

Swanton Care & Community (Autism North) Limited







Seaham View

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 3 and 10 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Seaham View provides care and support for up to 12 people with a learning disability, autistic spectrum disorder, and associated complex needs. On the day of our inspection there were 10 people using the service.

The home had a registered manager in place, as well as a temporary acting manager and a newly appointed manager who was in induction. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Seaham View was last inspected by CQC on 1 October 2014 and was rated as inadequate however improvements were noted at this inspection.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

Thorough investigations had been carried out in response to safeguarding incidents or allegations and a medication audit had been carried out by the acting manager.

The recording of incidents was not consistent and this had been identified as an issue by the provider. Staff and management were aware of this and were reviewing systems to see how they could ensure information was captured and used to improve people's experience of the service, and the safety of people and staff.

Staff training had been planned and most staff had been trained in autism awareness and positive behaviour support. We saw training was planned and monitored to ensure all staff had the relevant training to carry out their role.

Staff were able to tell us about the knowledge they had gained from autism specific training and how it had improved their work and relationships with people they supported.

Staff received supervisions and appraisals but although it was planned, this was not consistent and regular for everyone working within the service. The provider had put a plan in place to ensure these were carried out more consistently in the future.

The home was clean, spacious and suitable for the people who used the service. People's bedrooms had been personalised with support from key workers.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the acting manager and looked at records. We found the provider was following the requirements in the DoLS.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a programme of activities in place for people who used the service. We saw people accessing the community with the support from staff. One person showed us items they had purchased from the local shops which they were very pleased with and another person had been out swimming.

Care records showed that people's needs were assessed before they moved into Seaham View and care plans were written in a person centred way. Staff told us that daily diaries and care plans had improved tremendously in the last few months and they were making improvements all the time to ensure activities were planned, meaningful and resourced appropriately.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations however the provider agreed more work was needed to improve incident recording.

A medication audit had recently been carried out by the acting manager and there was an effective medicines ordering system in place.

Good



Is the service effective?

The service was effective.

Staff had received training and everyone now had a training plan.

Supervisions had taken place but was not consistent and regular for everyone working within the service. The provider had put a plan in place to ensure these were carried out more consistently in the future.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

Care plans had been developed as far as possible with the person and other professionals.

Good



Is the service responsive?

The service was responsive.

Risk assessments were in place where required.

The home had a programme of activities in place for people who used the service that was meaningful, well planned and assessed.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Good



Is the service well-led?

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Good



Summary of findings

Staff told us the management team were approachable and they felt supported in their role.

Seaham View

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 3 and 10 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. Three Adult Social Care inspectors and a specialist advisor in learning disabilities took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. The location had been rated as inadequate at the previous inspection and since then the provider had been submitting weekly action plans to update on progress

made. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and district nurses. The information they provided was used to help plan the inspection.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to inform us of planned improvements during the inspection and in the weekly action plans.

During our inspection we spoke with six people who used the service and three family members. We also spoke with the acting manager, the newly appointed manager who was in induction, the registered manager (now deputy manager), the head of learning and development, the director of service development, the director of clinical governance and quality, five care workers and one domestic staff member.

We looked at the personal care or treatment records of six people who used the service and observed how people were being cared for. We also looked at the personnel files for seven members of staff.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Seaham View. They told us, “Oh yes” and “Definitely”. Another family member told us they had previously had concerns but hadn’t been back to Seaham View recently to see if anything had changed.

The home is a two storey, detached building in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in.

People we observed had 1:1 staffing with them in the building. On the high dependency unit this was done in a naturalistic way with staff remaining in eyesight or being naturally present in the room and interacting with the service users. In the other part of the building this felt more intrusive, with the impression that some people were being followed around. At times this meant that the room could become quite crowded, with three people who used the service and three staff members. However, staff we observed interacted with people who used the service in a way that showed a mutual respect and an understanding of the person and their needs.

We looked at the ‘report of safeguarding incident/concerns book’ and saw records of safeguarding incidents. We saw details of the incident, including people involved, nature of the incident, action taken and who had been informed, for example, family, social worker or police. A risk threshold tool was completed for every incident and included the vulnerability of the victim, the type of abuse, the impact and risk on others. We saw that incidents were clearly recorded and responded to appropriately.

Staff members we spoke with could explain what safeguarding was and told us, “It’s about protecting people against any form of abuse.” One staff member told us they had reported something they had seen that they were not happy about and they said it was followed up by management straight away. Another staff member told us if they saw nothing happened if they reported something, they would raise it with the area manager or the Care Quality Commission.

We looked at the reporting of incidents and accidents that took place at the service to see if the management were monitoring this and taking measures to reduce the number of incidents that took place. We saw the recording of incidents was not consistent as some staff would complete

a ‘staff incident book’ and others an ‘accident/incident book’ and there were also separate incident forms. We saw that these were not consistently reviewed by managers although this had improved in the last few weeks with any actions being identified and addressed. The acting manager agreed that “reporting wasn’t working as it should be.” Staff told us that the system had been changed from paper recording to electronic recording and back to paper recording again. This meant staff were not clear on the system to use and a system should be streamlined so staff were not completing multiple books or forms. The acting manager did tell us that 21 staff were booked on training for incident reporting in March 2015 and stated it was a priority to ensure a clear system was put in place. We also discussed this with the provider’s director of clinical governance who told us she carried out her own analysis on incidents and accidents and fed this back to the management team at Seaham View. She also told us that training for staff was a priority and confirmed it was scheduled for March 2015.

We saw risk assessments were in place where required. For example, for people accessing the community or undertaking activities such as cooking. We saw that risk assessments were reviewed regularly.

At the previous inspection, the care records we looked at contained limited information relating to the strategies and interventions staff should follow to ensure people’s complex behaviour was well managed. At this inspection, we saw in the care records that people had comprehensive behavioural assessments carried out by external organisations, for example, NHS specialist provider services. All care records we viewed contained a NAPPI (non-abusive psychological and physical intervention) behavioural plan. This identified triggers for, and types of, escalated behaviours, together with identified actions for staff to take. From discussions with staff and from the records we saw there was an appropriate focus on prevention and de-escalation and that staff were using this in practice. One member of staff described attending training on positive behaviour support and told us this made them reflect on what they did.

However, the behaviours identified in the NAPPI plan did not always correlate with the comprehensive behavioural assessments. The NAPPI action plans for one service user contained contradictions. For example, the action grid for one person stated “do not use humour” however the

Is the service safe?

associated action plan for the same level of intervention advocated the “use of light humour”. It also indicated that if the service user was showing behaviours in the ‘dangerous’ phase of escalation that these could very easily escalate to “lethal”. The action plan did not contain any actions for staff should the service user reach this level of escalation.

None of the behavioural plans we saw took account of escalated behaviours occurring outside of the home environment. The plans identified actions for ‘dangerous’ levels of behaviour in the home environment, needing to be seated or the person going to their bedroom however we found no plans to cover the management of severely escalated behaviours in circumstances where the person went outside the home. We discussed this with the provider who agreed to look into it.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We observed plenty of staff on duty. On the day of our inspection there were 13 support staff on duty as well as domestic and kitchen staff. There was also the acting manager, the registered manager (now deputy manager) and a newly recruited manager who was carrying out their induction to the service. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, “There are enough staff at the present time and we have a bank in place that’s now working to cover leave or sickness. Not last week but the one before people were offered double time as lots of staff ended up being on holiday, it wasn’t very good planning.” Staff rotas confirmed that staffing levels were being maintained although a

number of staff were working overtime to facilitate this. We asked family members whether they thought there were enough staff at Seaham View. They told us, “Yes, I wouldn’t say that it’s under staffed” and “Yes, a bit better now”.

We saw staff using personal protective equipment (PPE) and staff were able to tell us about using the correct equipment such as colour coded mops to ensure that cross infection risks were kept to a minimum. The domestic staff member told us they had regular infection control audits and one was due imminently.

The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service, including room number, red/amber/green rating, whether evacuation aid was required and the number of staff required to assist.

At the previous inspection, we found improvements were required for the management and safe administration of medicines. At this inspection, we looked at the medicines records for eight people who used the service. Each person’s medicines record included; authorised medication signatures of staff administering medicines, photo identification of the person, a list of allergies, PRN (as required medicines) protocols with information on each medicine including strength, route, reason for administration and dosage, topical medicines application record and body chart and information on prescribed medicines, including what it was used for and any potential side effects.

All administration records included a counter signature and records were maintained for any medicines leaving and returning to the building, for example, when people went on home visits, and included signatures of staff and family members.

There was an effective medicines ordering system in place. Medicines room and fridge temperature checks were taken daily and were up to date, although there were some gaps in the recording of temperatures in the room upstairs. Room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges.

A recent medication audit had been carried out by the acting manager. An action plan had been implemented from this audit and at the time of our inspection we saw improvements had been made to paperwork.

Is the service safe?

We saw the statutory inspection file, which included records of servicing and inspection. We saw records of fire inspection and servicing, fire equipment tests and servicing, legionella testing, gas safety inspection, portable

appliance testing, lifting equipment servicing and the electrical installation certificate. All of these were up to date. We also saw the fire safety log book, which showed that fire drills had taken place and were up to date.

Is the service effective?

Our findings

People who lived at Seaham View received effective care and support from well trained and well supported staff. Family members told us, “Yes” and “Definitely, you know what [Name] wants by his eye contact. They’ve mastered that”.

We talked to the provider’s learning and development manager, who was visiting the service, about future training proposals. They told us the provider planned to build a clear framework for all staff at all levels which would include all the core requirements for care staff. They also told us they would add additional training to be specific to the service and this would build into a care certificate. They told us that they had carried out an urgent needs analysis for Seaham View and had identified that incident reporting, more specialist autism awareness training and first aid had been identified as priorities and training had been booked, including training with a specialist autism training service to provide this. This meant the provider was responding to identified training needs.

One staff member told us, “We have some e-learning and you can print off your training. We need nudging but it’s been quite intense recently.” Another staff member said, “We’ve had enhanced autism awareness training and positive behaviour support training recently. It was really good and gave us a different perspective of how we work with and view our clients. We (the staff team) sometimes have communication problems and we are verbal, never mind not having autism! It’s made me aware of how important the environment is and how I say things.” Another staff member told us, “Positive behaviour support was about how we say things and how we can do that better so people engage with us more.”

Staff also told us that new staff had lots of shadowing and support so they were confident in their role before they ever worked unsupervised with people.

At the previous inspection, we found staff had not received supervisions or appraisals for a long period of time. At this inspection, the acting manager told us they had been carrying out supervisions as they felt to have appraisals at this stage with staff would be difficult as they were new to the service and did not know staff well enough. We saw that appraisals were planned in for the future. Supervisions were carried out on a themed basis and recently topics had

included autism awareness and safeguarding so staff talked about the training they had undertaken to confirm their understanding and learning. We saw that whilst some staff had received regular supervisions and an appraisal this was not consistent across the whole staff team. The acting manager agreed with this and confirmed that a new system of delegation was being introduced so that new team leaders would carry out this role for their own teams, which would improve consistency.

We saw in four staff training records that in the last three months those staff had received training in fire extinguisher and drills training, food safety, health and safety, infection control, autism, safeguarding adults, moving and handling and NAPPI .

One staff member told us, “I was recently off for some time and I had a supervision on my return to work which was helpful because there had been lots of changes since I had gone off.” Another staff member told us that they had informed the management of a personal change in circumstances and changes to their job role had been facilitated straight away. Staff told us they felt supported by the current management team and could approach them about issues.

There was a staff meeting on the day of our visit and two members of staff told us that staff meetings were happening more regularly and issues relating to the service were discussed. Staff told us, “We talked about night staff not completing tasks they should have been and this has now been addressed and it’s better for everybody.” Another staff member said, “We’ve had lots of staff meetings and that’s been reassuring.”

In the dining rooms we saw a photographic menu for the day, which reflected the lunch that we saw people eating. We also saw some people had alternative versions of the lunch when their needs required this. We saw one person had plastic cutlery at lunch time. Staff told us this was because the person had a history of stabbing people with cutlery.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered

Is the service effective?

manager, who was aware of, and able to describe, their responsibilities under the DoLS. We also discussed DoLS with staff who told us the legislation was, “About keeping people safe but not depriving them of their choices and liberty.” We also saw that notifications of the DoLS applications and authorisations had been submitted to CQC.

We saw the DoLS document file and saw evidence that best interests assessments, involving family members and health professionals had been carried out, prior to an application being submitted to deprive someone of their liberty. We saw applications included preventing people from leaving the home unaccompanied by securing the building. At the previous inspection we found no DoLS in place for interventions that were required for behaviour that challenges. At this inspection, we found these DoLS had now been applied for and authorised. We saw copies of DoLS authorisations from the local authority and copies of letters of appointment of relevant person’s representatives. This meant the provider was following the requirements in the DoLS.

At the previous inspection, we found no evidence of any augmented or alternative communication being used despite many of the people having little or no speech. At this inspection, staff were aware of individual communication strategies and were able to make their wishes known to the person who used the service and for the person to make their wishes known to the member of staff.

We saw a number of different communication strategies in use, including Makaton, pictures, yes/no fists, gestures, body language, voice tone and speech. We did not see people using formal communication enhancements such as communication boards or objects of reference however there was good communication with all the people who used the service.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. For example, staff told us that for two people who may have epileptic seizures at night time that support had

been gained from healthcare specialists and equipment fitted in people’s rooms. This meant staff were alerted if they should have a seizure but people’s privacy was respected as staff weren’t going into their rooms during the night to check on them. Staff told us this had been implemented by the provider as soon as they were made aware of it and staff felt more reassured as this system was better than a previous baby alarm monitor system and had worked well for one person who did have a seizure recently. We saw that family members were consulted when people received healthcare support or had appointments. A family member told us, “They keep me informed about everything.”

The environment within the home was clean. Although there was wide use of wooden flooring there was not any significant echo which might have caused distress to any person who was hyper-sensitive to noise. Whilst there were areas where people could congregate, there was also enough space for people to withdraw to should they wish. People also had access to their bedrooms and we observed three people withdrawing to their bedrooms at times during the day.

The walls were painted with neutral colours with little art decoration. One senior member of staff told us this was partly to maintain a low stimulus environment, but said that they were also looking for decorative art work that meant something to the local area to put on the walls.

We saw three people’s bedrooms, all of which were personalised. Some of the rooms reflected the developmental level of the person rather than their chronological age. This can be considered inappropriate, but as we were told that the people concerned had involvement in how their room looked, this could also be seen as supporting the person’s choice.

The new management team discussed the proposals to change the environment to reduce the unit sizes within the home and to make them more specific to the needs of the people currently living there. The home was quiet and calm throughout the visit and people appeared comfortable in their surroundings.

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Seaham View. They told us, “[Name] tells me everything and if anyone upsets him he tells me. Yes, they are caring” and “It’s always been a lovely welcome there. They look at him like he’s part of their family as well.”

People we saw were clean and appropriately dressed. We saw staff supporting people who used the service and saw staff were aware of people’s presentation and particular needs.

We saw staff talking to people in a polite and respectful manner and were attentive to people’s needs. We observed one person returning from the shops with a member of staff and observed positive interactions by other members of staff on their return.

At the previous inspection, we found people were not actively supported to be independent or to develop daily living skills. At this inspection, staff told us that people were encouraged to do as much as possible independently or with staff support. This included tasks such as cleaning and doing laundry. Staff told us, “We give people choices and ask what they would like to do instead if they are struggling with something.” This meant that staff supported people to be independent and people were encouraged to care for themselves where possible. A family member told us, “They’ve got him using a spoon. They’re really pushing him to use cutlery and don’t care if he makes a mess. They don’t worry about what other people are thinking.”

We asked staff about how they respected the dignity and privacy of people who used the service. They told us, “You always ask. Give people time to relax if they are in the bath and make sure people don’t feel like they are being watched.” We didn’t see any occasion when staff compromised any person’s privacy or dignity. We asked family members whether they thought staff respected people’s privacy and dignity. They told us, “Yes” and “As far as I’m aware”.

One of the people who used the service had nystagmus, which is a condition of involuntary eye movement. We

discussed this with the member of staff who was supporting them. They were able to tell us what the effects of the nystagmus were on the person and how this affected what they did. They told us the person used to have glasses, but refused to wear them, so they supported them without their glasses.

We heard three staff talking to people about the next time they were due to go and see their family. We heard families being referred to in a positive light and people were looking forward to visits.

We looked at care records and saw that care plans were in place and included; ‘things you really need to know’, goal planning, an activity planner, communication and physical well-being assessments and plans. We also saw positive behaviour support plans were in place to reduce anxiety levels for people and to provide clear guidance for staff if they needed to intervene to support somebody if their anxiety levels became too high and they may become self injurious or aggressive. The care plans described people’s needs and routines and there was lots of information for how to achieve positive relationships with people. For example, we witnessed one staff member engaging with someone in an animated game. We asked staff about this and they told us this person best engaged if an activity was made into a fun game. We saw this was fully documented in the care plan. We saw that daily records were also well maintained and staff said that handovers were much improved so that people were able to have “more consistent care from us.”

Staff told us, “The care plans are now more meaningful. You need to know what’s in the care plans and we do spend time reading them.”

Each care plan contained evidence that people had been involved as much as possible along with their family or carers in writing the plan and their wishes were taken into consideration, for example, we saw the care records included a section where the person could say what name they preferred to be called. Communication and visit records recorded conversations with people who used the service and their family members, and contained notes of visiting professionals such as GP visits.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. Staff told us, “You can tell by behaviour if someone isn’t happy or feeling unwell. You make sure things are documented in the daily diaries and in handover so we can monitor and action things if we need to.”

Staff told us if they were working in close support with someone and needed a break for any reason then this was facilitated by the team leaders. Staff talked to us about the management of behaviour when someone became anxious. Staff said they often tried a “change of face” which meant changing the person providing support which sometimes helped de-escalate an incident. The staff team said they reviewed any incidents that occurred and that incidents were examined through the clinical governance process so that learning could take place and measures put in place to reduce the level of incidents that occurred.

At the previous inspection, we did not see any people engaged in meaningful activities. At this inspection, we saw that regular activities took place and these were structured to take account of the needs and wishes of people who used the service. We saw people being offered choices by staff relating to activities. We also saw references in the care records that if a person didn’t want to do their time-tabled activity then they should be offered a selection of other activities. When we spoke with staff they described the same process.

All the people whose records we saw had a weekly activity time table. We were able to view a number of timetables going back in an unbroken sequence. Most of the activity outside of the home was described as ‘walking’, although we saw that some people went swimming and one had gone bowling the day before our visit. When staff told us about going for a walk with a person who used the service, the description was of a series of events for them (buying carrots from the supermarket, feeding the horse, visiting the pet shop and stroking the rabbits), rather than an aimless walk. Although the staff member supporting them didn’t see it as more than a walk, one of the senior staff members also discussed the same principle of a series of sequential activities connected by walking. A family

member told us, “They take him swimming. I’ve got loads of photos of activities he does. They take him to a cottage in the woods, he likes walking in the woods and it has a Jacuzzi, which he loves.”

Staff told us there had been a specialist nurse working with them who had helped them review activity plans. They told us, “Staff are tweaking them now for what works for each person.” They told us they were building a team of staff around one person who liked to be outdoors and another staff member told us how activities were “much more planned and structured than before.”

We saw a copy of the provider’s complaints policy, which was due for review in August 2014, in the entrance to the building with a copy of CQC guidance about how to make a complaint about a health and social care service. The policy included a guide on verbal complaints, written complaints, investigations, meetings, follow up actions and training.

We discussed complaints with the registered manager and saw all complaints were logged with an external legal company, who provided a guide in dealing with each step of the complaints process and investigations. The external company also proof read any letters or correspondence that was sent out in relation to a complaint. We looked at an example of a complaint where a member of staff was alleged to have spoken inappropriately to a person who used the service. We saw records of meetings between the people involved, a copy of the investigation report and the outcome of the investigation. This meant that comments and complaints were listened to and acted on effectively. A family member told us, “I’ve never had a complaint. I really can’t complain.” Another family member told us they raised any concerns at the person’s annual review.

Prior to our inspection visit, we received concerning information regarding the transition of two people who used the service from Seaham View to other accommodation. We passed this information on to the provider, who agreed to carry out an investigation into both concerns. We received copies of investigation reports shortly after the completion of the inspection visit, which showed the provider had carried out full investigations into the two concerns including analysis of the findings, conclusions and recommendations. Recommendations included all staff to be reminded of presenting a

Is the service responsive?

professional, positive attitude at all times when representing the company and to cooperate with a positive attitude when working through transition for people who used the service.

Is the service well-led?

Our findings

The home had a registered manager in place, as well as a temporary acting manager and a newly appointed manager. A registered manager is a person who has registered with CQC to manage the service. The registered manager has submitted a notification to remove the location from the registration and the newly appointed manager has applied with CQC to be the registered manager of Seaham View.

People who used the service, and their family members, told us the home was well led. They told us, “It’s a nice normal atmosphere. They will phone me at any time” and “They keep me well informed. I feel like they are part of the family”.

One staff member told us, “We are now more orientated on the people using the service, the daily diaries are better, we aren’t duplicating, the handovers are so much better now.” Another staff member said, “There was a few weeks when things were really up in the air but morale is much better now.”

Staff told us they felt listened to. They told us, “We have had things changed when we’ve said it’s not working” and “The changes we are making are for the better.” Staff told us that communication in the past had not always been good and some staff had not responded well to change. They told us, “Lots of people don’t like change and people had picked up bad habits, some staff have left because of this and there is progress now.”

At the previous inspection, we found there to be a limited quantity of audits that had taken place. At this inspection, we discussed quality assurance processes with the director of clinical governance and quality. She showed us copies of the manager’s monthly report which had been in operation since October 2014. We looked in detail at the report for December 2014 and saw it included information regarding staffing, safeguarding, policies, incidents and accidents, health and safety and information security. The director of clinical governance and quality also showed us a copy of her full service audit that was carried out on a monthly basis and included unannounced and out of hours checks on the service. The audit’s emphasis was on talking to people and staff, as well as checking records, the premises and medication.

We saw the manager’s report and the full service audit fed into the provider’s regional director’s monthly governance and quality check and a service action plan was produced from this. For example, we saw an action for nutrition, which involved further training for catering staff with regard to nutrition, diet and hydration needs for people who used the service.

We saw the provider had put in place an audit plan for 2015, which included six themed audits per year including; medication (recently completed), documentation, engagement, infection control, health and safety and incident management.

We saw the provider had arranged the secondment of a member of a NHS foundation trust learning disability team to work alongside the team at Seaham View, focusing on providing support and guidance during incidents of behaviour that challenges and to ensure best practice interventions and record keeping.

We discussed processes for obtaining the views of people who used the service or their family members with the provider’s director of service development. He told us there was currently no formal process in place at the time for capturing people’s or family member’s views. He told us there used to be a survey but it was not fit for purpose and a new survey was in the process of being developed. We also discussed this with the director of clinical governance and quality who told us the new ‘family and friends survey’ for 2015 had been approved and would be sent out in March 2015. She told us it included questions regarding access to the location, the environment, staffing, food and nutrition, involvement in planning activities, concerns and complaints and whether the family member or friend would like to be involved in a forum.

Family members told us they were consulted and asked their opinions on any changes at Seaham View. A family member told us, “I have had surveys in the past. They ask me what I think. They ask me whether I’m happy if they want to change anything. They asked me if I was happy if [Name] changed his bedroom.”

We saw staff meetings regularly took place and saw the minutes for meetings in November 2014, December 2014 and January 2015. The agenda for these meetings included; matters arising from the previous meeting, staff

Is the service well-led?

training and development, clinical governance, team brief, policy review and any other business. We also saw that staff meetings were scheduled monthly for the remainder of 2015.

This meant that the provider gathered information about the quality of their service from a variety of sources.