

Community Integrated Care Seaview House

Inspection report

Crosscanonby
Maryport
Cumbria
CA15 6SJ

Tel: 01900819041
Website: www.c-i-c.co.uk

Date of inspection visit:
11 October 2019
16 October 2019

Date of publication:
04 November 2019

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

About the service:

Seaview House is a residential care home providing personal care and accommodation to four people with a learning disability. The home is an adapted detached two storey house in a rural community setting. Each person has a large room and shared living space with adapted bathrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People received a consistently good service and felt safe with the support they received from the staff. Staff had developed caring and trusting relationships with people, with many staff being employed in the home for twenty years. People and staff knew each other very well and told us Seaview House was "just like a family home."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. They were encouraged and supported to engage in activities and hobbies of their choice both within the community and in the home.

People were safeguarded against the risk of abuse and harm by the safeguarding systems and staff training in place. Risks to people were assessed and mitigated. When incidents took place, the provider reflected on events to help reduce the risk of these happening again. People were supported to access external health professionals to help promote good health and wellbeing. They were encouraged to maintain a healthy diet and lifestyle and staff supported people to take their medicines safely.

The home was well run and there were always sufficient staffing levels to support people in their lifestyle choices. The registered manager was leaving and the provider was recruiting for a replacement. In the meantime the provider ensured continued oversight and support to ensure the home was effectively managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

The last rating for the service was good (published 17 February 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Seaview House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Seaview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spent time with the four people who lived at the home and met one relative. We spent time observing the daily life in the home and we looked around the building to check the service was safe and clean. We

spoke with four members of staff including the registered manager. We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. The registered manager ensured staff were well-trained and knowledgeable.
- People and their relatives said they felt safe with the support of staff both in the home and out in the community. One person said, "I like staff. They are kind to me. I tell staff if I am not happy." People who were unable to communicate verbally were seen to be very relaxed around staff and had built trusting relationships with the staff team.
- The provider's ethos ensured harassment, discrimination and bullying were challenged. Safeguarding was built into working practice being raised in team meetings and in staff supervision.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and mitigated. Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were very well supported to take positive risks to ensure they were able to access the community and live fulfilling lives safely.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager and provider promoted an open culture of continuous learning when things went wrong. Safety concerns raised were valued as integral to learning and improvement.

Staffing and recruitment

- People were well supported as staffing levels were carefully monitored to ensure people received prompt care and support to achieve their goals. Staff said that staffing levels were maintained at a good level and they had time to meet people's needs. Additional staff could be brought in if someone was unwell or needed to go to an appointment.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

- Medicines continued to be managed safely. The provider's policies and procedures gave clear guidance for staff on medicine management, and these were in accordance with current guidance and regulations. Staff received training and had their competency regularly assessed.
- People's medication was regularly reviewed and medicines were reduced, where appropriate, to achieve

more positive outcomes for people.

- Seaview House was kept clean and there was an effective infection control system in place. Care staff followed good practice, using personal protective equipment such as gloves and aprons when providing personal care to prevent the risk of cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law

- The home had a stable group of people at the home for many years. However, the provider had systems in place to admit and assess any new people to the home. The registered manager ensured that care plans were regularly reviewed and people's needs reassessed to make sure they continued to meet people's changing needs.
- The registered manager and provider kept up to date with new research, guidance and legislation and used this to train staff and help drive improvement. For example, they were introducing a new care planning system into the service that was focused more clearly on positive outcomes and with an emphasis of being led by each person.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations: Supporting people to eat and drink enough to maintain a balanced diet

- The service was good at supporting people to access healthcare services to promote their health and well-being. One staff member told us of how they advocate for people. They told us, "We knew something wasn't right with [person's] health and we kept pushing and pushing until it was diagnosed. Now they've had treatment they are fit and well again."
- Staff shared information when people moved between services, such as admission to hospital or attendance at health appointments.
- People's care plans contained detailed information to support people to have enough to eat and drink. Any risks associated such as food allergies or swallowing problems had been included. Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed. The registered manager ensured all staff received training on nutrition, malnutrition and hydration.

Staff support: induction, training, skills and experience

- Staff received a comprehensive training programme to equip them for the specific needs of people they were supporting. The registered manager had arranged additional training to support people with more specialist needs by linking for example with the specialist learning disability team. One staff member told us, "We've worked closely with the psychologist and specialist nurses and had some really useful input and training from them. Over the years this has led to people being much more settled and happier."
- The provider made sure new staff were given an induction to ensure they could carry out their role safely and competently. The registered manager ensured all staff received supervision, with the opportunity to discuss their responsibilities, concerns and to develop their role.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet the needs of people in the home. Adaptations were provided to support people's independence, these included installing accessible bathrooms, a new shower room, ramps and bespoke seating. Where needed people had electric beds and specialist mattresses for safety and comfort.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People's rights were protected. People's capacity was assessed and they were supported to make their own decisions, wherever possible. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. The use of restraint, isolation or seclusion was not used at this service.
- Staff had completed training in the MCA and had a good understanding of the principles of the legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people in a very kind and compassionate manner. A number of staff had worked in the home with the same people since the home opened over twenty years ago and had developed strong and meaningful relationships with people. There were a lot of warm interactions between people and staff. One staff member told us, "We are like one big family, including people's relatives. Everyone is treated as if they were your own relative."
- One person's relative told us, "The home could not be better. They really do care. If I died tomorrow I know [relative name] has the very best care and this is very reassuring to me. The staff make sure he has a great life here."
- Each person had their life history recorded within their care records which helped new staff to get to know people to build positive, caring relationships with them. Staff went the extra mile to make people's lives interesting and fun. For example, the home had been elaborately decorated for Halloween and people in the home had got a lot of great pleasure from doing this.
- The registered manager and staff documented people's spiritual and social support needs and assisted them to maintain their different protected characteristics. All staff had training in human rights and equality and diversity awareness.

Supporting people to express their views and be involved in making decisions about their care

- The service cared about and valued the views of people who used the service. Staff recognised people's communication needs and what was important to people. Care records detailed any communication support needs.
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was always respected. Staff had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's dignity and promoting self-esteem. Staff were very positive about people's well-being, achieving and succeeding at new activities and skills. Staff told us, "We are always on the look out for new things for people to try, like different hobbies or days services. It's important to give people choices even if they don't always work out."
- The staff team were knowledgeable about accessing services, so people could have equipment and

adaptations to keep them both safe and promote their independence.

- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.
- People's care plans were personalised and were written with people's input as much as possible. The plans documented their choices, needs and preferences and were reviewed when a person's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were leading fulfilling and active lives and were supported to engage as full citizens within the local and wider community. They were able to be flexible and chose what they wanted to do on a day to day basis. People followed their own hobbies and interests. They regularly chose to go shopping, visit local attractions and go out to cafes for meals. Some people liked to go to concerts and others went on holidays with staff support.
- People were supported to maintain and develop relationships with friends and family.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. This was available in an easy read version. There had been no complaints in the past year. The registered manager told us that any complaints would be taken seriously, learned from and improvements made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. People's communication needs were explored, and people's care plans contained clear instructions of how to ensure effective communication.
- Staff were able to say how best to communicate with people who may be anxious. We observed one person becoming distressed and staff members delivered support that calmed them and improved their mood.

End of life care and support

- There was no one receiving end of life care at the time of our inspection but people's future preferences and choices in relation to end of life care had been explored where possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager and staff team demonstrated a commitment to providing person-centred, high-quality care. People's wishes were highly respected and care was arranged around people's preferences and requirements. One staff member told us, "I've worked other care homes and I think we are really good at putting people right at the centre. Its all about making people's lives the best it can be."
- The registered manager and provider used relevant legislation and best practice guidelines to drive improvement. For example, using current good practice in healthcare for people with learning disability from the National Institute for Health and Care Excellence.
- The provider had signed up to a national initiative, 'Driving up Quality' with the aim of going beyond minimum standards to led to the highest quality for people with a learning disability. Each service is checked and rated against this every year. The registered manager shared the report for Seaview House and they had come out very favourably with only very minor areas for improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager carried out regular quality audits and any lessons learnt to improve the service were quickly acted upon. The registered manager had recently used a community mapping tool to ensure people were accessing the community as much as they would like. As a result people were trying different activities and going to new places.
- We had some concerns about staff support during a period of restructuring, the phasing out of the senior role, and not yet having a replacement manager. The provider contacted us and shared plans on how they intended to support the service.
- The provider had developed policies and procedures and training around the duty of candour responsibility if something was to go wrong. We saw they contacted families and other professionals and had notified CQC of any incidents they were required to tell us about.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with other organisations which ensured they followed current practice, provided a quality service and to ensure people they supported were safe.
- Health and social care professionals spoke positively about how the service seeks out and follows

guidance. One professional told us, "The stability in the home and knowledge of the staff has led to people being really settled and able to lead fuller lives."

- The management team supported and encouraged staff to promote equality in how people were treated by the service and the community at large. We saw examples where they had worked to ensure people had equal access to healthcare.
- The registered manager listened and responded to the views of the people they supported and their family members through annual satisfaction surveys. People were also actively encouraged to comment on care plans and feedback to the management team through regular review meetings.