

Seagulls Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Seagulls Home Care Ltd provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to older people. At the time of our inspection 14 people were receiving a care service.

At our last inspection on 26 July 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. People told us they felt safe and knew who to contact if they had any concerns. The registered manager continued to ensure there was enough staff to support people safely and they followed safe recruitment processes.

People continued to receive their medicines safely and on time and staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection and staff wore gloves and aprons when supporting people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain their health and had support to access health care services when they needed to. One person told us, "Carers would help call a doctor if I needed one." People were supported to maintain a balanced diet.

People continued to receive kind and compassionate care. People told us staff were kind and caring. One person told us, "The carers show concern over you which is nice and I like that." We saw positive interaction between staff and people. One person told us, "I like the security of being able to stay in my own home and being cared for."

People continued to receive personalised care that was responsive to their needs. One person told us "The carers know my history and my needs are documented in my support plan." People and relatives knew how to make a complaint and told us they felt listened to and had confidence that the manager and staff would take action.

People and staff spoke positively about the culture of Seagulls Home Care. There were clear lines of accountability and the provider continued to have effective quality assurance processes in place. People told us they thought the service was well managed.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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 and 14 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in. The inspection team consisted of one inspector.

The provider had completed 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people who use the service, three relatives and two care staff over the telephone. On the day of inspection, we spoke to the deputy manager and the registered manager and observed two call visits to people's houses.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, medicine administration records (MAR), two staff training records, employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

The provider continued to have safe systems, processes and practices in place to protect people from abuse. Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures. One member of staff told us, "I would report any concerns to my manager and if they were not around I would contact the registered manager." Another member of staff told us how they supported people to stay safe, "I talk to people and explain what keeping safe means for example, not giving out personal information over the telephone, answering the door to strangers. I encourage people to let staff or family members know if they don't feel safe." People told us that they felt safe and one person said, "It's the security of them being there." One relative told us, "My relative does get safe care and I have never had any problems in the way the staff handle him and they are always very considerate of his needs." The provider had a whistleblowing policy and staff told us they would speak to the manager if they had any concerns.

Risks to people continued to be assessed and their safety was monitored and managed, to support people to stay safe. One member of staff told us, "If there were any changes to a person I would raise with the manager straight away to get the person re-assessed." Another member of staff told us, "I encourage people as far as possible to take positive risks, but I am always aware not to put them in danger." A relative told us, "Staff use the right equipment."

The service continued to have sufficient numbers of suitable staff to support people to stay safe and meet their needs. One member of staff told us, "We have a care planner app on our mobile phone and if our rotas change the deputy manager will contact us. We have enough time allocated between each visit and if I am running late the manager will contact the person. The manager is always open if we need to stay a bit longer with the person to work around their needs."

Staff files included previous work history and written references from previous employers. Records included photos to confirm staff members identity and checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. New staff completed an induction and this included a period of shadowing experienced staff before being assessed as competent to work with people.

The provider continued to ensure the proper and safe use of medicines by staff who were trained and competent to do so. Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. Staff received regular training to ensure their practice remained safe. There was guidance for administering medications 'as and when'. We checked the Medicine Administration Records in a person's home and found these were correctly recorded.

People continued to be protected by the prevention and control of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. One member of staff told us, "I always wash my hands after each task, I use gloves, aprons and shoe covers and keep my hair tied back."

Systems were in place to record and identify lessons learned and improvements were made when things went wrong. The deputy manager recorded information from accidents and incidents and took action to prevent further accidents as far as possible. One member of staff told us, "I am in daily contact with the manager and we discuss things when they have gone wrong to look at ways to prevent further accidents and incidents."

Is the service effective?

Our findings

People told us they were confident that staff had the right skills, knowledge and competency to deliver effective care and support. People's needs and choices continued to be assessed and care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes for people.

Staff continued to work together to deliver effective care, support and treatment to people. The provider had introduced a new care planning system whereby staff could access their rotas and other updates on their mobile phones via a secure mobile app. This meant that staff had access to up to date information. One person told us, "I have never had carers before but I am always shown a lot of respect. They come at the right time and if they are going to be late they will let me know. Only ever 5/10 minutes to wait."

Staff continued to receive a broad range of training including mandatory training to ensure that staff had the skills, knowledge and experience to deliver effective care and support. Staff received regular supervision and appraisals and records confirmed this. The deputy manager told us, "We have regular supervisions with our staff to discuss any concerns and gaps in training. We complete observations and spot checks on our staff out in the field on a regular basis to ensure that our clients are being supported and listened to."

People's care, treatment and support continued to be delivered in line with current legislation and standards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA. Staff were knowledgeable, had a good understanding and had received training in this area as part of their induction. One member of staff told us, "I never assume and always give people choice."

People continued to be supported to eat and drink enough to maintain a balanced diet. One person told us, "I choose what I eat and drink and it's always nice." Where people needed support with eating and meal preparation, this was detailed in the person's care plan. Food and fluid charts were found in people's care plans and the deputy manager told us how all staff are told to report and record any concerns with people's dietary needs, so that appropriate advice could be sought.

People were supported to live healthier lives, and had access to healthcare services and support to receive ongoing healthcare. One relative told us, "There have been a couple of incidents where my relative has not been well and the carers have stayed with them until the doctor or ambulance has arrived." The relative also told us that they had received positive feedback from a healthcare professional that the care and support the carers gave their relative was good. One person told us, "I have had a cut on my right leg and have needed help with that and the carers drive me to the doctors."

Is the service caring?

Our findings

People continued to be treated with kindness, respect and compassion, and were given emotional support when needed. Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits with lots of banter and laughter between the staff and people. Staff spoke affectionally about the people they supported and knew people well to support them with their needs. People told us, "The staff are so kind and nice and are never in a rush." One member of staff told us, "I try and talk as much as possible and inform people of what I am doing. We can ask the manager for additional time if needed." The deputy manager gave an example where one person loves fish and chips, so once a fortnight the deputy manager buys fish and chips and they eat together. The person sets the table with a table cloth and the person really values the time spent as their family lives far away.

People were able to express their views and were actively involved in making decisions about their care, support and treatment as far as possible. Staff asked how people wanted things done and we saw this in practice. For example, one member of staff asked the person if they wanted the television on and if they would like some quiche prepared and left out for their evening snack before they left. One person told us, "They understand my preferences." Another person told us, "I feel that I am in charge."

People and relatives continued to be involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals when required. People and relatives continued to be involved in expressing their views about the service through an annual survey. One relative told us, "The carers phone me when he has not been quite right. For example, when he chooses to stay in bed the carers always call me to let me know what is going on." One member of staff told us, "I will call the family members and update the manager to ensure information is shared."

Staff told us how they adapted their communication styles by observing people's facial expressions and body language to pick up if the person is happy or sad. Staff gave an example of how they supported a person with a hearing impairment, "I make sure the person can see my face so they can lip read, particularly when giving personal care and if the person is not wearing their hearing aid."

People's privacy, dignity and independence was respected and promoted. Care plans included people's preferences with regards to gender, religion and how people wanted to be supported to maintain their identity and personal appearance in accordance with their own wishes. One person told us, "They protect my dignity by doing personal care tasks in my bedroom. Another person said, "They help me dress in my bedroom or bathroom and close the curtains." One relative told us, "They need help washing and dressing and they always do that appropriately and if he is going somewhere the carers always help him to select appropriate clothing."

Staff continued to have a good understanding of equality, diversity and human rights. People's differences were respected. A member of staff told us, "We adapt to people's different needs and religious beliefs, we respect one person's religious beliefs by always making sure we have our shoulders covered up."

Staff continued to have a good understanding of the importance of supporting people to remain independent. One member of staff told us, "I encourage the person to help with the task if they can and I break the task down to include the person." A relative told us, "He likes to wash his face. I always hear them laughing and joking."

People's private information remained secure. Care documentation was held confidentially and sensitive information was stored securely in the office which was locked when the manager was not present. A member of staff told us, "I never disclose any personal information outside of the service."

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. People, relatives and healthcare professionals were involved in developing care plans. Assessments were carried out before providing personal care and people's preferences, needs, goals and interests were recorded to ensure staff knew how to deliver person-centred care. One relative told us, "The initial care plan was done with social services when he was in hospital, I liaised with the deputy manager to update and review the care plan. I am in contact with the manager regularly and the care plan does not always need amending due to their needs not changing." There were two copies of the persons care plan, a copy in the office and one found in the person's home. People told us that their care plans were regularly reviewed and updated if their needs changed.

People told us that they felt staff knew them and their history. One person told us, "Yes, the staff do know me and it is all documented in my support plan." Staff told us how they were introduced to new people by the deputy manager, who then discussed with the person and staff what the care plan involved.

Care continued to be person-centred with respect to people's healthcare needs. Records of referrals to and visits from healthcare professionals in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses and GP's.

People were encouraged and supported to pursue their interests and hobbies and these were detailed in people's care plans, giving staff details of the days people went to lunch clubs and other community events. People were also supported to stay in contact with friends and family and a staff member gave an example, where they had supported a person to write out their Christmas cards and made sure they were posted on time. One relative told us, "The carers enable him to continue his community involvement such as going to lunch clubs. This means that with the support from the carers he can be dressed and ready to go out. Whereas if he didn't have this support he would be too tired to go out. The daily engagement with carers keeps his brain active.

The provider had incorporated the Accessible Information Standard (AIS) when assessing people's needs. This is the standard that aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. Providers must identify record, flag, share and meet people's information and communication needs in line with section 250 of the Health and Social Care Act 2012. All organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards. Care plans showed people's sensory and communication needs were being recorded and considered. This included whether people needed any specific aids or technology to support their communication.

People's and relatives concerns and complaints were responded and listened to and used to improve the quality of care. The complaints procedure could be found in people's care plan folders on contrasting paper. People said that they felt happy to make a complaint if they needed to and knew who to contact. One person told us, "I don't feel like I need to make a complaint as I feel listened to." The deputy manager told

us, "We have not received any complaints since the service opened in 2016, we have good relationships with people and their families, so that if there are any 'niggles' or concerns they can be addressed there and then."

There was no one using the service who was at the end stages of life, however staff had received end of life training to support people to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The registered manager was supported by a deputy manager who was responsible for the day to day coordination of the service.

People and staff spoke positively about the culture of Seagulls Home Care. One member of staff told us, "Our role is to make sure people can stay living comfortably in their own home and live a happy life, making sure they are well fed, watered and their needs are met to live independently." One person told us, "Fantastic people and I didn't think there would be such kindness." The deputy manager told us how they place great value on being able to spend time with people and ask staff to sit and chat to people rather than rushing off. They encouraged staff to ask if people wanted anything else done before leaving, because the little things make people happier. People had service user guides to help them understand what they could expect from the service.

The provider continued to have clear and effective governance and accountability arrangements in place to identify and manage the risks to the quality of the service, through the use of audits. Quality assurance processes included visits and phone calls to people to help drive improvement within the service. There was a business continuity plan in place and the deputy manager told us, that they used a traffic light system to identify who was at high risk if unusual events occurred such as bad weather conditions or staff sickness.

Systems continued to be in place to continuously learn, improve, innovate and ensure sustainability. The deputy manager gave an example following a pressure sore incident, where they took action to introduce a pressure sore policy and fact sheet for staff. This has led to improvements in how staff recognise and report changes in people's skin integrity such as if their skin is red. Through monitoring these early signs, referrals can be made to the district nurse if needed.

People who use the service, relatives and staff continued to be engaged and involved in developing the service. The provider captured people and relative's voices through annual surveys. Staff were encouraged to give feedback and make suggestions. There was good communication between the deputy manager, people and staff and they told us they found the deputy manager approachable. There was good links to the local community.

Staff understood their role and responsibilities and had confidence in their manager. One member of staff told us, "The manager is very supportive and if any concerns are raised they support us all the way." Good work was recognised and supervisions included feedback on good practice, and compliments made from people who use the service. Staff continued to work in partnership with other agencies and had developed relationships with a variety of healthcare professionals to meet people's needs.