. One relative commented, "Yes, there's enough staff and they do sit with people and chat as well." A further relative said, "I've never been worried about how many staff are there when I visit." We saw people were supported by staff when they needed help. During the inspection we timed a call bell and saw this was answered promptly. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We found the home was warm and clean with restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm. Staff told us, and we saw protective clothing was provided if this was needed. We saw staff wore protective clothing such as gloves and aprons if these were required. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four star rating following their last inspection by the FSA. This graded the home as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We found a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

We included this area within our inspection as we had received information of concern that if people had infections, these were not identified promptly and people were not supported to access professional medical advice when this was needed.

People told us they were happy with the care provided. One person told us "If I'm poorly they send for a doctor straight away." A further person commented, "I've had the doctor. They look after me well in that respect." Relatives told us they were happy with the care and support their family members received. One relative commented, "They're really good at picking up when [my family member] is ill." A further relative said, "The care is really good. I'm very pleased with everything."

We looked at the arrangements in place to identify and support people who may have an infection. We did this as we had received information of concern that a person who had lived at the home had not received prompt care and support.

We asked staff what action they would take if they suspected a person had an infection. For example, a urine infection. Staff told us a process had been introduced by the registered provider to ensure that people suspected of having a urine infection were identified and treated promptly. We found people's urine was tested by staff at the home and the results were sent to the doctors to enable clinical decision making. If antibiotics were required, these were obtained and given to people as prescribed.

Staff we spoke with were able to describe the signs and symptoms of infection. Staff told us they would monitor people if they suspected they had an infection and would refer people to their doctor, or summon urgent medical assistance if this was required.

We spoke with a relative who confirmed that when their family member had been suspected of having a urine infection, this process was followed. They told us their family member had been referred to a doctor, had received antibiotics and had recovered from the infection.

The acting manager told us they were attending training in sepsis. This is a rare but serious complication of an infection and requires prompt treatment. The acting manager told us they were attending the training and would implement best practice guidance to ensure people who developed infections were monitored closely for the symptoms of sepsis. This demonstrated the acting manager wanted to implement best practice guidance to improve the care and support provided.

Documentation showed people's needs were assessed and people received professional health advice when this was required. For example, we saw people were referred to doctors, dieticians and district nurses when needed. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the instructions of a health professional to help maintain a person's wellbeing. This demonstrated staff were aware of professional advice.

We asked staff what documentation was provided to support decision making by other health professionals if people needed to attend a hospital in an emergency. We were told that copies of essential information such as medicine records and information sheet with contact details of other health professionals and person centred information was provided.

The registered provider used technology to minimise the risk of falls. When appropriate, there was equipment used to minimise the risk of harm. We saw a pressure mat was in place. This sounds an alarm when people stand up from their chair. This meant staff could minimise the risk of falls by responding to the alarms and going to help people quickly. The manager told us they were working with a group of health professionals to introduce tablet computers into the home. This would allow people to use technology to access medical advice quickly.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with their line manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. The registered manager informed us the training needs of staff at the home had been reviewed and update training was being arranged. We reviewed a training matrix which identified where update training was required. Staff spoke positively of the training they had received. They told us they received reminders to attend training so their skills were refreshed.

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 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 looked at how the home gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care. One person said, "Everything to do with my care is discussed with me first." People told us they consented to the support they received. For example, one person described how they had agreed to referral to a health professional and as a result required no further medical intervention from them. One relative told us they were involved and their agreement was sought before any changes were made. They said, "We've sat and discussed care with [acting manager]." A further relative said, "[Acting manager] rings me up and we decide what we need to change."

We saw consent was sought before care and support was given. For example, we saw people were asked to consent before support was given with mobility and with personal care. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People were offered choices of meals and people made positive comments regarding the meals provided. We were told, "He's a chef, don't call him a cook. His food is excellent." A further person said, "I can eat more or less what I want here, it's always nice and I get offered extra." We saw people were asked in advance what they would like to eat and this was provided for them. We observed the lunchtime meal and saw people were able to eat where they chose. Meals were provided to people in their private rooms if this was their wish. If people required support to eat we saw staff were available to help them. We observed a staff

member discreetly reminding someone their meal was on the table. As a result of this the person ate some of their meal. They refused an alternative but ate a pudding.

We also noted people were given the right cutlery to enable them to eat their meal independently. We saw one person was offered a spoon as this was easier for them to use. We checked the person's care plan and saw this was recorded as a need. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

People's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. Documentation we viewed described the likes, preferences and needs of people who lived at the home. For example, we saw one person liked milky coffee. During the lunch time meal and throughout the day we saw this was provided. This demonstrated people's preferences were recorded and met.

Is the service well-led?

Our findings

At the last inspection in June 2017 we identified that the registered provider had not displayed their CQC rating on their public website. This is a legal requirement from 01 April 2015. We served a Fixed Penalty Notice for this offence. Prior to this inspection, we checked the public website of the registered provider and saw the CQC rating was displayed. We also found the CQC rating was displayed on a notice board in the reception of the home. At this inspection in May 2018 the registered provider had met this legal requirement.

At the last inspection in June 2017 we found the quality systems had not identified when improvements were required at the home. At this inspection in May 2018, we found improvements had been made. We found the acting manager carried out checks to ensure any areas of improvements were identified. We saw documentation which evidenced people's views were sought. For example, we saw one person had commented that mobile phone use within the home was an issue. We discussed this with the acting manager. They told us they had addressed this by informing staff that mobile phones were not to be used by staff while they were working. We saw a poster was displayed informing staff of this and the staff we spoke with were aware of the change the acting manager had made. This demonstrated people's views were sought and acted upon.

At this inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not met the requirements of the regulation, therefore improvements are required to ensure the service is well-led and meets the fundamental standards required.

Documentation we viewed showed checks were carried out on the environment, water temperatures, equipment and medicines. In addition we saw the acting manager carried out checks on accidents at the home, and any hospital admissions. They told us they were looking for any themes or trends and to identify if any safeguarding referrals were required to be made. They explained they looked to see if any changes were required to minimise risk and to identify where changes were required to improve. This showed checks were in place to monitor occurrences at the home and take action to improve the service provided.

At the time of the inspection there was a registered manager at Sea Bank House. They were no longer employed by the registered provider and did not work at the home. 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. Since the last inspection the registered manager had left the home and an acting manager was in place. They informed us they were currently in the process of applying to the CQC to become the registered manager.

People told us they were happy with the way the home was run and they believed this had improved since the acting manager had taken up their role. One person said, "To go from senior carer to a manager is a different ball game she's managing the home really well." A further person told us they considered the home

was well managed. They said, "That young lass is doing a good job here." Relatives we spoke with told us Sea Bank House was well organised and the acting manager was approachable. One relative told us, "[Acting manager] has made a difference. She's worked so hard." A further relative said of the registered manager, "[Acting manager] is always on top of things."

All the staff we spoke with told us they felt the home was improving and they were able to talk to the acting manager if they had any concerns or worries. Staff told us and we saw documentation which evidenced staff meetings took place. Staff explained they could approach the acting manager outside of staff meetings and they were confident she would listen and respond to them. One staff member told us, "Meetings are a good chance to really discuss what's going right or what needs to be better." This demonstrated there was a culture of teamwork where staff and the acting manager worked together to ensure the home was well run.

Staff we spoke with told us they were confident in the acting manager and they believed the acting manager was focussed on the needs of the people who lived at the home. One staff member said, "[Acting manager] adores the residents." A further staff member told us, "[Acting manager] is making great changes." During the inspection we saw the acting manager worked alongside staff and we noted conversations between them and staff were friendly and professional. This demonstrated there were positive relationships between the staff and the acting manager.

We asked how people's needs were communicated between staff. For example, when the shifts changed. We were told handovers took place and there was a book in place to support communication between staff. Handovers are meetings where people's individual needs and wishes are discussed and care and support is arranged to meet those needs. We viewed the book and saw this contained relevant entries so that important information was not missed.

We asked the acting manager what they wanted to achieve within their role. They told us they wanted to improve the home and they thought this would take time. They explained that since the registered manager had left, everyone's care had been reviewed and care documentation had been updated. They said they were keen to build on the existing relationships they had with health professionals and family members and they wanted to ensure people who lived at the home received the best possible care. The acting manager told us they valued the support they received from staff and they wanted to ensure Sea Bank House was a positive place to work and live. We asked the acting manager how they would achieve their aims. They said they were supported by the registered provider and a registered manager from another home owned by the provider. They explained they would seek guidance from them and would continue to work with staff and people at the home in identifying ways it could be improved. This demonstrated the acting manager was committed to making positive changes to benefit people who lived at Sea Bank House.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely as records relating to medicines were not always accurate. Regulation 12 (1) (2) (g)