Waterfall House Ltd

Seaforth lodge

Inspection report

Carlton Road
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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 10 February 2015 and was unannounced. At our last inspection in November 2013 the service had not met all the regulations we looked at. We found that training arrangements were not suitable to ensure that staff were appropriately supported to deliver care to people safely and to an appropriate standard. This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. We received an action plan stating that the provider would be compliant by the end of January 2014.

Seaforth Lodge provides accommodation, nursing and personal care for up to 21 older people, the majority of whom have dementia. On the day of our visit there were 17 people living in the home.

There was a new manager in post and she was going through the process of being registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff who supported them and that they were treated with dignity

Summary of findings

and kindness. One person told us, “The girls are very kind.” A relative commented, “Staff are kind and friendly”, and ”It’s wonderful here – not posh but as it should be, a big family”.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. A relative we spoke with said they felt welcome at any time in the home, they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person

The care staff demonstrated a good knowledge of people’s care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider’s safeguarding procedures and could explain how they would protect people if they had any concerns.

The manager had been in place since September 2014. She provided good leadership and people using the service, relatives and staff told us the manager was ”always visible” and “cared about the residents".

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home. We saw that there had been improvements in staff training and professional development since our last inspection. Areas of training need were now identified during supervision. We saw evidence of an individualised development programme that was created for each staff member.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely and that care workers and nursing staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective to meet their needs.

The service had an open and transparent culture and encouraged people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure was in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Summary of findings

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 told us that there were enough staff to meet their needs.

People and their relatives told us they felt safe. Staff knew how to recognise abuse and what action to take. Risk assessments were carried out to monitor and reduce risks to people.

Appropriate recruitment checks were made on staff.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

The service complied with requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were robust systems for providing staff with training and professional development.

People were supported to attend routine health checks, and there was evidence of attention to people's healthcare and nutritional needs.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in care planning and delivery and they felt able to raise any issues with the manager.

We observed staff treating people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There were a limited range of activities available during the day based on consultation with people using the service.

Is the service well-led?

Good

The service was well-led. Staff were motivated and caring. They told us the manager was visible and approachable.

Summary of findings

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.	

Seaforth lodge

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 10 February 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we held about the service including notifications they had sent us and information from the local Healthwatch organisation and the community nursing service.

Some people living in Seaforth were unable to tell us about their experiences. We therefore undertook an observational exercise to enable us to assess the care people received in Seaforth Lodge. We carried out our observations in the main living area of the unit and noted positive interactions between the staff and people living in the home throughout the observation period

During the visit, we spoke with 10 people using the service, three relatives, the manager and deputy manager, four care staff and the chef. We observed how the staff interacted with people who used the service. We looked around the building. We looked at four records of people who used the service and four staff records. We also looked at records related to the management of the service. This included a range of audits, the complaints log, training matrix, staff rotas, minutes of various meetings, safeguarding records, health and safety records and policies and procedures for the service.

Is the service safe?

Our findings

People using the service told us they felt safe living in Seaforth Lodge. One person told us, “When you come in you feel safe, staff make it this way.” Another person commented, “They’re all great people; they’re very good to me”.

There were sufficient staff on duty throughout the day. People confirmed they felt happy with the staffing levels. We noted at lunchtime people were served quickly and those who required assistance received appropriate help. Additional support was also provided by the chef who assisted people to eat their meals. We spoke with a member of staff about their understanding of how people wanted to be supported, as detailed in their plans. Based on these discussions we found that staff understood people's current support needs. We saw in staff rotas how staff levels were raised to accommodate a person with dementia whose level of need increased.

There were effective recruitment and selection processes in place. Staff told us they underwent a robust recruitment process before they were employed. Records we reviewed confirmed this. They included an application form, interview and written assessments. Records showed the provider had checked for any criminal records obtained and checked professional references from two previous employers. Additional checks were made on all prospective employees' eligibility to work in the United Kingdom, their health and their qualifications.

We talked to three members of staff specifically about their induction. They confirmed they had received a robust induction, which included training in core mandatory areas, such as manual handling, health and safety, safeguarding and management of medicines. After an initial induction period staff received an individualised second part to their induction which was tailored depending on their previous skills and experience. We saw in records that staff shadowed an experienced colleague until the manager deemed them ready to work safely with people who used the service.

Staff had received training in the management of people’s behaviour which might have placed them at some risk due to limited capacity. Staff described techniques they used to ensure people were kept safe at the home. We saw in people’s care support plans robust risk assessments and subsequent action plans had been completed to reduce any risk in areas such as mobility, falls, nutrition, continence and skin integrity. Each risk assessment the provider had consulted with associated health and care professionals, such as speech and language therapist, mental health professionals, occupational therapists and social workers. This meant the provider had ensured risk assessments were completed using professional advice and were subsequently robust and effective. We found all risk assessments were reviewed on a regular basis and updated if needs or circumstances changed. We noted that people were supported to take responsible risks as part of their daily lifestyle with the minimum of necessary restrictions.

We discussed safeguarding procedures with staff and the manager. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. They demonstrated they understood different types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults within the last year. Staff had access to policies and procedures which were appropriate and provided an effective framework to assist in the safeguarding process. The manager was aware all safeguarding incidents should be to the local authority and to the Care Quality Commission in line with the current regulations. We noted there had been no notifications received in the past 12 months. However, we were confident the registered manager had taken appropriate steps in order to protect people from harm. Staff were aware of the provider’s “whistle blowing” policy and informed us how and where they could find appropriate telephone numbers if required.

The provider had appropriate and effective policies and procedures in place to ensure medicines were administered safely. The provider ensured medicines were procured, stored, administered and where necessary destroyed. We checked records in relation to the receipt, storage, administration and disposal of medicines. Medicines were all stored securely and none were out of date. We saw that when medicine was administered to people, individual MAR charts were kept up to date. Staff explained the correct procedures considered effective to keep people safe. We spoke with a relative of a person who used the service who told us, “I know medication is dispensed safely, I am sure my relative is happy here.”

Is the service safe?

There were policies and procedures in place that ensured that the provider was able to react appropriately to any unforeseen emergencies. Risk assessments and subsequent action plans were kept in the provider's health and safety file. Each person had an evacuation plan and safety equipment such as fire doors and fire extinguishers were checked regularly.

Is the service effective?

Our findings

During our visit we observed staff asking people for their choices and preferences in relation to their daily activities and food. People's care plans were reviewed monthly. We also noted people had signed to give consent after each review, where this was not possible (because of issues of mental capacity) we saw relatives and representatives had been consulted on any decision making and had signed consent forms.

Each person had a comprehensive plan of care which was supported by a series of risk assessments and daily care records. The records and care plans were well organised and laid out in such a way that it was easy to locate specific pieces of information. People's care plans were kept locked in the manager's office. Care plans contained some pictorial information to assist people with cognitive difficulties to understand them. They included sections on communication, culture and religion, personal hygiene, continence, skin care and mobility issues.

The home manager ensured the safe provision of care by devising several daily check lists. These ensured that all areas of a person's care were noted and completed in a manner agreed by the person, their representatives and care support staff. The check lists covered areas such as intake of food and fluids, moving and handling, communication, medication and tissue viability. We were able to confirm these were used daily during each handover by reading people's files.

We saw that there had been improvements in staff training and professional development since our last inspection. Areas of training need were now identified during supervision meetings. We saw evidence of an individualised programme that was created for each staff member. Staff completed a range of mandatory training in behavioural management, safeguarding vulnerable adults, health and safety, emergency first aid and infection control. The staff also told us that they undertook training to meet the specific needs of people they cared for, for example, dementia

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA), its associated code of practice and the Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Staff had a good understanding of the MCA and the implications of this legislation. The manager told us she had not applied to the local authority to lawfully deprive a person of their liberty. However, we saw evidence the manager had begun to organise referrals for all the people who used the service. Records showed that people's capacity to make decisions was considered as part of the pre admission assessment and wherever possible people were involved in the care planning process. The manager explained an assessment of a person's mental capacity would be carried out by a qualified best interests assessor.

Records confirmed that all care support staff had received an appraisal during the past year. We noted all care support staff had completed a Diploma in Health and Social Care to level two, three or four. Staff confirmed they felt supported in both mandatory and vocational training. Staff told us that they received regular one to one supervision meetings with management. This was to look at their personal development, training needs, and discuss how they were meeting people's needs.

Records showed that one person had requested a culturally appropriate diet. We spoke with the chef with regard to this and she showed us where the food for this person was stored. The chef explained how he had learnt how to cook different cultural meals. We also saw the chef had a chart in the kitchen which told staff of any person who had dietary restrictions due to health needs such as diabetes. We noted specialist menus were written with the input of dieticians. This ensured people were given the correct food at the required consistency. A relative told us, "The food is always nice and freshly cooked."

The chef checked fridge and freezer temperatures twice daily. The chef also took the temperature of prepared food before it was served. We also noted all food was appropriately stored and eat by dates were logged.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with dignity and kindness. One person told us, “The girls are very kind.” A relative commented, “Staff are kind and friendly”, and ”It’s wonderful here – not posh, but as it should be, a big family”.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. A relative told us they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. They said their relative was “very well looked after” and “the staff work hard here”. People told us they were treated with dignity and respect. They told us, “They always knock ”, and “We only have a wash if we want to”.

Staff supported people to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. One person told us, “I don’t like my hair to be grey” and we saw that staff supported them to dye their hair.

During our inspection we saw many positive interactions between staff and people who used the service. We saw that staff interacted well with people and were not rushed, staff greeted people and informed them of their intentions when providing support. We heard staff saying words of encouragement to people. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, “It’s important to talk to people, so they know you are there.” We saw a number of staff speaking Greek to people who spoke Greek. They told us they were not Greek themselves, but had learnt enough to communicate with people.

We saw people’s care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People’s plans also included information about how they preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff demonstrated they knew about people’s preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of food on the menu and the drinks that were available. We also saw staff respected people’s dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

Is the service responsive?

Our findings

People told us they were given opportunities to say what they liked to do. They told us about recent activities they had undertaken including listening to music, sing along and exercising there were also birthday parties. On the day of our visit we saw staff playing games with a small group of people. Most people we spoke with said they were happy with the activities that were provided. However, one relative said, "There aren't enough activities; they need some stimulation, not just the TV." They also mentioned that there was a lovely garden but that the residents didn't seem to spend enough time there. Other relatives said the activities were more of a social nature, with lots of talking and banter in the lounge, little tea parties and chats. The relatives said that the home makes a big effort to make a fuss of residents on their birthdays, organising tea and cakes and decorating the lounge.

We saw that people's preferred activities were noted on their care plans and activities were discussed at relatives' meetings. The manager told us she was aware that many people in the home had advanced dementia and chose not to partake in activities. One person told us, "They do ask me, but I don't want to join in."

On the day of our visit we noted that some people did not take part in any activities. We also saw that there were no specific activities available for people with dementia. However, the manager told us that she was trying to address this issue by employing an activities co-ordinator and that she was in the process of procuring a mini bus so that people could go out on trips.

We recommend that the service seeks guidance and training on best practice for people with dementia to participate in person-centred meaningful activities in and outside the home to contribute to their quality of life.

All of the care records we looked at showed that people's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made, to ensure people were supported with their needs in the way they had chosen. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People and their families and friends had completed a life history with information about what was important to the person. Staff told us this information helped them to understand the person. One member of staff said, "It's important to know about people and their family histories."

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner if their needs changed. Staff told us that they kept people's relatives, or other people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. We saw there had been no complaints since our last inspection.

We saw that the service was visited regularly by the district nurses and the manager told us that the GP was "very responsive and came quickly".

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Is the service well-led?

Our findings

A healthcare professional involved with the service gave us positive feedback about the service people received. For example, she told us the home dealt with people with high needs and the staff manage them well, and they follow guidance given to them. People and their relatives praised the manager and said she was approachable and visible. A relative told us, "She seems to do a good job; she even works at weekends."

The manager had been in post since September 2014. She had applied for registration with CQC and worked alongside the previous registered manager who was now working as a deputy. She told us, "We support a positive culture which is open and honest, I am aiming to build good relationships with both residents and staff." Our observations and feedback from staff showed that she had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service to us. One staff member told us, "The new manager is good and she cares about the residents." Staff told us they enjoyed their jobs and described the manager as supportive. They told us they were able to raise issues and that the manager had an open door policy. A relative commented, "I like the fact that the manager is out on the floor."

The home sought the views of relatives, staff and residents in different ways. People told us that regular 'relatives' meetings took place. Records showed that activities, food, staff changes and suggestions for improvements were discussed at these meetings. The manager told us that yearly surveys were undertaken of people living in the home and their relatives and that the last survey had taken place in January and responses had not yet been received.

The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home.

The manager also undertook a number of checks to review the quality of the service provided. These included checks on staff supervision, falls, medication, safeguarding and unannounced night inspections.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of medicines, staff records, care plans, health and safety and infection control.

The provider had a number of arrangements to support the home manager, including regular one to one meetings with the provider organisation's operations director and attending annual conferences. She told us, "I get the support as I need."