Optima Care Limited

Seahaven

Inspection report

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Date of inspection visit:
11 March 2021

Date of publication:
21 May 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Seahaven is a residential care home providing personal care to up to 19 people who have a learning disability and or autism. The service was delivered in two adjoining houses, registered as one location. At the time of our inspection, one house accommodated 12 people and five people lived in the other. Everyone who used the service received support with personal care. This is help with tasks related to personal hygiene and eating. Where people receive this support, we also consider any wider social care provided.

People's experience of using this service and what we found
People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Intervention plans were in place to physically restrain three people, but processes had not been followed to ensure they were agreed or lawfully implemented. Some people could have behaviour which was challenging to others, staff and themselves resulting in incidents of potential abuse. Staff had failed to always notify relevant authorities of incidents of alleged abuse or update care plans to reflect risks and the support people required.

People were not protected from risks associated with allegations of abuse. When incidents occurred care plans and risk assessments had not been updated to reflect risks.

Where people were at risk from epilepsy or severe constipation, care plans were not robust and lacked guidance about how people should be supported safely and consistently. In one instance, health care professionals had made a recommendation about how a person's condition should be managed, however, no action was taken to progress this.

Medicines were not always safely managed; staff did not follow procedures to ensure blood sugar monitoring equipment was calibrated when needed. During our inspection, staff administered insulin to one person, however, they had not signed the medicine administration record to show the dose had been given.

The registered manager failed to recognise and meet their regulatory requirements; multiple incidents that should have been notified to CQC were not.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the underpinning principles of Right

support, right care, right culture.

Right support:
• The model of care and setting did not always maximise people's choice, control and Independence.

Right care:
• Care was not always person-centred and did not promote people's dignity, privacy and human Rights.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services could lead confident, inclusive and empowered lives.

This meant some people were subject to unauthorised restraint, impacting upon their choice and independence. The provider had not always acted to mitigate the risk of harm to people. Some people did not receive person centred care.

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

Rating at last inspection
The last rating for this service was Good (published 16 September 2019).

Why we inspected
There have been significant concerns identified at other locations run by the same provider. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seahaven on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding, fit and proper persons employed, good governance, and notifications of other incidents at this inspection.

We served warning notices against the provider and registered manager in relation to regulation 12, 13 and 17.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Seahaven

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by three inspectors.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought and received some feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four members of staff including the registered and deputy manager. We spoke with five people living at the service. We reviewed a range of records. This included five people's care records and five medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always well managed or mitigated and opportunities to learn lessons when things went wrong were not always acted upon.
- Some people experienced behaviour which could be challenging towards other people. For example, one person threatened to punch a staff member. Their behaviour caused two other people to become agitated, who in turn threatened the person who had initiated the incident. This occurrence was not recorded appropriately to ensure action was taken to reduce the risk of recurrence. Their care plan had not been updated with guidance about how to support the person with their behaviour to minimise the impact on other people they lived with. There was no evidence of learning from this incident.
- The registered manager assessed people before they moved into the home. Some people's behaviour could be a trigger to other people which had resulted in incidents. We were told one person could be triggered by the environment and noise which in turn would trigger other people's behaviour. The risks around these triggers had not been identified in care planning or appropriately managed.
- People at risk of constipation were not supported to manage this safely. Prior to admission to the home, one person required hospital treatment for faecal impaction. They were prescribed and received laxatives twice daily, however, their daily notes over a period of 10 days did not record if they had opened their bowels. Their annual health check took place on 25 February 2021 which recommended exploration of bowel management plans. No action had been taken to progress this; methods to monitor bowel movements and the risk of faecal impaction were ad hoc and ineffective leaving the person at risk.
- One person was living with epilepsy. Their care plan did not provide staff with the information needed to support them. For example, despite not having had seizures for a number of years, the plan stated staff should only contact 999 if a seizure lasted more than 4 to 5 minutes. The Registered manager agreed that this was incorrect and should the person have a seizure staff should call 999 immediately. There was no detail of what their seizures (or seizures in general) looked like and no detail of medication the person took to support them with their epilepsy. We discussed this with the registered manager who agreed the support plan needed updating.

Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Following this inspection, we became aware the provider was sharing some staff between this and another home managed by the same registered manager. Although the service had mitigation, such as lateral flow tests for shared staff before and after shifts, sharing of staff is in direct contravention of current published guidance. We have informed the provider they must stop this practice immediately. During the inspection we observed a bin used for the disposal of used personal protective equipment (PPE) was not

foot operated or contain a yellow bin liner. This was not following infection control practice guidance. We have signposted the provider to resources to develop their approach.

Care and treatment was not provided in a safe way for service users. The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that is reasonably practicable to mitigate any such risks. Infection control was not effectively managed leaving people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider's infection prevention and control policy was up to date.

● Where people required support from healthcare professionals, appropriate referrals had been made although advice was not always followed. Staff had worked extensively with the diabetic nurse to stabilise a person's condition. A complex new insulin and blood sugar level testing regime had been received, which staff had implemented. Where people needed support from dieticians or speech and language therapists to modify foods to reduce the risk of choking, guidance provided was understood by staff and followed.

Systems and processes to safeguard people from the risk of abuse
● People were not protected from the risk of abuse and three people were subjected to unauthorised forms of restraint or control.
● Three people had 'Risk prevention and management plans' in place about the use of physical intervention. One person had capacity to understand the plans and give their consent about whether they agreed with the plan and when it should be used. However, the plan had not been discussed or agreed with them. Despite assurances by the registered manager that the person would never be restrained, we identified an incident when this had occurred. The person had been subjected to unauthorised restraint and control.
● The two other people did not have capacity to understand their 'Risk prevention and management plans' or give their consent about whether they agreed with the plan and when it should be used. In such circumstances, a best interest meeting should take place. This is a multidisciplinary meeting that is arranged for a specific decision around a person's care or treatment, when a person is deemed to lack the mental capacity to make that decision for themselves. A best interests meeting had not been held, the intervention plan had not been agreed, yet the individuals had been subjected to an incident of physical restraint and control.
● People were not protected from risks associated with allegations of abuse. Another person had been the subject of serious allegations. The allegations were investigated and proven not to be true. However, some known behaviours meant the person remained vulnerable and susceptible to putting themselves at risk. Their care plan and risk assessments had not been updated to reflect these risks. This did not reduce the likelihood of future occurrences and the person remained at risk.
● The registered manager and deputy manager did not understand their responsibilities in reporting safeguarding incidents. During the inspection we identified six incidents of alleged abuse which should have been notified to us.

The provider had failed to ensure people were protected from abuse and improper treatment; including

controls or restraint. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

● There were enough suitably trained staff to support people safely. However, staff were not always safely recruited.

● A review of three recruitment files found gaps in employment histories for one staff which had not been explored and there was no photographic identification for a further member of staff and a reference for one staff member had not been received from their previous employer.

● We discussed this with the registered manager. They explained recruitment was now completed centrally off site. Once complete, copies of recruitment files were forwarded to the registered manager for their records. Each of the recruitment files reviewed contained a control sheet setting out the mandatory checks completed. The registered manager had relied upon checks completed by a central team and, although they had reviewed the completed control sheet, they had not examined the content of each file. All other mandatory checks, such as Disclosure Barring Service (DBS) had been completed.

● The registered manager undertook to raise this concern with the service provider. Additionally, they gave their assurance they would audit the remaining recruitment files and complete any outstanding checks that they identified. We will review the effectiveness of this process at our next inspection.

The provider had failed to ensure that staff had been safely recruited and had not ensured recruitment procedures were operated effectively. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Using medicines safely

● Medicines were not always safely managed. Two people required insulin to manage their diabetes. Their management plans and medicines policy set out that the blood sugar measuring devices should be checked for calibration every time a new packet of test strips was opened. Staff were unaware of this and confirmed they had not carried out any calibration checks. This was discussed with the deputy manager, who immediately put in place a calibration testing process. We will review the effectiveness of this process at our next inspection.

● Medicine administration records (MAR) were usually signed and up to date. However, during the inspection we found one instance where staff had not signed for a medicine, they had administered earlier that day. Staff followed policy, they established the medicine had been administered and retrospectively completed the MAR. A review of other MAR established they had been completed correctly and medicines held reconciled with stock levels.

● Medicines are required to be stored within specific temperature ranges. This is to ensure they do not become desensitised as they may not perform as intended. Staff identified some medicines had been exposed to higher than recommended temperatures. This was due to the failure of an air conditioning unit within the medicines room, which required most of the stock of medicines to be returned and replenished. The air conditioner had been replaced and medicines were stored securely; effective monitoring ensured potentially desensitised medicines were not used.

● People received their medicines as prescribed. Some people needed as and when required (PRN) medicines. PRN protocols were in place and detailed how people communicated pain, why they needed the medicine and what the maximum dosages were. Records were kept when people refused their medicines. The registered manager checked these, reported any concerns to people's GPs and their advice received was acted on. People could be assured that staff who gave them their medicines had been trained and had their competency checked regularly.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager, nominated individual and regulatory compliance manager failed to identify there was a lack of guidance and risk assessments for staff to follow. This placed people at risk of harm. People, on occasions, were subjected to unlawful restraint. Governance systems had not identified other failures including the failure to follow health professional advice, identifying issues around medicines and missing information to ensure new staff were recruited safely.
- The registered manager and nominated individual failed to ensure legislation was complied with. For example, mental capacity assessments and best interest decisions were not always completed in relation to the use of restraint.
- There was little evidence of continuous learning and improving care. Incidents of abuse at other services owned by the same provider had been identified at earlier inspections. Both the registered manager and provider were aware of this, yet no action had been taken to review accident and incidents at Seahaven. Our review of incidents at Seahaven identified incidents of alleged abuse which had not been reported to us.
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. The registered manager and provider did not have a good understating of their legal responsibilities. The registered manager and nominated individual were conceivably aware incidents of restraint had occurred; they were not honest and open in sharing this information with stakeholders. We spoke to the registered manager about the lack of incidents being reported they said they was not aware they should do this.

The failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to promptly inform us of important events that happen in the service. This is so we can check appropriate action had been taken. The provider had failed to notify us on multiple occasions of incidents of alleged abuse. Following the inspection, six retrospective notifications were received.

The failure to notify the CQC of safeguarding incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There were systems in place to engage with people, their relatives and staff in the development of the service. We saw discussions had taken place with people and their relatives to keep them updated about the COVID-19 pandemic and its effects on the service. One person told us, "Its great here, the staff are brilliant. You can help choose how the home is decorated and can choose how to decorate your bedroom." Two people proudly showed us an outside shelter they had built and talked about their plans to make further improvements at the home.

● There were regular staff meetings. These were used to ensure staff were up to date with developments in the home and any changes to the provider's policies and procedures, particularly about COVID-19 measures.

● The provider also conducted surveys of people and relatives to ensure they sought feedback from people who could not attend meetings in person. Actions took place in response to feedback, for example an outside building had been turned into an activity room for people to use following their feedback. A projector had been purchased following feedback so people could watch films together in the activity room.

● Staff had worked hard to ensure people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use; families were kept updated. Relatives were engaged with the service through telephone and email updates, meetings and survey questionnaires.

● People we spoke with felt informed about the home, were engaged in their care planning and were asked for their views about the care they received. One person told us, "I'm very happy living here, staff give me the support I need, I wouldn't want to live anywhere else."

Working in partnership with others

● The manager worked with other professionals to support people to stay as safe and well as possible. For example, they had ordered a stock of COVID-19 test kits, so they could test staff and people regularly.

● Where people needed support from other health care professionals, referrals had been made. These included, GPs, occupational and speech and language therapists as well as the community mental health team. This had continued throughout the pandemic using phone and video calls if professionals could not visit.

● The registered manager was part of a local registered managers group, which they used to gather information around best practice. They also kept up to date on local challenges and ways to overcome them. They knew who they could contact for support with issues or concerns, including Clinical Commissioning Groups (CCG) staff and the local authority safeguarding team.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of notifiable incidents Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that staff had been safely recruited and had not ensured recruitment procedures were operated effectively. Regulation 19

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks. Infection control was not effectively managed leaving people at risk of harm. Reg 12 (1)(2)(a)(b)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were protected from abuse and improper treatment; including controls or restraint. Reg 13 (1)(2)(4)(b)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Reg 17 (1)(2)(a)(b)

The enforcement action we took:

Warning notice