

Peter Coleman

# Seahorses

## 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

### About the service

Seahorses is a residential care home registered to provide personal and nursing care to older people. The service can support up to 20 people. There were 14 people living at the home at the time of the inspection.

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

People living at Seahorses told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines safely and as prescribed.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

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 service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

### Rating at last inspection and update

The last rating for this service was Good (published 21 November 2017).

### Why we inspected

The inspection was prompted in part due to concerns received around Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards DoLS as well as poor referrals and staff training. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective sections of this full report.

### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Seahorses

## 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 team consisted of two inspectors.

#### Service and service type

Seahorses 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We received feedback from the commissioners. We reviewed the report from Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and two relatives. We looked at two people's care records and three medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the provider, the registered manager and staff which included, care staff and kitchen staff. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Seahorses. One person told us, "I feel safe and happy." A relative said, "100% safe, it's very important to us."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "I can report any safeguarding concerns to the manager and provider. I know I can also report externally".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The service had a stable team of staff. The registered manager told us they had not recruited any new staff in the last five years.
- People and their relatives told us there were enough staff. One relative said, "Staff are always about if we need them. They are always smiling".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and two members of staff always administered medicines together to ensure there were no medicine errors.
- The provider had a medicine policy in place which guided staff on how to administer and manage

medicines safely.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented. For example, end of life care and bereavement training following the death of a person.



# 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 requires improvement. At this inspection this key question has now improved to good. 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

- People's needs were assessed before they came to live at Seahorses in line with current evidence-based guidance and standards to achieve effective outcomes.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

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

- The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. People had hospital passports in place which enabled up-to date information sharing with other services.
- Staff told us they followed healthcare professionals advice and sought further guidance when needed.

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

- We saw people were supported with nutrition and hydration in a dignified way.
- People were involved in decisions about their nutrition. Records showed people's views and feedback was sought so as to improve their dining experience.
- People told us they enjoyed the food and said, "The food is good" and "The food is very good. I always clean my plate."
- We saw people had an enjoyable dining experience. Some people chose to have meals in the lounge or their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.

- Staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds.

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

- The provider was in the process of improving the environment to make it dementia friendly. This would enable people to orientate themselves around the home and maintain independence. Corridors were being decorated with themed murals of a library, a shop and a bakery. People's doors were being painted in different colours. The provider told us this was ongoing work and had support from a dementia specialist consultant.
- The home allowed free access and people could move around freely in the communal areas of the building and the gardens. People had access to outside space which had a garden and several sitting areas.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

#### 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.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "I work on assumption people have got capacity." People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

# 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

- People told us staff were caring and provided compassionate care. One person said, "The staff are wonderful, really caring. I can't fault the care." A relative told us, "Brilliant fantastic service offering consistent care."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- Most people living at Seahorses lived with varying levels of dementia. Staff had detailed knowledge of people's histories and how they wished to be supported. On the day of the inspection, we saw interactions were kind and empathetic.
- Seahorses was a family run service. The provider put people at the centre of what they did and valued staff. When we spoke to the provider, they were emotional and passionate about the service they provided. The provider told us, "Our residents are part of our family and we get attached to them. We work as a team and staff know I can do the cleaning if needed or support with care."
- The service had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "Sometimes we cut food for people so they can eat by themselves."
- People were supported to be as independent as possible. For example, one person had suffered a series of debilitating health problems and forgot how to eat. Staff worked closely with healthcare professionals and

with time, the person improved and could eat independently.

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly and allow time for the person to respond.
- Information was accessible to people in different formats. For example, picture menus were available to aid choice of meals.

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 had access to a variety of activities which included individual and group activities such as board games, music therapy as well as seated exercises.
- The provider told us they were recruiting an activities coordinator who would focus on improving individual activities for people.
- On the day of the inspection we saw people participated in a sing along session which they enjoyed. The provider came and joined in and people loved it.
- People commented on activities. They said, "I like the music" and "I join in most of the exercises and singing. I don't want to, the respect that". One relative commented, "They get a lot of stimulation. They recently had a party which they enjoyed."

Improving care quality in response to complaints or concerns:

- The provider had systems in place to manage complaints. Since our last inspection, the provider had not received any formal complaints.
- People and their relatives told us they knew how to make a complaint. One person told us, "If I'm not

happy with anything, I will tell them. I can talk to management any time." There were many compliments received regarding excellent care.

#### End of life care and support:

- The registered manager informed us only one person was receiving end of life support at the time of our inspection. The team worked closely with other professionals to ensure people had a dignified and pain free death.
- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The team at the home had established close links with a local hospice. Staff knew how to support people and families during and after end of life care. Records showed there had been discussions with staff around bereavement and staff support.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us the home was well led. One person said, "They manage this home very well. They are approachable and available.". A relative told us, "Both manager and provider are fantastic. The communication is great."
- Staff were complimentary of the support they received from the registered manager and provider. Staff said, "It's a very good place to work. The bosses are very nice" and "Provider and manager both lead by example. They are both hands on and supportive."
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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 who had been in post for 20 years. The registered manager was supported by a hands-on provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Most of the staff had been working at the service for more than five years and this allowed continuity of support and had a positive impact on people's care.
- The provider had quality assurance systems in place and had further plans to improve them. These included, audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to activities provision.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "Manager involves us by asking for our ideas. They take them on board and use them to make changes." During the inspection we observed effective team working. The atmosphere was very pleasant.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- Seahorses worked in partnership with key organisations such as Healthwatch to support care provision and service development. For example, they were working through recommendations following a recent Healthwatch visit.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.