

Seaford Care Limited

Blatchington Court

Inspection report

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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 was unannounced and took place on 12 October 2016.

Blatchington Court provides accommodation for up to 20 older people living with dementia who require personal care and support; they do not provide nursing care.

The last inspection of the service was carried out in September 2013. No concerns were identified with the care being provided to people at that inspection.

At the time of the inspection there were 19 people living in the home. There is 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.

People were supported to take part in activities and a hobby of their choice. A full activities programme was advertised and people's art work was displayed in the home. People were supported to express their views through one to one conversations with the activities person and staff.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Training for all staff to make sure they were able to recognise and report any suspicions of abuse. People told us they felt safe at the home and with staff. One person said, "Yes, very safe and very happy."

There were sufficient numbers of staff to keep people safe and to provide care and support in an unhurried manner. People told us staff were always kind and caring. Throughout the inspection there was a cheerful, relaxed and caring atmosphere. There was a consistent staff team with some staff working at the home for up to ten years. It was evident staff knew people well.

The management of the home was described as open and approachable and we were told by people who were able to comment and staff that they would be comfortable to raise any concerns. Where concerns had been raised within the home, appropriate action had been taken to make sure people were fully protected.

The registered manager's philosophy for the way they saw the support they provided was, to provide, "...as much enjoyment as they could for people in the life they had left." They also said they strived to make the service run as "...efficiently as possible." Staff spoken with supported the registered manager's philosophy talking about people in a very caring way. During the inspection people were supported at all times to do what they wanted when they wanted to and enjoyed the activities going on at the time.

People told us they received care and support from kind and caring staff. Throughout this inspection we saw people were supported in a friendly and gentle way. Personal care was provided to people in a way that

respected their privacy and dignity.

People's health needs were monitored and they had access to healthcare professionals according to their individual needs. Incidents and accidents were analysed to ensure people received the support they required to maintain their health and well-being.

People had their nutritional needs assessed and received meals in accordance with their needs. Where people required physical assistance to eat this was provided in a dignified manner. People were complimentary about the food served in the home. One person said "Lunch is always good and worth waiting for." A relative told us "The meals are fresh and well cooked."

Medicines were administered safely. Medicines were administered by staff who had received suitable training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

There were sufficient numbers of staff to enable people to receive support in a relaxed manner.

People received medicines safely from staff who were competent to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received where possible.

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about all areas of their lives where possible.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well-led

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to identify shortfalls and drive improvement through regular assessment and monitoring of the quality of service provided.

Staff were motivated, they worked as a team and were dedicated to supporting people in a person centred way.

Good ●

Blatchington Court

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 12 October 2016 and was unannounced.

The last inspection of the service was carried out in September 2013. No concerns were identified with the care being provided to people at that inspection.

This inspection was carried out by one adult social care inspector.

Blatchington Court is registered to provide accommodation for up to 20 older people living with dementia who require personal care and support; they do not provide nursing care.

Before the inspection, the provider completed a Provider 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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with seven people who lived at the home, one relative, five members of staff and the registered manager. We looked at the premises and throughout the day we observed care practices in communal areas.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, medication records, three staff personal files and records related to quality monitoring.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "I've been here a long time now and I feel safe and happy." Another person told us, "Yes I feel safe and no worries at all." One person who was unable to communicate smiled and gave the thumbs up sign, when asked if they were happy and felt safe. One relative said, "I am so very happy with the home I feel [the person] is very safe living here." Throughout the inspection people were very relaxed and comfortable with staff.

Care plans contained risk assessments which included assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people's intake of food and drink where they had been assessed at high risk of malnutrition and took appropriate action.

Staff had a very good understanding of people and their needs, they would inform the registered manager if people's abilities or needs changed so risks could be re-assessed. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The provider had only employed one new staff member within the last year. Records showed all checks had been carried out.

Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example we observed staff respond quickly when people requested assistance. People were supported in an unhurried and relaxed manner. The manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided.

People's medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Medicines were administered in a safe and caring way to people and people were asked if they needed any medicines that were prescribed on a 'when required' basis such as pain relief. We saw the medication administration

records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises. Medicines were stored securely.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan (PEEP). These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food this ensured people were protected from the risk of infection.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They [staff] are very good. They are well trained and know exactly what to do."

There was a consistent team of staff some of whom had worked in the home for up to ten years. This meant people knew the staff supporting them well and had been able to build lasting relationships. People felt they could trust staff and could talk to them openly. This also meant staff knew the people very well. They were able to tell us how people preferred to live in the home and the level of care and support they required. Staff were able to monitor people's health needs and care plans gave clear information about how to recognise if someone was unwell. Daily records written about people showed staff liaised with other professionals to make sure people had the treatment and support they required to meet their healthcare needs.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One staff member told us "I had a really good induction and I shadowed senior staff until I felt confident and had completed the training."

Staff told us training opportunities were very good. The organisations mandatory training included safeguarding adults from abuse, first aid, fire safety and moving and handling. Service specific training included caring for people living with dementia, nutrition and end of life care. Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge. One member of staff told us "I am thinking of doing my NVQ in Health and Social Care as I really want to progress."

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were very positive about the support they received. One member of staff told us "The support here is brilliant and I can ask for additional support or training whenever I need it."

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

The Mental Capacity Act (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff knew how to support people if they were unable to make a decision and respected people's legal rights to make choices and lifestyle decisions for themselves.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). There were appropriate policies and procedures and the registered manager had a good knowledge of the law in respect of people who lacked the mental capacity to make choices.

Each person had a "This is Me" document; this contains information specifically for people living with dementia. The document contained important information about each person's needs, abilities, preferences and prescribed treatment. It also contained important contact details of relatives and health and social care professionals. This information would help those who did not know the person well. For example, if the person was admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where they indicated they did not want what had been offered. Following breakfast one person said, "I love my scrambled egg always have done, but I don't like it with bread." This person's care plans clearly stated, 'scrambled eggs without bread,' as their favourite meal at breakfast. During lunch we observed staff take the three options of the day to people and show them the choices they had. This meant people could see the options rather than be asked and not understand. This is good practice for people living with a dementia as too many verbal choices can be very confusing.

People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person said "Lunch was lovely it is always worth waiting for." One relative said, "The meal options are always very good, the food is always freshly cooked and to a good standard."

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. A visitor said "My [relative] is so happy and well looked after here. It has taken a load off my mind." A person who lived at the home said "This is my home now, I wouldn't want to live anywhere else. They [the staff] are all really good and know me better than I do."

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person gave the thumbs up sign and said, "Yes, nice, lovely, nice." Another person said, "They are all very nice and friendly. They look after us very well." A relative said, "They are all marvellous. They really care how people feel and everybody looks so well cared for." There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner.

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. Staff knew about people's interests and hobbies which enabled them to chat and socialise with people on a very personal level. We heard staff talking to people about what they had done in the morning, about their interests and their families. We observed one person sat quietly, they had limited verbal communication. One staff member approached them and asked if they would like their music on. They smiled and nodded, so the staff member put some music on that they liked. The person became happily animated and sang and conducted along with the music clearly enjoying their self.

People were treated with dignity and respect. Staff spoke about people in a warm and respectful way. Staff supported people to make choices about their day to day lives and they respected their wishes. Staff were respectful, understanding and patient when assisting people. They addressed people by name, responded promptly to requests, such as for a cup of tea, and stooped to speak with people who were seated, giving them time to respond to any questions. One person told us "I love to sit here looking out into the garden and doing some colouring." We observed staff sat and talked with them about the page they had completed that morning.

People's privacy was respected. Each person had their own bedroom. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

A record of compliments was kept by the home. We looked at some of the compliments they had received. Relatives were generally very happy with the care and support provided and a sample of the comments made was. "I am happy with the good quality care and kindness [the person] receives." "All the staff are kind, loving and attentive to [the person]." And, "All the family are extremely pleased with the way [the person] is being treated, all the staff are friends."

The home was able to care for people at the end of their lives. The care plans gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with

the plan in place.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about all aspects of their day to day lives.

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "I haven't been here long but they seem to listen and now know me very well."

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred, tailored to people's individual needs and had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff. Staff responded quickly when people's needs changed, which ensured their individual needs were met. We saw care plans had been updated to reflect any recommendations made. For example, staff had alerted a person's GP as they had lost weight. Staff had implemented the recommendations made which included monitoring the person's intake of food and fluids, increase the calorific value of meals and offer regular snacks. People contributed to the assessment and planning of their care, as far as they were able to, otherwise people's representatives were encouraged to share their knowledge of the person.

Staff had a good knowledge of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people living at Blatchington Court. They spoke passionately about the way they supported people to have a meaningful day by listening to them and understanding their needs and preferences. We observed staff supporting people in line with their care plan and ensuring they were listened to and made a contribution to the support they offered.

Staff said they knew everybody very well and would recognise when someone was not well. Staff confirmed people's support plans were reviewed with them when possible, and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. One staff member said, "There is plenty of information in the care plans but that doesn't mean you don't talk to people. They may have a very different opinion today than they had yesterday and want things done completely differently."

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information was shared with

other staff at shift handover meetings. The information recorded helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences. One staff member said, "Communication here is very good, if anything changes we are kept up to date immediately."

People were supported to take part in activities and hobbies that they were interested in. A regular programme of activities was displayed on the noticeboard. We saw people's art work around the home and people talked to us about the visiting music person and the arts and crafts they did. Following a dependency assessment the registered manager had advertised for a second activities person so people could be supported with meaningful activities more often. People's care plans included a section for, "Activities I used to do," and "Activities I do here." One person's said "I like a daily newspaper." We saw they were sat with their newspaper following breakfast and discussed the news with staff members.

There were ways for people and their representatives to express their views about the quality of the service provided. The activities person would talk with people one to one and ask what they wanted to do and any changes they might like. In this way they had discussed trips out and menu preferences. The registered manager told us people and their visitors tended to discuss any issues or made suggestions personally as they met and spoke with them regularly.

People said they felt they could complain if they needed to and the service responded to their concerns. One person laughed and said, "Nothing to complain about I love it." The registered manager explained that they spoke with people and relatives personally most days so anything they were not happy about was dealt with immediately and did not become a complaint.

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. Staff said there were clear lines of responsibility. Staff also confirmed they always had access to the registered manager to share concerns and seek advice. One staff member said, "I have been here a long time. I have always felt supported, respected and listened to."

Senior staff explained how they had lead roles in specific areas. One staff member explained how they had designed posters to enable people, relatives and staff to be more aware of the signs of abuse and who they could go to if they were concerned. Another staff member explained that their role was to carry out room risk assessments and ensure the safety of people and visitors to the home. The registered manager confirmed senior staff took the lead in some areas as it made them more conscious of the need to ensure people were safe. They said if they owned a task they ensured other staff were aware and followed their lead.

People who were able to comment said they thought all the staff were approachable. Throughout the inspection we observed people talking with staff and management. They had an easy, relaxed, and cheerful approach and nobody was ignored. One person said, "They [the staff] take the time to listen and they make me feel good."

The registered manager's philosophy for the way they saw the support they provided was to provide, "...as much enjoyment as they could for people in the life they had left." They also said they strived to make the service run as "...efficiently as possible." Staff spoken with supported the registered manager's philosophy talking about people in a very caring way. During the inspection people were supported at all times to do what they wanted when they wanted to and enjoy the activities going on at the time."

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which the registered manager kept their skills and knowledge up to date by maintain contact with other registered managers in the area, on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.