

Driss Zemouli and Ms Niki Clarke

The Seagulls

Inspection report

6 Crowborough Road
Saltdean
Brighton
East Sussex
BN2 8EA

Tel: 01273390610

Date of inspection visit:
19 December 2019

Date of publication:
16 January 2020

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

About the service

The Seagulls is a residential care home providing personal care to four people at the time of the inspection. People at the home were living with a learning disability. Some people had physical care needs and required support with their communication needs. The home can support up to 6 people.

The Seagulls is a detached house in Saltdean. The home operates over two floors and had been adapted to meet the needs of people who lived there. People had their own bedrooms and bathrooms and shared the communal areas and garden.

The home had been open for a number of years and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, the home applied the principles and values of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safe at the home and protected from the risk of abuse. One relative said, "All of them are very safe. They are always checking everybody." There were sufficient numbers of staff to keep people safe.

People were protected from harm as much as possible. Risks to people had been considered and safeguards were put in place to protect people from these risks. People were supported to eat and drink enough food.

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care. Our own observations supported this, and we saw friendly relationships had developed between people and staff.

The registered manager was well regarded and had a clear vision for the home which was understood by the staff and embedded within their practice. There were effective quality assurance systems in place that were used to drive improvements. People, their relatives and staff were asked for their feedback about the home and meetings were held regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

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 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Seagulls

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Seagulls 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.

Notice of inspection

We gave the home 48 hours' notice of the inspection. This was because it is a small home and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their home, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who lived at the home and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the home, including policies and procedures were reviewed.

After the inspection

We contacted two healthcare professionals for their feedback about the home. We sought clarification from the provider to validate evidence found. We requested further information relating to fire risk assessments and personal evacuation plans.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Since the last inspection, the registered manager had ensured the management of risks to people, in the event of an emergency, had improved. All people living at the home now had a detailed updated personal emergency evacuation plan in place. This provided staff with detailed guidance to support them out of the building safely at night. Individual fire risk assessments had been completed and the registered manager had sought guidance from the fire and rescue service and fire safety consultant on evacuation procedures. One relative said, "(Their family member) is absolutely safe. They have all the signs up, for example, for a fire. They know what to do with him if there's a fire."
- There were enough staff to ensure people's safety and meet their needs. Since the last inspection, the registered manager had considered the staffing levels at night. The mobility needs of one person had significantly improved since the last inspection and no longer required physical staff support at night in the event of an evacuation.
- Risks to people were identified, and comprehensive assessments were in place in areas such as falls, management of diabetes and accessing the community. One person had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred.
- Suitable maintenance and checks were completed on equipment and facilities within the home and included the required safety check on the any lifting equipment and electrical equipment. Environmental risk assessments had been completed and were routinely reviewed.
- The number of staff required was assessed based on people's support needs. Some people required one to one support and staffing levels allowed for staff to accompany people on activities outside of the home.
- Recruitment checks were robust and ensured people were supported by staff who were safe to work before they started work at the home. This included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- People were consistently protected from abuse. Staff told us they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. One staff member said, "We can tell if there's something wrong if they are looking unhappy or if there's a change in their behaviour. For example, we have known the residents a long time and with (person's name) we can see if they are depressed or unhappy."
- There were comprehensive safeguarding policies and risk assessments in place to ensure people were

safe from abuse. Many people at the home were at risk of being financially exploited and were vulnerable due to not knowing the value of money. For example, safeguards were in place to ensure people's money was protected.

- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The registered manager had made appropriate notifications to the CQC and the local authority to report incidents of concern.

Using medicines safely

- People's medicines were managed, administered and stored safely. Staff had received training in the administration of medicines. Staff showed good knowledge of what specific medicines were for. One relative said, "They give (their family member) all his meds and they know how to do that well."
- Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- Where people had 'when needed' (PRN) medicines, staff were supported by comprehensive PRN protocols. These guided staff about people's prescribed medicine and how to know that the person needed the medicine.
- Effective auditing systems were in place to check the quality of staff's administration and management of medicines.

Preventing and controlling infection

- Staff ensured the home was well maintained and remained clean. The home had a cleaning schedule in place to ensure ongoing prevention and control of infection. One relative said, "They are always doing something when I go over there, like Hoovering and cleaning. They know how to look after the place as well as the people."
- The home was odour free throughout the inspection and staff kept areas tidy and clean. The provider had appropriate policies in place to guide staff in how to provide care safely to avoid spreading infection.

Learning lessons when things go wrong

- Lessons had been learnt by staff in order to improve practice and delivery of care. Accidents and incidents had been completed and the management team analysed these to drive improvements in the care provided. For example, risk assessments and care plans had been updated when one person experienced a number of falls, while a referral had been made for one person to specialist speech and language therapist when staff had identified an emerging risk.
- Incident reporting guidelines were in place for staff as well as procedures to follow in the event of people falling or when incidents needed to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- The registered manager used outcomes of audits from the provider's quality assurance systems to improve the quality of the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the home. The provider had ensured protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. For example, people's religious preferences were captured and what support they required to undertake activities associated with them.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.

Staff support: induction, training, skills and experience

- Staff told us they had the training they needed to work effectively with people. One staff member said, "Training is good. It shows us how to deal with different situations. For example, with fire evacuation and how to do manual handling in the correct way."
- Training had been identified according to the needs of the people. These included moving and handling, safeguarding, Mental Capacity Act (MCA), autism awareness, medication and positive behaviour training.
- Staff told us they received regular updates of their training and could request additional if they wanted it. One staff member said, "If you want extra training, the manager will provide it to you. We had dysphagia training to show how people have issues swallowing."
- Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. People chose their meals on a daily basis and decided when and where they wanted to eat. One staff member said, "People get choices of food each day. They get three choices and we ask them what they want."
- People's specific dietary needs were known and met effectively by staff. For example, one person had difficulty eating and swallowing and required food to be liquidised and moist, and their fluids to be thickened. Staff showed good knowledge of these needs and we observed food being provided in the correct way. One staff member said, "Her food needs to be always blended. We blend what she likes. All foods are presented separately to her. The drinks need thickeners because she can choke."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Relatives, and documentation we saw, confirmed people received effective care and they were supported to access healthcare services. People received annual health checks with their surgeries.
- Each person had a care plan and risk assessment to ensure they were effectively and safely supported through medical appointments. Guidance helped staff provide the emotional support needed for people to avoid any anxieties associated with appointments and provided distraction techniques so medical treatment could be provided.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One professional said, "They have also always been able to implement any clinical recommendations to ensure residents health and well-being."
- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GPs, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
- Each person had a health information sheet in place that staff could provide to medical staff when urgent care was needed or when people were admitted to hospital.
- People's oral health care was assessed, and they could see a dentist, if this was needed. Oral health care plans captured the level of assistance the person required and the results of any recent dentist appointments.

Adapting service, design, decoration to meet people's needs

- People's individual needs around their mobility were met by the adaptation of the premises.
- Hand rails were fitted to support people to mobilise if needed. People who required support to move had equipment in place to help them do so. There were adapted bathrooms and toilets.
- People's rooms were tastefully decorated and were displayed with items that were personal to them. There were pictures and photos displayed around the home of events and outings people had attended.
- In line with the principles of registering the right support (RRS) there were no identifying signs to the public that the building was a home and staff did not wear uniforms to indicate this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Applications had been made through DoLS and these were managed and tracked by the registered manager. There were no conditions attached to the authorised DoLS that staff were required to follow.
- The registered manager ensured easy read information was available for people to understand consent and when decisions were made in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
- Relatives told us staff treated their loved ones with compassion and understood their needs. One relative said, "They treat them as human beings. I think it's very good. Autism can be difficult to manage but they seem to know exactly how to work with him, calm him down and talk to him."
- We observed positive and caring interactions throughout the inspection. For example, we saw staff singing with a person who also liked to sing, while one carer quietly and carefully woke a person to speak to them.
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the home. Visitors could come to the home at any time and could stay as long as they wanted.
- The home was supported by a small committed staff group, some of whom had been supporting people for a number of years. Our observations confirmed staff had developed a trust and affection for staff who knew their emotional and care needs extremely well. One staff member told us, "I love the residents and know them very well."

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. One staff member said, "We sit with her talk to her about things, such as what kind of food she likes. We tried to look at a book with her and talk about the pictures."
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, staff supported people to access an advocate or advocacy service.
- One person was supported by an independent mental capacity advocate (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. The person was supported regularly by the IMCA who supported them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect, including when they were supported with personal care and daily living tasks. One relative said, "They do as much as possible for him. For example, helping him with washing. They wash him and shave him but it's quite difficult as he's not interested in doing things, but they always ask if he wants to do it first." One professional comment we saw said, "They are well supported being

treated with respect, dignity, choice as individuals."

- We observed staff being patient with people when supporting them to eat and encouraging them to do tasks. Staff supported another person to wear a clothes protector while they ate to protect their clothes and maintain their dignity. People were dressed and presented well.
- People were consistently supported to remain as independent as possible. For example, staff supported one person to help prepare food in the kitchen. Staff took positive risks and completed risk assessments to ensure the person could complete as much as possible while remaining safe. One staff member said, "(The person) helps to make the sandwiches. When you show him, he knows he can do it and we encourage him to do that."
- Staff followed current data protection laws. The information we saw about people was kept confidentially. This meant people's private information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed person-centred care plans in place that enabled staff to support them in a personalised way and was specific to their needs and preferences. These included people's preferences about how they wished to spend their day and how they wished to be supported with their personal care. We saw a comment from one professional that stated, "People seem to be at the centre of their approach."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care. One staff member said, "We ask what they like. You spend a lot of time with them and get to know their preferences for everything."
- People had been provided with responsive personalised support that had improved their physical and emotional wellbeing. For example, one person had exhibited repetitive behaviours when they moved to the home where they induced vomiting after eating. The registered manager had provided one-to-one support after mealtimes and used distraction and reward techniques to support them. The registered Manager confirmed the person no longer exhibited any of these behaviours.
- Some people required support to manage their anxieties, behaviours and mental wellbeing. People had received personalised support to manage these behaviours following their move to the home. One person's behavioural support plan showed the support and techniques staff needed to support them when displaying autistic tendencies, while people's progress had been recorded in reviews of their care. One relative said, "They do an excellent job. They handle (the person) very well. He never seems upset for very long. They know how to deal with him brilliantly."
- People living with autism who required structure to their routine were provided with easy read and pictorial timetables of their days. This allowed them to manage their anxieties and ensure they knew what they were doing. We observed the registered manager inform and remind one person of what they were doing at the start of the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and care plans guided staff in how to support them. For example, one person who had a developmental delay and required staff to allow them time to express themselves. Guidance was in place to support the person to encourage communication in different situations when they were anxious, upset or fixated on other objects. One staff member said, "I've known

(the person) for many years. I will sit and speak to him. I understand him, but I sometimes have to ask him again. We show (another person) pictures of things so she can make her own choice. She will tell me the songs she wants to be played."

- People were provided with information in formats which they could understand. For example, people had easy read documents. Other people were supported with pictorial prompts to enable them to make decisions and choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they wished to undertake.
- We saw a range of activities on offer which included arts and crafts, quizzes, music therapy, exercises and community activities. One relative said, "Yes they went to the pantomime. They do music at one of the houses. He gets involved with some cooking. They all seem to be doing something."
- One person loved completing jigsaw puzzles and we saw staff actively engaging with them to complete one in the dining room.
- Each person had an activities and community care plans. Visits people were supported to go on were recorded in their care plans. These included visits to church, the local library and shopping.
- We saw people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so people could observe their faith.

Improving care quality in response to complaints or concerns

- People had access to an easy read complaints policy to show them how they could tell others when they were unhappy. Relatives told us they would feel comfortable making a complaint if they needed to. One relative said, "Things are always dealt with quickly. I raised something with (the registered manager). She looked into it and I got an apology. It's never happened since and it worked. It wasn't a big issue, but it was dealt with very quickly."
- The registered manager told us they did not have any formal complaints and would address issues as they arose. Issues were recorded staff on minor complaints forms and we saw these had been dealt with in a timely manner. For example, one person was unhappy that their bedroom window had been left open by staff. Staff discussed and explained to the person about ensuring fresh air in their room and a compromise was reached with the person that staff would close their window when needed.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- Each person's wishes and preferences had been obtained and recorded in end of life care plans. These recorded details about people's preferences for their support at the end of their lives.
- The registered manager told us preferences are discussed with people when it was deemed appropriate. Staff had previously supported one person at the end of their lives by ensuring they attended complex scans and specialist appointments. The person and staff were offered professional emotional support throughout this period. The registered manager said, "We kept her as happy and comfortable as possible. In that time, she had two holidays and did the things she wanted to do."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that 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 remained the same. This meant the home was consistently managed and well-led. Leaders and the culture they created promoted 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

- There was a registered manager in place.
- Staff were clear about their roles and responsibilities and worked well to provide joined up care. Many staff had worked at the home for a number of years and understood each other's strengths. One relative said, "It's like clockwork, everyone knows what they have got to do."
- Staff felt valued and well supported by the manager and provider. One member of staff told us, "She is one of the nicest managers I've had. She's very helpful and supportive at both personal and professional level. She has helped me a lot. Whenever I ask for help she gives it."
- Systems and process were in place to assess, monitor and improve the quality of the home being delivered. Regular audits were undertaken in areas such as medicine management, and health and safety. Actions were taken from audits of the home to drive improvements to the quality of care people received.
- The manager understood the importance of continuous learning to drive improvements to the care people received. For example, they and their staff attended regular training to keep their practice up to date. Staff performance was monitored every two months which assessed their knowledge of people's needs, observations on person centred support and knowledge on current legislation and guidance.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The registered manager said, "I encourage staff to talk about things and not to hide things and be as open as possible."
- Records showed the provider had taken guidance and was submitting notifications and reporting incidents when they were required. Services that provide health and social care to people are required to inform the CQC of important events that happen in the home. This means we can check that appropriate action has been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a registered manager who knew people's needs and histories very well. The registered manager showed a great enthusiasm and drive for people to have person centred support, and to

create an environment where they were empowered to be as independent as possible. One relative said, "Fantastic, couldn't fault it at all. He is so happy there. They do everything they say they are going to do."

Working in partnership with others

- Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs. For example, staff had worked closely with speech and language therapists to ensure that one person ate safely and that their needs were met.
- Professionals told us that they worked proactively. One professional told us, "I found (the registered manager) personable and helpful when I have visited the service. There were positive interactions observed between the residents and the staff. People living there were seen involved in activities after lunch." Another comment from a professional's questionnaire stated, "Extremely helpful and always willing to help."
- The registered manager had worked closely with local authority commissioners and learning disability care management teams. There was good partnership working with healthcare professionals such as GP's, Speech and Language Therapists and behavioural specialists to meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they regularly had staff meetings to express their views about the home. These meetings were used to drive improvement and discuss more proactive ways of supporting people. One staff member said, "She is very good at communication to staff and people. She helps sort out problems. She is very open."
- People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings, and questionnaires. One relative said, "Yes, I think he has one every year. I go sometimes but it's tricky. However, I always get a full report of everything. They keep you well informed."