

Helen Gifford

# Seabank House

## Inspection report

111 Seabank Road  
Wallasey  
Merseyside  
CH45 7PD

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31 October 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced focused inspection of this service on 31 October 2016.

This was a follow up to our unannounced comprehensive inspection on 1 and 8 April 2016. At that inspection we had found breaches of legal requirements.

This was because the registered provider had failed to ensure that the premises used were safe for the purpose of providing social care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had also failed to have effective quality assurance systems in place to monitor the quality of care and services provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We issued the provider with a warning notice in relation to the breach of Regulation 17. A warning notice is an enforcement action used by the Care Quality Commission to direct a provider to improve their service to meet requirements of a specific regulation within a set time period. We gave the provider until the 16 September 2016 to meet their legal requirements in relation to monitoring the quality of care and services provided to people.

We undertook a focused inspection on the 31 October 2016 to check that the service had met the requirements in the warning notice, completed the actions identified in the home's action plan and had made the necessary improvements to meet their legal requirements. This report only covers our findings in relation to these topics. You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for 'Seabank House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Seabank House is registered to provide accommodation and personal care for a maximum of nine people who have a physical and or learning disability. The home is in a detached building in a residential area of Wallasey and has accommodation on the ground and first floors.

The home had a registered manager in place who was in attendance during our inspection. 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.

During this inspection we saw that actions had been taken and completed following our previous report and feedback from the local authority. Repairs had been undertaken that improved the safety of the environment at the home. Discarded items on the stairs between the first and second floors had been removed, the top floor had been taken out of use.

There had been improvements in the availability of equipment for personal hygiene and areas of the laundry had been refurbished.

There had been improvements made in the effectiveness of the systems at the home that the manager used to monitor the quality of care and services provided to people.

## 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** ●

We found that action had been taken to improve the safety of the service.

Improvements had been made to the safety of the home's environment.

Improvements had been made in the availability of equipment in the home to promote good hygiene.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

There were monitoring systems in place for the manager to be assured that people were in receipt of appropriate food and nutrition.

There were quality monitoring systems in place to enable the registered manager to come to an informed view of the standard and quality of care provided to people.

After previous drops in the quality of the service provided, time is needed to show these improvements will be sustained.

# Seabank 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.

We undertook a focused inspection of Seabank House 31 October 2016, which was unannounced. The inspection was carried out by an adult social care inspector. This inspection was to check that the improvements to meet legal requirements planned by the provider after our comprehensive inspection on 01 and 08 April 2016 had been made.

We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well led?'. This is because the service was not meeting legal requirements in relation to these questions at our last inspection in April 2016.

We contacted the local authority quality assurance team prior to carrying out the inspection. We also reviewed the information we already held about the service and information given to us by the provider since our previous inspection.

During our visit we looked at the areas of the home about which we had previous concerns. We also reviewed a range of documentation including a person's care plan and medication records; the manager's auditing records, health and safety records and other documents relating to the management of the home.

# Is the service safe?

## Our findings

During this focused inspection of Seabank House on 31 October 2016 we found that there had been improvements made to the safety of the home's environment. The environment was now a safe place to live for the people who lived there.

We found that the provider had taken appropriate action to meet the shortfalls identified at our previous inspection in relation the premises and had met the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit we saw that the two bathrooms and one toilet were clean and had appropriate hand cleaning and drying facilities available. This promoted good infection control.

We saw that repairs had been made to the handrail on the flight of stairs accessing the first floor and that the handrail was no longer insecure. The first floor fire door had been refurbished so that the glass was now secure. The fire door was safely working and the exit was clear. There had been further improvements made to the escape route, a new non slip surface had been applied to the external concrete stairs which people would use to evacuate in an emergency. In one person's bedroom, we saw that the electric heater that had been close to curtains at our previous visit and a potential fire hazard, had been moved to a lower position.

Previously the top floor of the building was full of discarded items in the rooms and on the stairs between the first and second floors. These would have posed a trip and escape route hazards to anybody who accessed the top floor or the stairs leading to the top floor. On this inspection we found that the top floor of the building was no longer accessible to people living at the home. Both access doors had been secured and this floor of the building was currently not in use. The top floor of the building had never been used as accommodation for people living at the home; all bedrooms were on the ground and first floors. Items on the staircase between the first and second floors have been moved so there were no trip hazards on these stairs if they are accessed by people living at the home.

When we inspected on 01 and 08 April 2016 improvements were underway to the home's environment after there had been criticism from the local authority that some parts of the environment had become dirty and unsuitable. Improvements completed since our last inspection included; in the kitchen there was a new cooker hood extractor fitted and the kitchen had been decorated; The carpet had been cleaned in the living room and the room appeared clean; In the laundry there was a new storage area for clean linen and a new boiler had been fitted. Two people's bedrooms had also been decorated in line with the registered managers planned improvements.

The improvements that were underway during our comprehensive inspection in April 2016 had been completed and further improvements had been made to the environment. This showed us that the registered manager had been paying attention to the home's environment since April 2016.

## Is the service well-led?

### Our findings

During our comprehensive inspection in April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager did not have effective quality assurance systems in place to monitor the quality of care provided. The systems in place had not highlighted and minimised risks to people.

During this focused inspection of Seabank House on 31 October 2016 we found that improvements had been made to the quality assurance system that assessed and monitored the quality of care and services provided to people. These improvements now enabled the manager to identify, record and make improvements. This allowed them to have oversight and mitigate any potential risks to people's health, safety and welfare.

For example at our previous inspection we found that there had been inadequate records kept for one person who required support to eat and drink. Some of the records were incomplete and contradictory. This lack of robust recording meant that the registered manager did not have oversight of and could not be assured that this person was receiving the necessary food and fluid as outlined by health professionals.

During this focused inspection we found that there was now a system in place to document this person's food and fluid intake over a 24 hour period, along with the information about the time taken by the person to consume food. We saw that staff were monitoring and calculating the person's intake over this 24 hours period to ensure adequate food and drink had been taken, in line with the guidance from medical professionals. The registered manager was making regular checks of the completeness of the records and to check the amount of food and fluid the person received. The manager then signed the document. We checked a sample of eight days of these records and found them to be complete and that the person was receiving food and fluids in line with the guidance from health professionals.

We also checked this person's medication administration record (MAR) for October 2016 and found this to be a completed record of the person's medication. There was also a record of hourly night time checks on the person as they take food during the night. To ensure their welfare and to check their successful intake of food.

There is now a system in place that informs the registered manager that this person is consistently receiving appropriate food and hydration.

During our comprehensive inspection in April 2016 we saw that quality audits in place at the home were ineffective. The audits had not highlighted to the registered manager concerns that were subsequently highlighted by the local authority Environmental Health team, NHS Infection Prevention and Control Team and the concerns raised during our inspection.

At our last inspection, we looked at six audits that were designed to monitor the quality of the service provided. We found that they had been completed by a senior member of staff and had not been signed off by the registered manager. This demonstrated to us that the manager had lacked sufficient oversight of the quality and safety of the service provided.

During this inspection we found that there was now a monthly system in place to assess the quality of the service provided to people. We reviewed the assessments for the previous three months and found that these had been reviewed and signed off by the registered manager. These assessments covered the external environment, internal environment, medication and medication records, health and safety of services to the building, personal care facilities, staff training, staff supervision, stocks of personal protective equipment and a note of actions needed that were identified during the assessment.

We saw that these monthly assessments also reviewed people's isolation, mobility and the safe use of any equipment they used. Over the previous three months we saw that these assessments had highlighted improvements and a note had been made of when the improvements had been made. This showed us that these audits had been effective in identifying and resolving issues.

We saw an 'inspection of utilities and appliances' document which highlighted that checks relating to the home's gas safety, electrical installation, fire alarm system and all equipment used by people to move about safely, were up to date. This document allowed the registered manager to see information relating to when the testing and inspection of the premises equipment was due so that timely action could be taken.

During our comprehensive inspection in April 2016 we saw that the registered manager did not have complete and up to date records with regard to the training and supervision of staff. There was no system in place to ensure that staff received appropriate support and supervision in their job role.

During this inspection we found that there was now a system in place outlining the organisation's training schedule for staff and documenting when and what training staff had received. This enabled the registered manager to plan and implement training as required. There was a similar system in place for staff supervision meetings, which helped the manager to ensure these were kept up to date.

During our comprehensive inspection in April 2016 we had concerns with regard to the manager's ability to fulfil their managerial role due to the amount of direct care they provided over seven days a week. We were concerned about rest periods in-between their work shifts being potentially unsafe. During this inspection the registered manager told us and we saw from records that there was now breaks in them providing care at the service.