

UK Healthcare Group Limited

Seabrook House Limited

Inspection report

Seabrook Court
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Tel: 01392873995

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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 15 and 16 August 2016 and was unannounced. The service was last inspected on 24 and 25 August 2015 when it was rated as 'requires improvement'. There was one breach of Regulation 12: Safe care and treatment. This was because the risks to people's health and personal care needs had not been fully assessed or reviewed. At this inspection we found improvements had been made and the service was fully compliant with the regulations.

Seabrook House provides accommodation and personal care for up to 26 people with a mental illness. They do not provide nursing care. Seabrook House is also registered to provide a personal care service to people living in their own homes in the community. At the time of this inspection there were 21 men living at Seabrook House. They also provided a supported living service to a number of people living in the local community. Of these, only two people received assistance with their personal care. The other social care activities of a supported living service are not regulated by CQC.

Seabrook House offers opportunities to help people regain independence and to move on to live in their own homes in the community. Each person was carefully assessed, before the service began to support them, to ensure Seabrook House was suitable for them. Some of the people who used the service had previously lived in secure hospitals or prison and had a mental illness and criminal backgrounds.

Health and social care professionals told us the staff were willing to accept a degree of risk, but were also realistic about the support they could offer. Comments included "Seabrook don't give up on people easily. They give people a 'fair shot'." They also said "I have a lot of confidence that they will pick up the phone and work with us. They are personable, genuinely supportive and helpful to people moving into Seabrook." We heard about people whose lives had been positively transformed as a result of the help and support they had received from the service. These people had gone on to live independently in their own homes, and some had gained employment.

We also heard about some people who had returned to hospital appropriately when they had become ill. Health professionals told us staff always managed to de-escalate difficult situations and behaviours, and then reported the incidents promptly. This meant the health professionals were able to take prompt action, for example, to return the person to a secure hospital or prison if necessary. We heard that some people returned to Seabrook House after treatment.

There was a positive and stable staff team with low staff turnover. Staffing levels were sufficient to meet each person's support needs. People were supported by an experienced and well trained staff team who knew them well and understood their needs. There were good communication systems in place and staff received regular supervision and support. Staff had been carefully recruited to ensure they were suitable for the job. Staff knew how to protect people from possible abuse, and how to report any suspicions of abuse.

Each person had been consulted and involved in drawing up a plan of their support needs. The support

plans set out the goals each person wanted to achieve, and agreed how these would be met. Each person had a key worker who met with them regularly to review their progress towards their goals, and to adjust their support plan where necessary.

People were encouraged to have their say about all aspects of the service. There were regular meetings between staff and people who used the service to discuss the service and agree any changes or improvements. This included discussions about menus, holidays and activities.

Medicines were stored and administered safely. The incidence of medicine errors was low, but where errors occurred they were taken seriously, investigated fully, and a range of actions were taken to reduce the risk of the errors happening again.

The service was well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had monitoring systems in place to check all areas of the service and ensure staff were working effectively in line with the provider's policies and procedures. The provider had systems in place to monitor the quality of the service and make improvements where necessary.

The care home was well maintained. At the time of this inspection contractors were in the process of installing replacement doors and windows to one part of the home. A maintenance person was decorating a bedroom and we heard a number of other areas were about to be redecorated. We also heard about other improvements that had been recently completed and others that were planned for the near future. These included improvements to the laundry room and bathrooms.

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.

The provider took care when recruiting new staff to ensure applicants were entirely suitable for the job. Staff knew how to recognise and report any suspicions of abuse.

Risks were identified and managed in ways that enabled people to lead fulfilling lives.

There were sufficient numbers of suitably trained staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were supported by experienced staff who had received relevant training and knew how to support people effectively.

People were offered a balanced and nutritious range of meals to suit each person's dietary needs and preferences.

People were supported to access specialist healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and respectful.

Staff respected people's privacy.

People were supported by caring staff who helped them learn new skills and work towards living independently in the community.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

People were given a wide range of opportunities to lead active and fulfilling lives.

People knew how to raise any concerns or complaints and were confident these would be listened to and addressed.

Is the service well-led?

Good ●

The service was well led.

There were quality assurance systems to monitor care and plan on-going improvements.

People were encouraged to express their views and the service responded appropriately to their feedback.

There was a staffing structure in place with clear lines of reporting and accountability

Seabrook House Limited

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 15 and 16 August 2016 and was unannounced. It was carried out by one inspector who was accompanied by an 'expert by experience'. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was in mental health services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries and the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. At the last inspection on 24 and 25 August 2015 we found one breach of Regulation 12: Safe care and treatment.

During this inspection we spoke with eight people who used the service, the registered manager, deputy manager and six staff. We also spoke with, and received e mail feedback from six health and social care professionals. We reviewed records of care including six care plans, daily reports and records of medicines administered to people. We also looked at staff recruitment, training and supervision records, menus, and records relating to the maintenance and safety of the home and quality assurance.

Is the service safe?

Our findings

People said that they felt safe living at Seabrook House. For example, we asked one person if they felt safe and they said "Yes, I have no issues." They went on to say "If I need them I can just say 'help'".

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. A member of staff who had recently been employed told us they were confident references had been obtained and checks had been carried out before they were confirmed in post. Staff turnover was low, and many of the staff had worked in the service for more than a year. This meant people were supported by experienced staff who knew them well.

All staff received training and information at the start of their employment on safeguarding adults. Staff told us they knew how to recognise the signs of possible abuse and were confident they knew how to report any concerns. For example, one member of staff said they were "100 per cent confident" they could speak to the registered manager who would take the matter seriously and take appropriate action. Staff said they knew what to do if an incident occurred and how to keep everyone safe. Some staff told us about physical intervention training they had received, and how this helped them to understand ways of diffusing signs of anxiety or aggression, for example by diverting the person to another activity to help calm them down.

At the last inspection we found that risks to the health and safety of people living in supported accommodation had not been fully assessed. At this inspection we found that improvements had been made to the care plans to include information on all potential risks and any measures to be taken by staff to reduce these. For example, staff had been given training and information on how to support a person with diabetes to maintain a healthy diet. The person had been weighed regularly and staff monitored the person's weight for excess gain or loss that might indicate a risk to the person's health. We also found that care plans for people living in Seabrook House continued to provide good information on all anticipated risks and the actions to be taken by staff to reduce these risks. These included risks such as epilepsy, aggression, drug or alcohol abuse, and suicide. One person told us they agreed with their care plan and the risk assessment and management plan that was in place.

People told us there were enough staff around and that if there were any incidents they were kept safe. One person told us they were recently involved in an incident. They said the staff dealt with it well and the person knew what was going on. We were given copies of staff rotas for Seabrook House and also for the supported living service. These showed staff rotas had been carefully planned to ensure there were sufficient staff on duty at all times to meet people's support needs safely.

Medicines were stored and administered safely. Each person's ability to hold and administer their own medicines had been assessed, and when people were considered capable of holding and administering their medicines they were supported to do so. Secure storage was provided for these people in their bedrooms. Medicines for those people unable to hold their own medicines were stored securely in a central

location. Staff were not allowed to administer medicines until they had received training and their competence had been checked.

Medicines were checked by staff when received from the pharmacy or hospital to ensure they were correct. Staff told us they received a reliable service from the pharmacy and this meant they were confident people always had sufficient stocks of medicines in place. Most medicines received from the local pharmacy were supplied every four weeks in blister packs which staff found easy to use. Some medicines could not be supplied in the blister packs and these were supplied in bottles or packets. There were safe systems in place to ensure amounts of medicines received were counted and recorded. Any medicines not used at the end of each four week period were returned to the pharmacy.

Medicines records were signed by staff after each medicine was administered. There were no unexplained gaps. In the previous year there had been three recorded medicines errors. The registered manager notified us of each incident and told us about their investigations to find out how the errors occurred and the actions they took to reduce the risk of recurrence.

Where people were prescribed medicines on an 'as required' basis the records did not fully explain when these should be offered. For example, one medicine was prescribed "Only to be used for extreme agitation". An experienced member of staff explained when they offered this medicine. However, there was no further explanation in the person's care plan about when this medicine should be offered. This meant there was a risk that staff who did not know the person well may fail to offer the medication at the appropriate times. The registered manager told us they would update care plans immediately to ensure they contained sufficient information about all medicines prescribed on an 'as required' basis.

Seabrook House was clean and well maintained. A cleaner was employed each day to clean the communal areas. People living in the home were expected to keep their own rooms clean, with support and encouragement from staff where necessary. One person told us that if anything needed fixing, repairs were carried out promptly. When we arrived at Seabrook House a contractor was in the process of fixing new doors and windows in one part of the home. The registered manager told us about plans for redecoration and improvement of a number of areas of the home in the near future. A maintenance person was in the process of redecorating a bedroom on the first day of our inspection. Records showed all gas, electrical and fire safety equipment was regularly checked and maintained.

Is the service effective?

Our findings

People were supported by staff who were appropriately skilled and trained. Staff told us they had received a range of relevant training. We spoke with two staff who had recently been employed who told us they had received induction training at the start of their employment. They also spent a number of shifts shadowing experienced staff until they were confident to work on their own with people who used the service. One member of staff said they were working through the training folder. They said that they were learning every day and always felt able to ask if unsure about anything. The registered manager told us new staff were working towards a nationally recognised qualification known as the care Certificate. After new staff had completed their induction they went on to gain further relevant qualifications such as a diploma or National Vocational Qualification (NVQ).

The registered manager gave us copies of the staff training records. These showed staff had received a range of training of health and safety related topics including first aid, moving and handling, infection control and basic food hygiene. They also received training on topics relevant to the health and support needs of the people using the service. Topics included safeguarding, Mental Capacity Act, coping with aggressive behaviour, diet and nutrition, and equality and diversity. The registered manager told us staff were given time to complete the training during working hours, and often worked in small groups on each topic. The registered manager told us it was the responsibility of the senior staff team to discuss training needs with each member of staff during supervision and ensure training needs were met. Staff told us if they needed specific training on any topic they could always request this.

Some staff we met had gained relevant experience and qualifications before they began working at Seabrook House. For example, a number of staff had previously worked in similar settings, and some also held relevant qualifications such as counselling and psychology.

The registered manager also told us people who used the service were able to participate in training courses if they wished. Access to the internet was available where people could complete any of the on-line training courses offered to staff.

Most staff told us they received regular supervision and could ask for advice or support at any time. We were shown records of staff supervision showing the topics covered. However, one recently recruited member of staff said they had not received supervision despite working in the service for a number of months. We spoke with the registered manager who acted immediately to ensure the member of staff received supervision. They told us they would review the way supervision sessions were planned and recorded to ensure that in future they will be able to check that supervision sessions have been carried out in line with the provider's supervision policy. They told us new staff received supervision every month for the first three months and after that they received supervision every two months.

People said they were confident their health needs were being met. They were involved in any decisions made by health professionals about changes to their treatment and medication. Support plan files contained sections on the person's physical health and also their mental health. The records showed that

people were supported to attend medical appointments when necessary. For example, records showed one person with diabetes attended regular screening checks. Files also contained information for staff on diagnosed mental illness such as paranoid schizophrenia and how this was being treated.

A person told us they were happy with the support they received from staff with their health needs. They had recently attended a dental appointment, and had also had their eyes tested in the past. Staff told us they organised annual health checks for each person. A health visitor had visited the home to carry out the checks. Staff also said an occupational therapist had recently visited someone living at Seabrook House and they were waiting for the report to know if equipment or treatment was needed.

Health and social care professionals told us the staff communicated well with them, and sought their advice promptly when needed. Comments included "I found the unit a hard working recovery focused one which accepts the more challenging service user. Communications from the unit in relation to service users we have there is of a good standard and they always make themselves available for all review/risk meetings. The team have been excellent in engaging service users in a proactive recovery approach and have been key in their move on to a less supportive environment. I have had very few complaints from service users, carers or fellow staff regarding the care on offer."

We also heard about people who had been become ill during their stay at Seabrook House and either required hospital or outpatient treatment. A health professional praised the staff for the support they offered to two people who had attended hospital when they became ill. They told us "On both occasions they were supported by Seabrook staff who enabled a safe discharge from hospital and most likely avoided hospital admissions." Another health professional told us staff always managed to de-escalate difficult situations and behaviours, and then reported the incidents promptly. This meant health professionals were able to take prompt action for example to return the person to a secure hospital or prison if necessary. We heard that some people returned to Seabrook House after hospital treatment. A health professional told us "In one case Seabrook House were able to facilitate a particularly difficult transition, unfortunately the placement broke down, however the staff persisted in trying to work with the client to prevent this from happening. In my opinion the staff went above and beyond their expected role to support the client."

People told us the food was good. The menus were displayed in the dining areas and these showed people were offered a variety of meals such as a roast dinner every Sunday, and meals such as tuna pasta bake, chicken korma, and lasagne and garlic bread during the week. People who were working towards independence planned and cooked their own meals. There was also a training kitchen where people could learn cooking skills. People were consulted on the content of the menus, and they regularly made suggestions for changes to the menus. They were also consulted about the quality of the meals. During a recent resident's meeting people had said they wanted more fresh food and less frozen food. The managers listened and acted on people's comments and requests and people told us they were happy with the outcome.

People told us the menus were varied and if there wasn't something that they liked on the menu then the staff would always find an alternative. They also said there were always snacks available. One person told us the menus changed in the summer and winter and said "during summer we have something light at lunch." There was a vegetable patch in the garden which people living in the home had helped to plant and tend. Fresh fruit was available.

Is the service caring?

Our findings

People were supported by a positive and enthusiastic staff team who demonstrated empathy and caring towards each person. Staff understood the nature of each person's health needs and the reasons why they may at times show agitation and aggression. Staff showed empathy and caring even in difficult or challenging circumstances. People told us the staff were all kind and respectful

Some of the people supported by Seabrook had previously had troubled backgrounds and had been in secure hospitals or prisons. Some had a history of drug or alcohol addictions, and some had grown up in chaotic or abusive family settings. We saw from care plans, speaking with staff and people who used the service, how the patient and caring approach by the staff had helped many people to regain self-confidence and move on to live independently in the community. A member of staff told us people were encouraged to talk about their worries and this had successfully helped people overcome their fears. For example, a person who had been afraid to leave the home now regularly went out on their own. Another person who had been afraid to go to the dentist now attends the dentist regularly.

Another member of staff told us "The staff are caring. If a person says they want to do something staff are really keen to support them." They gave an example of a person who wanted to go for a bicycle ride. A member of staff offered to go with them. They said the person was "really 'chuffed' about that."

Staff demonstrated empathy and patience. They recognised that people may need encouragement and positive support to help them achieve their individual goals. They understood progress may be slow, and at times people may become unwell. During these periods the progress may be halted or reversed. They had agreed clear boundaries with people, for example people with a history of alcohol abuse were randomly breath tested. This meant staff knew if the measures that had been agreed with the person were working. People understood there was a risk they may return to a more secure setting if they did not progress towards their goals.

Health and social care professionals told us the service was willing to accept people who other services refuse to accept. They told us the staff were clear about the limits of their support. One professional told us the staff were willing to accept a degree of risk, and were also realistic about the support they could offer. A health professional told us "Seabrook don't give up on people easily. They give people a 'fair shot'." They also said "I have a lot of confidence that they will pick up the phone and work with us. They are personable, genuinely supportive and helpful to people moving into Seabrook."

Another health professional told us "We experienced an excellent example of a successful transition for a patient who had been in a low secure setting for many years and had become used to institutional settings. He now lives with a fellow client and is supported in a home environment. The success of this placement is due to the kind, consistent approach from the support staff at Seabrook House."

A member of staff said they felt the rules of the service were fair and balanced. They said "We cannot tell people what to do." They said staff understood what the limits were, and people had to accept that if they

broke the rules of their accommodation at Seabrook they knew the consequences meant they may have to leave. They also talked about the training they had received that helped them to diffuse anxiety or possible aggression. They said "People are confident they can come and talk to us." They talked about some of the people they had successfully helped to move on to live independently in the community, including one person who was doing voluntary work helping other people with mental illness. They told us this was a big boost to other people who used the service, as they could see what other people had achieved.

Staff understood the importance of helping people gain meaningful employment. They gave an example of a person who was helped to learn social skills, budgeting skills, and gain positive new friends in the community. They worked with the person to overcome their alcohol abuse. They helped the person to build up a weekly routine of leisure and work activities which resulted in the person becoming more relaxed and able to control their impulses. They supported the person to attend college where they gained qualifications. They also helped the person learn to cook. The person moved out of Seabrook and, at the time of this inspection, we were told was living happily and successfully in their own flat.

During our inspection we also met a person who told us about the support they had received from the staff to help them work towards independence. They told us the staff were helping them to find a flat. They said "I like it here – it's pretty good. The staff are alright. Loads of things to do." They told us they had completed a building course and hoped to gain employment on a building site in the future. In the meantime they helped out around the home by doing painting, decorating, gardening and maintenance work.

Two people told us they had never been abroad before. They told us with pride about the holidays planned for later in the year, and how the staff had supported them to get their passports.

People told us how they were involved and consulted about the service. Staff supported them to draw up and agree their support plans. They had daily goals which they had set themselves. There were copies of these in each person's folder in the office which meant that all of the staff team had access to this information. People told us they had confidence in the staff team to give them the support they needed. One person said "If I have a query or question can always ask."

One person said that the staff always respected their privacy and knocked before entering their room. People told us it was a nice place for visitors and that there was always somewhere where they could meet with their visitors in private.

Is the service responsive?

Our findings

Before people began using the service their needs were carefully assessed to make sure the service was suitable. During the assessment period they considered the person's willingness to learn new skills and work towards independence. The registered manager told us they had refused admission on a number of occasions after assessment as they had realised they would not be able to meet the person's needs safely. They also took into account the other people using the service and how a new person might fit in. The registered manager told us the admission process sometimes took up to three months to complete, during which time the person was invited to visit the home. Staff also attended meetings and reviews and went to visit the person at their previous address to get to know them and agree a plan of their support needs.

Each person had a support plan file containing information about their goals and how they wanted staff to support them to achieve these. Staff were expected to read all care plans at the start of their employment, and to keep themselves updated of any changes. The files contained a one page personal statement which gave the staff information about the person's background, medical history, family, friends, likes, dislikes and interests. The files also contained an individual weekly plan showing their planned activities, and also tasks such as laundry, cleaning and personal hygiene. Goals were set out clearly and people had signed these to confirm they had agreed with them. Daily notes, monthly reviews with the key worker, and multi-disciplinary review meetings provided evidence of the person's progress towards their goals.

People told us the staff responded to their needs and supported them to lead fulfilling lives. One person said "I like it here – it's pretty good. Loads of things to do." They went on to tell us about the wide range of work and leisure activities they were involved in, and their hopes and aspirations for the future. They were receiving support and advice to help move on to live independently in the near future. They also said "They give me some leeway now. Bike rides, beach gym. As long as I tell the staff where I am going. I don't need much support now but I might need a bit of a boost. I can turn to any member of staff if I want any help or advice."

People told us they had their own timetable of activities that they did on their own or as a group with other residents and staff. One person said they went to a football match every weekend and they had organised with the staff a group trip to watch a match. There were lists of activities that people could get involved in on a notice board in the dining room. Staff were positive, enthusiastic and told us they enjoyed their jobs. They understood the needs of the people that they were caring for. They enjoyed supporting people in the various group and individual activities. These were fun occasions when people were relaxed and happy. Staff told us this was also an opportunity for them to get to know people better.

People were supported to go on holiday each year if they wished. Two people told us with great pride that they had recently obtained a passport and were looking forward to a holiday abroad in the coming months. We heard about holidays to a number of places in 2015 including Tenerife, Lanzarote and Wales as well as those planned for the coming months.

People told us they knew how to raise concerns and complaints and felt comfortable doing this. They said

that there were regular community meetings and issues could be discussed there. One person said they had spoken up in a recent meeting about the amount of frozen food that was used. The staff had listened and acted by increasing the amount of fresh meat and vegetables. However, another person said they had made a complaint about their care but they were unhappy with the outcome. We asked staff about this and they said sometimes people made complaints about things that were outside of the service's powers to change, for example restrictions on people by the Ministry of Justice.

Staff also said they knew how to raise concerns and complaints. They said there was a culture of openness. They said they could raise issues in team meetings, supervision sessions, or by speaking with one of the management team.

Is the service well-led?

Our findings

People told us the service was well-led. They were involved and consulted about all aspects of the service, and their views were listened to and addressed where possible, for example through resident's meetings, individual review meetings, and through talking to people on a daily basis.

One person said that they had "Made notes that have been taken on board and acted on" and that there were "now a lot more activities Monday to Friday." People also said they were introduced to new people who were thinking about moving in.

The provider had systems in place to regularly monitor the service and ensure the service was running smoothly. Questionnaires were sent out regularly to seek people's views. The responses were collated and actions plans drawn up to address any areas where improvements were needed. The responses were also analysed against previous surveys. The providers had checked to see where improvements had been noted, and they also identified where there were potential problems that needed to be addressed. Questionnaires were also sent out to families and to health and social care professionals who supported people who used the service. We were shown results of the most recent questionnaires which showed all responses were positive. Comments from relatives included "I consider that (person's name) is in the best place possible." They went on to say "You do the best job possible and I thank you."

Friends and relatives were encouraged to visit the home and keep in touch with people in various ways. Parties were held at Christmas and in the summer and the registered manager told us they had received positive feedback from families who had felt welcomed and involved.

The registered manager carried out monitoring checks on all areas of the service to ensure procedures were carried out effectively. This included checks on medication, staff supervision, staff training, and support plans and reviews. The provider had identified where improvements to the environment were needed and planned work was in the process of completion at the time of this inspection.

The registered manager told us the ethos of the service was to put people who used the service first. They aimed to treat people with dignity and respect. They told us "All staff are made aware this is the individual's home and we as a team need to treat them in such a way." They also said that all staff had been given a code of conduct they were expected to follow.

Staff told us they enjoyed their jobs and said it was a good place to work. Comments included "We have a good group here, staff and residents" and "It's a good place to work. There is a good atmosphere among the staff team. We are always able to speak to a manager if we need to." They said that there was strong leadership. Staff completed a survey every year and felt able to speak out about any concerns or areas where they felt improvements could be made. They could also speak out in staff meetings, supervision sessions and in daily staff handover sessions.

The registered manager kept his knowledge updated through courses and training. He was in the process of gaining a nationally recognised qualification in management of health and social care services. The

registered manager and deputy manager were about to attend a course at Exeter University on Positive Behaviour Support. The registered manager kept himself updated on any changes in legislation or good practice advice and passed this on to the staff team. Staff told us the manager was supportive and caring. A health professional told us "(Registered manager's name was always professional in his approach, easy to contact and solution focused."