

## Seahorses Nursing Home

# Seahorses 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?

Good 

### Overall summary

This inspection took place on 16 December 2014 and was unannounced.

Seahorses Nursing Home is a service that provides accommodation, nursing care and support for up to eight people living with Huntington's Disease. At the time of the inspection, there were seven people living at the Home. There was a registered manager in place. 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 and associated Regulations about how the service is run.

The staff were kind, friendly and attentive to people's needs. The staff noticed if people were concerned about anything and took action to sort problems out. They used a thoughtful approach when talking with and assisting people and treated each person as an individual and with respect.

# Summary of findings

People received their medication at the correct time, as prescribed and in the way that suited their health needs. Referrals were made to healthcare professionals and specialists when people became unwell or needed more help. When plans of care were reviewed, people and where appropriate, relatives were consulted and involved in discussions about how to ensure the needs of the person were met.

Nursing care and support was provided to people by sufficient numbers of staff who had completed training and had the skills and knowledge they needed to carry out their role. Staff knew how to protect people from abuse and understood when a person's freedom was being restricted. They also knew the action to take to ensure their rights were being respected.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. Staff had completed this training and people had their capacity to

make decisions for themselves assessed. Policies and procedures were in place and the manager had liaised with the supervisory body about making an application when people were at risk of having their liberty restricted or deprived.

The manager made changes to care practice when concerns were raised. Staff described the manager as approachable and willing to listen to the suggestions they made. Staff were happy working at the home and felt part of a staff team that worked well together.

Concerns and complaints were acted upon and resolved to the satisfaction of the person raising their concern. Action had been taken to gain the views of people regarding the quality of the nursing, care and support provided. Checks of the premises, records held and the way the staff worked had been regularly carried out to make sure the home was well run and people received the care and support they required.

# 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?

The service was safe.

Risks to people's safety had been assessed and reduced. Adequate staffing levels were provided to care for people.

Staff knew how to recognise, prevent and report abuse.

People were provided with their medications in the correct way and when they needed them.

Good



### Is the service effective?

The service was effective.

People had access to other healthcare professional, when needed, to ensure their health needs were met.

Staff had completed training to provide them with the knowledge and skills they needed to carry out their role.

People were supported by staff to make decisions for themselves about their care.

Good



### Is the service caring?

The service was caring.

Staff were kind and responded quickly when people needed or asked for help.

Staff put the well-being of people first and respected their privacy and dignity.

People were listened to and their choices were respected.

Good



### Is the service responsive?

The service was responsive.

People had been asked by the staff how they liked to be cared for to make sure their wishes were known.

Some activities were provided but opportunities to go on outings in the mini-bus had stopped.

Concerns and complaints were listened to, dealt with quickly and recorded.

Good



### Is the service well-led?

The service was well-led.

The manager was well organised and the home ran smoothly.

Audits were carried out and the quality of the service provided to people was regularly monitored.

All systems and equipment used were serviced to check that they were maintained in a good condition and suitable for people to use.

Good



# Seahorses 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 16 December 2014 and was unannounced. It was carried out by one inspector.

Prior to our inspection the information we held about the service was reviewed. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

On the day we visited the service, we spoke with two people living at the service, four relatives and four staff. We also spoke with the registered manager who oversaw the overall management of the service. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans, three recruitment files, two supervision files, three staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned two relatives and a healthcare professional to gain their opinion of the service provided to people.

# Is the service safe?

## Our findings

People told us or indicated that they liked living at the service and were treated well by staff. One person said, “I feel safe living here and I am cared for by kind staff who understand my health problems.” They confirmed that staff members were always available and responded quickly if their safety was at risk. Relatives told us that they knew that their family member was safe, whilst they were living at the home, because they received the specialist nursing care and attention they needed from excellent staff.

The risks associated with people’s nursing, care and support needs were known by staff and recorded in their plan of care. Risk assessments, for such things as, their risk of choking, moving from and into their wheelchair, developing a pressure ulcer and using bed rails had been completed and reviewed to minimise the risks to a person’s safety and health.

We saw that staff discussed the increased risk of a person slipping out of their wheelchair with them and involved them in deciding the position that was the safest and most comfortable for them. For another person who had chosen to lie on a settee and sleep, we noted that a staff member regularly checked their safety and took action when they were in danger of rolling off the settee and onto the floor. This action confirmed that the staff knew how to keep people safe and respected the choices they made.

Medication was available for people when needed and they told us or indicated that they received it at the correct time. One person said, “I am reminded to take my medication and they [staff] make sure I take it when I should.” Medication administration training had been completed by staff and their ability to assist people with their medication had been regularly assessed, to check that it was carried out safely and correctly.

Accurately completed medicine administration records were held and showed that people had been given their medicines as prescribed by their doctor. Medicines were stored securely in a locked room and daily temperature checks had been conducted of the room and fridge where medicines were stored. The records showed that they were within safe limits for the storage of medication.

People told us or indicated that they felt safe living at the home because the staff immediately took action if they needed assistance. One person said, “There are always staff

here and we do not have to wait long for the help we need.” Relatives told us that there were enough staff working at the home and that the manager helped out if the care staff were busy or staff sickness had not been covered.

Staff had recently completed training in how to recognise and safeguard people from abuse. They knew what abuse was, the action to take to protect people from being abused and who to tell if they suspected or witnessed abuse. The manager told us that they had not had to report any suspected or actual abuse. This was confirmed by staff and in the staffing and training records we viewed.

Staffing levels were seen to be sufficient on the day of our visit. Staff told us that enough staff were provided on each shift and that staff absence was covered by someone from the existing team of staff or the manager. The manager explained that staffing levels had been decided after the dependency of each person had been assessed and calculated. They said that staffing levels could be increased when necessary, such as when a person required more care and support than usual and enabled the staff to occasionally take people out into the local community.

Robust recruitment processes had been used and were complete. These protected people from the risk of being cared for by unsuitable staff and made certain that each staff member had completed an application form and attended an interview, at the service. References and a criminal records check had been received by the manager to assist them in checking that each staff member was of good character and suitable to work with people living with complex health needs and physical disabilities. These actions were confirmed by staff and in the staff files and recruitment records we viewed.

Maintenance checks on the safety of the premises and the servicing of systems, such as, heating, lighting and water had been regularly carried out. Equipment used by people, for example hoists and wheelchairs had also been serviced to make sure that they were safe. Staff were clear on the action they needed to take in the event of an emergency. They told us that if everyone living at the home needed to be evacuated contingency plans were in place to ensure the safety of people.

Fire detection and fighting equipment was provided throughout the service and all of the external doors in the bungalow were clearly sign posted as fire exits. People living at the home told us or indicated that the fire-alarms

## Is the service safe?

were tested each week. Staff said that they took part in regular fire-drills and had recently completed training in fire safety that included the action they should take in emergency situations. This was confirmed in the maintenance and fire safety records we viewed.

# Is the service effective?

## Our findings

People told us or indicated that they were asked by staff to give their consent before any care was carried out. They confirmed that they were provided with the care and support they chose and needed. One person said, "I like it here and the staff are kind and respectful. They know me well and notice if I am not so well."

Relatives told us that the staff were flexible in their approach and made changes to the care and support their family member received when their health needs altered.

Staff told us that they got to know each person living at the service very well and understood when they were giving or declining their consent to being assisted through the use of their facial expressions and gestures. They explained that they involved people in making their own decisions, when possible, and respected the choices they made. This was observed during our visit.

Regular assessments had been completed that detailed the ability of each person to make decisions about their own care and support. Staff and the manager had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This had assisted them to understand the action to take when a person's freedom was at risk of being restricted and they lacked the capacity to make a decision for themselves. Appropriate applications had been submitted to a local authority Supervisory Body, for authorisation for the service to be able to deprive people of their liberty, in their best interest. Policies and procedures were in place that supported this process.

Appropriate training had been provided for staff that equipped them to acquire the skills and knowledge they needed to carry out their role and do their job effectively. The manager explained that as part of the induction process, carried out at the service, staff had completed the Skills for Care Common Induction Standards training and shadowed a senior staff member until they were competent to work alone. They told us that the staff had recently completed training in infection control to ensure they knew how to protect people from the risks associated with cross infection.

They confirmed that the staff had the opportunity to undertake training applicable to their role, for example in how to feed a person who used a tube system to eat and

drink, and other specialist training, such as the care of a person living with Huntington's Disease. They told us that this was to make sure that the staff knew the best way to provide care and support to people living with this condition. This was confirmed by staff and in the training plan we viewed.

Regular supervision and meetings and a yearly appraisal were carried out by the manager with each staff member. Staff described the manager as approachable and supportive and said that they used an 'open door' policy that enabled problems and concerns, about the way care was provided to people, to be discussed and resolved, when they occurred. This was confirmed in the daily handover records and the minutes we saw.

Each person had their own individual meal plan that required that they were provided with food and drink, of the correct consistency, at intervals throughout the day that were suitable for their health needs. This meant that meal times were flexible at the home and that some people were supported to eat and drink throughout the day and night and some at set times. One person told us, "The food is cooked freshly here each day, from scratch, using fresh vegetable and is very good. I am given the meals and drinks I like, in a way that reduces the likelihood of me choking."

Relatives commented that the meals provided for people were of a good quality and consisted of the foods that their relative had chosen to eat. Enough staff were provided at the service to make certain that people received assistance with their meals and drinks, at the correct time. The food and fluid intake of each person was constantly monitored and reviewed to check that they received adequate amounts of food and drink. The consistency of their food and drink was also scrutinised to make certain that it could be safely given to the person, in the way directed by the dietician or speech and language specialist. This action was observed during our visit and was confirmed by staff and in the records we viewed of people's fluid and nutritional intake.

People were supported to maintain good health and received on-going healthcare support from the local doctor and speech and language, physiotherapist and occupational therapists. People told us or indicated that action was taken quickly by staff when their health needs

## Is the service effective?

changed, for example if they developed an infection. One person explained, “When my swallowing started to get worse the staff immediately arranged for me to go into hospital so that I could be sorted out.”

Relatives told us that their family member was supported to keep the hospital appointments they were given and that if their health deteriorated the staff immediately took action and let them [Relative] know. This information had been recorded in the plans of care we viewed.



# Is the service caring?

## Our findings

People told us or indicated that the staff were caring and used patience when waiting for them to make a choice. One person said, "I can be a little awkward at times and cannot make up my mind when given a choice by the staff. Sometimes I forget the choice I made and when this happens the staff and I laugh about it and they remind me and let me change my mind if I want to." Another person stated. "The staff are all good and treat us with kindness."

They said that the staff listened to them and spoke to them in a respectful and polite way that made them feel as if their well-being was important to them. A relative told us that the staff knew the people living at the home really well and could not do enough for them. They said that they used a positive approach towards people and spoke to them in a way that was courteous and attentive. Our observations confirmed that staff carried out these actions.

Where possible, people were supported to be involved in planning and reviewing their care and support. The manager explained that this provided people with the opportunity to express their views of how they wished the staff to care for them, when their care and support needs were being planned or changed. Staff told us that if a person lacked the ability to make their own decisions about their care, that their relative or an advocate had been asked to speak on their behalf. We saw that these actions had been carried out and that this information was available for staff in the care plans we viewed.

People were supported to be as independent as possible and had their rights protected. They said or indicated that they were happy with the care they received and that the staff encouraged them to do as much as they could for themselves. One person stated, "It is very relaxed here and the staff encourage me to use my wheelchair to come out of my bedroom and help prepare the lunch. I do it sometimes and if I choose not to that is okay with them." Another person explained, "When my health condition changed and I could not safely hold a normal cup they [staff] provided me with a special mug that I can use on my good days."

The privacy, dignity and human rights of people was respected. We saw that the staff knocked on bedroom or bathroom doors before entering and discreetly discussed personal issues with people in the communal areas of the home. People told us that prior to being assisted with anything, the staff explained the action they wished to take and gave them time to confirm if they wished the action to be carried out, for example moving from a chair into their wheelchair. They told us that their relatives and friends could visit them at anytime and said that the staff asked them for their permission to discuss their confidential information with anyone, before doing so. This was confirmed by staff and the manager and seen during our observations of staff working.

# Is the service responsive?

## Our findings

Changes to a person's care and support needs were responded to immediately by staff. People told us that they were involved in discussions about the way their care and support was provided but they had not seen what was written in their plan of care. One person said, "If I am not so well things change very quickly for me. The staff discuss this with me and we agree the changes that are needed to my care and then they [staff] write it all up in my notes. I am very happy with this arrangement because I know what is going to happen."

Relatives told us that they were regularly consulted and involved in formal and informal assessments and reviews of the care provided to their family member. They said that one of the many good things about the service was the way the staff quickly responded when their family member was not well. They confirmed that they were listened to, their views were considered and the views of their family member were respected, whenever possible.

People received care and support that had been assessed, planned and reviewed. Personalised plans of care were held for each person that recorded their assessed needs, likes, dislikes, preferences and interests. Care, support and risk assessments had been completed to ensure the staff knew the exact way to provide a person's care. When necessary, health professionals and speech and language specialists had been asked to visit people to carry out assessments that instructed staff in the best way to care for the person. Plans of care had been regularly reviewed to make sure that they reflected the needs of the person and that they continued to receive their care and support, in the way they wished. This was confirmed in the care plans we viewed.

People were offered the care, support and attention they required by staff who knew the needs of each person and the choices they had made about how they liked their care to be carried out. The staff said that the information they were given about each person was provided at each daily shift handover and recorded in the person's care plan. People living at the home told us that some activities were provided but they were no longer able to go out in the home's mini-bus.

The manager explained that trips out in the mini-bus had stopped due to the cost of funding extra staff to accompany people. They said that they were currently recruiting volunteers so that outings in the mini-bus could be resumed. Staff explained that they provided activities for people on most days that were based on the interests of the people living at the service. They told us that activities such as shopping, watching a film, walks along the beach, nail and foot care and an entertainer visiting the home to sing were provided. This was confirmed in the records we saw.

Complaints and concerns were taken seriously and people were assisted to make a complaint or raise their concerns. People had access to information, that was written in a way they could understand, that detailed the action people could take if they wished to complain. People told us that they had felt listened to when they had raised their concerns. One person living at the home said, "If something is not right I tell the staff and they sort it out for me." Relatives told us that they could speak with the provider and staff at any time. They said that their concerns were taken seriously and quickly resolved to their satisfaction. Everyone spoken with confirmed that they did not currently have any concerns.

# Is the service well-led?

## Our findings

People said or indicated that the manager and staff dealt with problems when they occurred. They told us they were approachable and that the manager talked to them about the reasons why changes had to be made to the service they received, such as the stopping of mini-bus outings. One person stated, “This is a small home and we all know each other, the staff and the manager really well. The manager talks to us and the staff about our care every day and always asks us if we are being looked after properly.”

Relatives told us that the manager was well organised and made sure that the staff put the needs of the people living at the home first. They said that each time they visited their family member the manager and staff checked with them that everything was okay. Staff told us that the manager was supportive and worked hard to ensure the home ran smoothly. The manager explained that the provider was currently unable to visit the home on a regular basis. They showed us that there were systems in place to ensure all accounts were paid and supplies of goods and food provided. This action was confirmed in the records we saw.

A quality assurance questionnaire survey had previously been sent out to people to gain their views and feedback on the service provided to people and positive comments had been received. We saw that the suggestions people had made for improvements had been included in the action plan for 2015 that had been written. This included developing the range of activities provided at the service.

The manager said that it would be sent again at the end of the year so that improvements could be planned for 2016.

Relatives confirmed that they had been asked to fill in a survey questionnaire about the care and support provided to their family member. This action was also confirmed by health professionals and staff.

Staff were encouraged to make suggestions for improvements within the service and to question care practice. They said that they had the opportunity to express their views at staff meetings, in staff surveys and through regular supervision and yearly appraisal with the manager. They described the way they were encouraged to work at the service as, inclusive and supportive of everyone living, visiting and working at the home. They told us that each person was treated as an individual and provided with the personalised care and support they required. This was confirmed in the care records we viewed.

The quality of the service provided to people was monitored. The manager had carried out weekly and monthly audits of care planning, medication administration and fire, heating and water systems. This was to ensure policies and procedures were being followed by staff and to check that the environment was well maintained and infection control procedures were in place. Information was maintained that detailed the training that staff had completed and planned to undertake.

The manager explained that this enabled them to check that each staff member had completed the training they needed. They told us that it also assisted them in making certain that the staff were trained to a good standard and to monitor when they required refresher training. These actions were confirmed in the records we viewed.