Aldanat Care Limited

Seaview House Nursing Home

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 6 October 2016 and was unannounced.

Seaview House Nursing Home provides accommodation and personal care for up to 20 people with mental health needs. As a nursing home, the service is also registered to provide the regulated activities 'treatment of disease, disorder or injury' and 'diagnostic and screening services'. At the time of our inspection there were 18 people using the service.

At the time of our inspection there was no registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The day-to-day running of the service was carried out by a management team consisting of the director, who is also a qualified Registered Mental Health Nurse, supported by an administrator and a nurse in charge of each shift. The director has liaised with CQC's registration department and plans are in place to submit an application to register a manager.

People were safe because the management team and staff understood their responsibilities to recognise abuse and. keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.
There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health needs were managed effectively with input from relevant health professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The management team supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.
People were treated with kindness and respect by staff who understood their needs and preferences. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and access the local community so that they were not socially isolated.

Staff had good relationships with people who used the service and understood their needs. People's privacy and dignity was respected.
There was an open culture and the management team supported staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The management team, including nursing staff, were visible and actively involved in supporting people and staff. Staff were positive about their roles and their views were valued by the management team.

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

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed. When errors in documentation were identified, measures were taken to avoid a reoccurrence.

Staff understood how to protect people from abuse or poor practice. There were processes in place to manage risk and to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

The premises were well managed to meet people's needs safely.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

Staff understood how to relieve distress in a caring manner.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were confident their concerns would be listened to.

Is the service well-led?

Requires Improvement

The service was well led but did not have a manager registered with CQC.

The service was run by a capable management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Teamwork was encouraged and the management team led by example.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

Seaview House Nursing Home

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 6 October 2016. The inspection was unannounced. The inspection team consisted of one inspector and a specialist professional advisor (SPA). A SPA is a person who has professional qualifications and experience of working in this type of service.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with five people who used the service about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the director who is also a qualified Registered Mental Health Nurse and who managed the service on a day-to-day basis with the support of an administrator. We spoke with the nurse in charge of the shift as well as a senior care worker and three members of the care team.

We reviewed five people's care records and tracked their care and support through the assessment and care planning processes. We also looked at their medicines records and risk assessments. We reviewed information relating to the management of the service such as health and safety records, staff rotas, quality monitoring audits and information about complaints. We reviewed four sets of staff files including recruitment, training and supervision records.

Good

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe living at Seaview House Nursing Home. A person told us, "I feel this is my home. I feel safe here."

People understood about how to keep themselves safe and they were encouraged to raise concerns or talk to staff about anything that was worrying them. Throughout our inspection we saw that people sought out staff and members of the nursing team and discussed things they were thinking about. We noted that staff actively listened to people, provided reassurance when needed and talked about what assistance the person might need to address their concern.

Staff demonstrated that they understood what constituted abuse or poor practice and were able to explain processes for reporting concerns. Training records confirmed that staff had received training in safeguarding and whistle blowing and staff told us they were in no doubt that any concerns they had would be listened to and actions would be taken.

Staff demonstrated a good understanding of how people's mental health needs could impact on their behaviours, which may at times put a person at risk of harm. Staff were able to tell us about specific areas of risk for individuals and how they were supported to manage situations so that risks were reduced without undue restrictions on the person. When we examined people's care records we saw a range of risk assessments were in place for each person and there was information of the support they needed to minimise or reduce the identified risks. Risk assessments examined included risks associated with people's mental health needs and risks arising from smoking.

The premises and equipment were appropriately managed to promote people's safety. We saw that there were relevant signs and information to comply with current fire safety regulations, control of substances hazardous to health (COSHH) and infection control requirements were in place. Staff understood their responsibilities to follow health and safety guidelines to keep people safe. Overall the furnishings, fixtures and fittings were clean, modern and maintained in good order. The décor in some areas inside the building would have benefitted from repainting to freshen up the environment. We discussed this with the director, who assured us that plans were in place to redecorate in the near future.

People told us they were happy with the staff and told us the kinds of things they received help and support with. From our observations on the day of the inspection, we saw that staffing levels were appropriate to meet people's needs. We noted that there was an appropriate mix of qualified Registered Mental Health Nurses and care workers. Rotas examined confirmed that these staffing levels were consistent. There was a stable staff team and most of the care workers had been employed at the service for a number of years, consequently they knew people well. Staff told us that they were happy with staffing levels, they worked together as a team and were able to do their job effectively and respond to people's needs safely.

Staff files examined were well organised and contained all the information required by regulation. There were completed application forms that recorded the applicant's employment history and proofs of the

person's identity were in place. We saw that written references had been sought and Disclosure and Barring Service (DBS) checks were carried out before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support.

The provider had systems in place to support people with their medicines. People's prescribed medicines were delivered from the pharmacy already dispensed into pre-prepared monitored dose packs. Medicines Administration Record (MAR) sheets were in place for each person and medicines were signed for by the qualified person in charge of the shift. An omission of a signature on one person's MAR sheet over a period of two days was investigated by the qualified nurse and measures put in place to prevent a reoccurrence.

Medicines were dispensed from the nursing office and people received regular injections which were drawn up in this room. We noted that there was no basin in the room for washing hands in the nursing office. Staff explained that they were able to use the basin in the nearby toilet. Although nursing staff made sure they were following good infection control practices, having hand washing facilities in this room would make this easier for nursing staff.

Good

Is the service effective?

Our findings

During our inspection we observed that staff interactions demonstrated that they knew people well. Staff were able to explain about people's assessed needs and the support they required.

Newly recruited members of staff were supported to complete an induction process following nationally recognised standards set out by Skills for Care, the strategic body for workforce development in adult social care. A recently recruited member of staff told us, "I am well supported and looked after by the whole team as I am new to the service. My mentor rang me today to offer support from my shift yesterday if I needed it."

There was a spreadsheet in place to enable the management team to keep a track of staff training. This recorded when staff had completed training and when updates were due. We saw evidence that staff had completed a wide range of both mandatory training and training for people's specific needs. This included manual handling, fire awareness, safeguarding, food safety, infection control, diabetes awareness and basic life support. We also noted that updates were booked for some staff for courses on understanding medicines and equality and diversity. Some of the courses, including manual handling, were trainer led and others were e-learning. A member of staff said, "We get good training" and explained how they put specific training into practice when they were supporting someone with a particular health condition.

The director explained that they had recently updated their processes for supervising staff and these were more structured than previously. Records confirmed that there was an agenda that covered areas including updates on actions identified at the previous supervision and the member of staff's workload. There were discussions about people's care that identified what was working well and whether there were any issues to be worked on by the member of staff. Current compliance with training was discussed and any areas of need or professional development were identified. Staff told us that they felt well supported by the management team and gave us specific and personal examples of how they had benefitted from the support of the management team.

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.

Care records confirmed that the management team carried out MCA assessments to consider people's ability to make day-to-day decisions. Staff demonstrated a good understanding that people's capacity to make decisions could fluctuate as a result of their mental health conditions. At times when assessments indicated that a person did not have capacity to make a specific decision there were processes in place to make a decision on the person's behalf and in their best interests. Staff training records confirmed that staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS authorisations were in place if it was in the person's best interest to make a DoLS application. Staff spoken with had a good understanding of people's mental health needs and their responsibilities to provide care

and support that followed good practice guidelines. Although care workers had not received formal training relating to the Mental Health Act, there was support and guidance available from the nursing staff who were qualified mental health nurses and understood their responsibilities to provide appropriate care and support in line with the Mental Health Act.

Throughout our inspection we observed that staff discussed issues with people and obtained their consent before any actions were taken. People told us that staff always consulted them before providing support.

People's health needs were monitored by staff who had the skills and knowledge to identify signs that may indicate that the person required input from health professionals. All the staff who were on duty on the day of our inspection knew people well and were able to explain how to recognise any decline in people's mental or physical health. Staff told us that they would raise any concerns immediately with the qualified nurse on duty. We saw this happened when a member of the care team noted a person was drinking a lot of fluid which was unusual. Nursing staff investigated and the individual's health issue was identified and addressed.

We observed how staff supported people at mealtimes and saw that people who needed assistance to eat their meal had a member of staff with them to provide support and encouragement. A person told us, "They [staff] are so good to me. If I need help at meals they are there to help me." We saw that the person responded well to the member of staff, who provided encouragement in a positive manner, engaging in social conversation with the person whilst assisting them with their food.

The design of the premises met the needs of people who lived at the service. There was no lift access to the upstairs floors therefore the bedrooms upstairs were only used for people who were able to use the stairs. Downstairs bedrooms were available for people who had mobility needs such as people who used wheelchairs. In addition, other facilities were available including hoists and a wet room that was accessible for people with mobility needs. We noted that there were two double bedrooms at the service and the people who lived in these rooms told us they had no objection to sharing a room and were satisfied with the arrangements.

Good

Is the service caring?

Our findings

People told us they were happy living at Seaview House Nursing Home and that staff treated them well. We observed that staff chatted to people about things that interested them; conversations were friendly and light-hearted. We saw that staff were polite and courteous when speaking with people.

Staff explained about the kind of things that might upset individuals or cause them distress because of their mental health needs. They knew how to reduce people's concerns and how to avoid situations that would increase people's anxieties. Staff knew what signs to look out for that might indicate a person was becoming agitated and they understood how to respond to these signals to avoid the situation escalating.

We noted that there was a good atmosphere at the service and we saw positive and caring interactions between members of staff and the people living there. We carried out informal observations of how people received care and support in a range of situations in communal areas such as the lounge and dining room. We saw a high level of interaction and staff used good communication skills. People's needs took priority whether it was assistance with eating at meal times, staff using distraction techniques to support someone when they appeared to become anxious or sitting with someone in a social situation either playing a game or talking.

Staff carried out their supporting roles in a relaxed manner and we noted that people were relaxed and comfortable with staff. We observed that staff treated people with kindness, empathy and compassion. Both nursing staff and care workers knew people well and we saw that people were treated with respect and from our observations it was apparent that people respected staff too. People chose what to do, such as socialising in communal areas or spending time on their own in their rooms. Staff appreciated people's need to have their own space and their privacy was respected when they chose to spend time alone.

People were able to express their views and we saw that staff actively listened to people and sought to find solutions for the person. People were encouraged and supported to be independent and throughout our inspection we saw that people were encouraged to take part in the day-to-day running of the service. People also accessed the local community independently, going shopping or just going for a walk to the nearby town centre.

Good

Is the service responsive?

Our findings

One person told us, "It is nice here. I can come and go as I please and I feel supported by the nurses as most of them have been here a long time and they know what I like."

Both qualified nursing staff and care workers demonstrated a clear knowledge and understanding of people's mental and physical health needs. They spoke with knowledge and understanding of people's individuality and we saw this reflected in the care plans in which we tracked people's care and support. We saw from care records that there was sufficient background information for staff to understand the individual's needs and preferences. Care and support needs were reviewed regularly or when there was any change in the person's needs. The records were up to date and contained comprehensive information about their current needs and how they wished to have their care and support provided. In particular people's care plans reflected the complexity of their mental health needs and the strategies in place to support them to manage their condition.

Records confirmed that people had input into their plans of care and consented to how support was provided. For example, where people were smokers, they were supported to manage the number of cigarettes they smoked. They consented to cigarettes being kept in the nursing office and they came to get them according to their individual agreed smoking plan. One person told us, "It stops me smoking the lot." and another person said, "It stops me spending all my money at once."

Members of staff demonstrated a good understanding of individual's likes, dislikes and preferences as well as their identified needs. For example, one member of staff told us about people's nutritional needs and foods that they could not tolerate. They said, "The chef is very good and knows what people like."

We observed that people chose what they wanted to do and when they wanted support from staff they were confident this was available as and when they needed it. People were coming and going throughout the day, going to the shops or for a walk into town. One person told us they liked to have a rest after lunch and just 'chill out' and we saw another person was engaged in playing a game of dominos with a member of staff.

There was a complaints procedure available so that people who lived at the service had the information they needed should they wish to make a complaint. People told us they would talk to staff if they had any worries of if something happened that they were not happy about. Although people had not made formal complaints, they told us they were able to speak to staff if anything was worrying them. People told us [named staff] would listen and sort things out for them.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post at the service. The day-to-day running of the service was carried out by a management team consisting of the director, who was also a qualified Registered Mental Health Nurse, supported by an administrator. There was also a qualified, registered nurse in charge of each shift. The director had liaised with CQC's registration department and plans were in place to submit an application to register a manager.

Staff told us they felt the service was well led. One member of staff said, "The everyday management is fantastic." and another told us, "I absolutely couldn't work in a better place."

The management team took a hands-on approach and were a visible presence at the service.
The director, who had stepped in as interim manager when the registered manager left, provided inspirational clinical support to the team. They spoke with enthusiasm about the ethos of the service to provide individual care and support. They demonstrated a sound knowledge which was evidence based and both staff and people living at the service held them in high regard. There were two members of the care team who had been recently recruited. They were able to explain that the philosophy of the service was that the welfare and wishes of the people who lived there took priority.

We saw that there was an experienced nursing team and a care team who demonstrated knowledge and understanding of the people they supported. A low staff turnover contributed to consistent, quality care and support.

Staff were complimentary about how the service was run by the management team and the nursing staff and they told us they felt well supported. One member of staff told us, "I definitely feel appreciated." Staff explained that they were confident they could raise issues with the director and with the nursing staff. They told us that they knew how to report bullying and harassment as part of the training they had received and would not hesitate to report any concerns they had.

There was a process in place for monitoring care records and medicines records weekly by qualified nursing staff. At the time of our inspection, because there was no registered manager in post, the director had been covering the management role in addition to their clinical role and these additional duties had meant that care records had not been audited as frequently as was usual. This had no noticeable impact on the clinical care received by people and the director explained that things were now more settled and processes for carrying out audits were now better.

Notifications about incidents were submitted to the Care Quality Commission (CQC) as required by regulations. Information in notifications contained sufficient detail to inform us how incidents were managed. The director was able to explain what measures were in place to reduce the risks of further similar occurrences.