

East Kent Mencap

# Seashells Children and Families Centre

## Inspection report

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Date of inspection visit:  
11 March 2016

Date of publication:  
28 June 2016

### 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

The inspection was carried out on 11 March 2016 and was announced at short notice.

The service provides care and support for up to four years to enable up to three people with learning disabilities to develop their independence skills and move into their own home. The three people using the service shared a house for which they held a tenancy. The staff supporting them were managed from an office in the Seashells Children and Families Centre.

People who used the service had low care needs and were supported to develop their daily living skills in a supported environment. People directed their own support and made daily choices about their routines. Staff stayed with people in their home overnight, but were not with people all of the time during the day. At the time of our inspection no personal care was being delivered. However, the delivery of personal care remained a key element of the service provided and was dependent on the levels of care or support people needed from day-to-day.

A registered manager was employed at the service. 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 not always based at the office. However, a locality manager was, and they were in day-to-day charge of running the service effectively.

People made their own decisions about their care or day to day medical treatment. The registered manager ensured they followed the principals of the Mental Capacity Act 2005 when assisting people with making decisions about non-routine financial and medical issues. Decisions were arrived at lawfully, in people's best interest and were fully recorded.

People were kept safe by experiencing and learning the skills they needed to manage their own lives. Staff had received training about protecting people from abuse and understood their responsibilities to protect people living with learning disabilities from harm. Each person had a key worker who assisted them to learn about safety issues such as how to stay safe in the community and at home. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

Staff used their experience and knowledge of supporting people with learning disabilities effectively. Staff assessed people as individuals, listened to people's views and supported people to plan and choose their own lifestyles. This ultimately enabled people to maintain their safety, health and wellbeing. People had communication and health action plans to assist external health and social care professionals understand people's needs. For example, if they were admitted to hospital.

Risks were assessed, both for individual people and for the wider risk from the environment. Staff assisted people to understand the steps to be taken to minimise risk when they were identified. The provider's policies and management plans were implemented by staff to protect people from harm.

There were policies and procedures in place for the safe administration of medicines. Staff had been trained to administer medicines safely. Staff were not routinely administering medicines, but when needed followed these policies and used them as guidance to assist people to manage their own medicines safely.

People were registered with a GP and their health and wellbeing was supported by staff who assisted them to access medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health. People had been supported to understand their health conditions and had been given information to help them manage their own health and wellbeing.

People described staff that was welcoming and friendly. Staff provided friendly compassionate care and support. People directed their own care and were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the service and in the wider community.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. People were being consulted about how they wanted to live their lives and staff respected this.

The manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. Records about people's early lives were comprehensive. This helped staff deliver care to people as individuals.

Systems were in place to monitor incidents and accidents to see what steps could be taken to prevent these happening again. Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained to promote safety.

Recruitment policies were in place. People were involved in choosing the staff that would support them. Safe recruitment practices had been followed before staff started working at the service. The registered manager recruited staff with relevant experience and the right attitude to work well with people who had learning disabilities. New staff and existing staff were given extensive induction and on-going training, which included information specific to learning disability services.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their skills. The registered manager ensured that they employed enough staff to meet people's assessed needs.

People were supported to make healthy lifestyle choices around eating and drinking and received their own formal certificated training in these areas.

There were no barriers to people asking for what they wanted or speaking to the registered manager and staff if they wanted to raise an issue. People were being asked frequently if they were unhappy about anything in the service. This included meetings with care managers from social services. If people wanted to complain there was a policy that would ensure they were listened to.

The registered manager and staff demonstrated a desire to deliver a good quality service to people by constantly listening and improving how the service was delivered. People and staff felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other managers provided good leadership so that the stated aims and values of the service were met. People assisted the provider and registered manager in developing business plans to improve the service and through their representatives on the providers board of trustees.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People experienced a service that made them feel safe. They were encouraged to learn about their own safety and talk to staff about safety issues. Staff knew what they should do to identify and raise safeguarding concerns.

There were sufficient staff with a background in learning disabilities to meet people's needs. The provider used safe recruitment procedures and risks were assessed. People were supported to manage their medicines safely.

Incidents and accidents were recorded and monitored to reduce risk. There were systems in place to work with the landlord of the house people lived in to monitor the safety and maintenance.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff were flexible in their approach and understood their responsibility to help people maintain their health and wellbeing. This included assisting people to learn how to monitor their own health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role. Staff training was planned in advance and on-going.

New staff received an induction and training, which supported them to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were understood by staff.

### Is the service caring?

Good ●

The service was caring.

People had forged good relationships with staff so that they were

comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Regular individual and group meetings were held to enable people to express their views about the service.

People were treated with dignity and respect. Staff were welcoming and patient with people. Staff understood how to maintain people's privacy and records about people was kept confidential.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were provided with care when they needed it based on a care plan about them. Care assessments were completed and included information about people's learning disabilities and health conditions. People participated in activities at home and in the community. Staff provided care to people as individuals.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were clear structures in place to monitor and review the risks that may present themselves in a service for people with learning disabilities.

The provider and registered manager promoted person centred values within the service. Managers in the service were experienced and knowledgeable about learning disabilities. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. Managers made themselves available to assist with delivering care and carried out checks on staff to monitor the

quality of their performance.

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# Seashells Children and Families Centre

## **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 11 March 2016 and was announced with short notice. We announced the inspection because people were often out and may not be available when we inspected. The inspection team consisted of one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. The provider completed a Provider Information Return (PIR). The PIR 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 spoke with two people about their experience of the service. We spoke with registered manager and the locality manager.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

This was the first inspection since the service was registered in November 2014.



# Is the service safe?

## Our findings

People could go to staff who would listen to them if they were unhappy about something. People told us they felt safe. One person said, "Our home is well maintained, I feel very safe". People said, "We learn about keeping safe in the community, we use mobile phones to contact staff if we feel unsafe." And, "The staff have helped us develop the skills we need to think about safety, for example we all know we need to keep our phones charged and about road safety."

There was a current safeguarding policy, and information about safeguarding. Staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. This training was also recorded on the staff training plan. Staff were also aware of reporting to safeguarding teams and raising concerns using the provider's whistle-blowers' policy. Staff talked us through the correct actions they would take if they suspected or witnessed abuse happening.

There were personalised risk assessments in place for each person who used the service. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. Staff understood their roles in assisting people to understand and manage risk. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. Incidents and accidents were recorded and checked by the registered manager for any learning. Steps were taken to reduce incidents and accidents from happening again. We saw that people's health and safety had been discussed with them and at team meetings to inform and reinforce knowledge of the steps that were to be taken to minimise the risk.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a 'business continuity' policy in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply, use of parts of the building, communications failure and disruption to staffing levels.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. People were involved in recruitment interviews. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. New staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

There was enough skilled and experienced staff to meet people's needs. The registered manager had

ensured that the staff had the correct skills, training and experience. We looked at the rotas and saw that staff were deployed in line with people's choices around activities and at night a member of staff was deployed with people in their home to ensure they were on hand to deliver care and support if needed.

People could learn how to stay safe and what to do if there were emergencies in the service. The provider had policies about protecting people from the risk in emergencies. People's wellbeing and safety was a key element of the service and was enhanced by a member of staff staying with people in their home overnight. People told us that knowing a member of staff was available overnight, if they needed them, gave them reassurance and made them feel safer. People had practiced evacuating their home, for example when the fire alarm sounded. They knew where to go after they had left the building. Emergency drills and tests were recorded. Staff received training in how to respond to emergencies. The registered manager had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

There were safe processes in place for the management and administration of people's medicines. There was a current medicines policy available for staff to refer to should the need arise. People had been assessed individually about their abilities to understand information about medicines. Staff assisted people to safely manage medicines themselves. We reviewed the records relating to how people's medicines were managed and they had been completed properly. People told us they ordered and stored their own medicines and that staff assisted them to monitor and record their medicines to ensure they took them as prescribed.

# Is the service effective?

## Our findings

Staff had the skills required to care and support the people who lived at the service. All of the people we spoke with told us they liked the staff and they got on with them well. One person said, "The staff go through the care plans with me, they explain things to me." Another person said, "I ring the doctor myself and make appointments, I can ask staff to help me do this if I need to."

People were supported with their agreed and recorded daily routines by staff. One person said, "Since moving into my home I can do more things for myself, like cooking. Staff helped me at first, but then stepped back to see what I could do on my own." People had legal tenancies which they had signed and protected their rights to live in their home.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People were supported to the GP or to other appointments when needed. Records confirmed what appointments people had attended including their GP, nurses and dentist.

People ate and drank enough to help them maintain a healthy lifestyle. People chose what they wanted to eat and drink and were assisted by staff to develop the skills they needed to cook independently. People's development included attending training in food hygiene and learning to cook different foods in cooking lessons.

Staff told us that there was a training programme in place and that they had the training they required for their roles. This was supported by a training plan which ensured that staff received an induction and on-going training at the appropriate times. Some staff had gained the skills to become trainers for things like person centre planning. It was clear that new and existing staff had a good level of skill and training to work with people who had a learning disability. Staff learning was provided in a number of ways, including e-learning, distance learning courses and face to face training and this was supported by records we checked. Additional training was provided in relation to person centred care planning for people with learning disabilities.

Staff also told us that they received supervision and felt supported in their roles. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Records showed that supervision meetings with staff were held with the registered manager. These supervisions included the registered manager observing the practice of the staff member. Staff also had meetings to discuss their progress and any developmental needs required. This meant that staff were supported to enable them to provide care to a good standard.

Records showed that staff had an annual appraisal. Staff attended additional training to develop their skills and careers. For example, seven staff had or were completing their NVQ in social care. (An NVQ is a nationally recognised learning syllabus and qualification in social care that enables staff to improve their skills and knowledge.) Two new staff had started their induction following the new care certificate training

model as recommended by Skills For Care. (The care certificate is a nationally recognised training package that enables staff working in social care to evidence their skills and competence.) This meant that staff were supported to improve their practice and that their knowledge was updated and current.

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. We checked whether the service was working within the principles of the MCA. Care plans showed that the registered manager assessed people's capacity to make decisions in their best interests. This ensured that people's rights would be protected.

# Is the service caring?

## Our findings

All of the people we spoke with told us the staff were caring. People told us that staff supported them to form relationships within their communities and to build social networks. One said, "At Christmas my girlfriend came over for the celebrations." Other people said, "I am very proud of my achievements, I pay my own phone bill, have my own bank card and have a key to my home." And, "As soon as I saw my new home I thought, this is the place for me and I was able to decorate to my taste."

People who needed advocacy support to express their views could access this. One person told us how they had been using advocacy support to help them make decisions about where they lived, who they lived with and other lifestyle choices. The advocate worked on the person's behalf to explain information and ensure the person's views were put at the centre of the process. This supported the best interest decision making process meetings about important decisions that were recorded. People with changing capacity to make day-to-day decisions about their care were still offered choice and provided with information to help them decide what they wanted to do.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks and questionnaires. The latest results from the questionnaires showed a high satisfaction rate for the service people received.

Positive relationships had developed between people who used the service and the staff. The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans.' This information enabled staff to provide care in a way that was appropriate to each person.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

People's right to remain independent was respected and recorded. People told us they consented to their care and staff always asked their permission to do things. The care plans clearly identified what people could choose to do themselves and the support that was needed from staff to help people develop their life skills. What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also

respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. People said, "We have regular meetings with staff and our key worker and they listen to us." And, "When we ask for things for our home, like new flooring the staff get this sorted out."

Staff were responsive and flexible to people's choices and needs. One person said, "If I am not happy I can talk to the registered manager. I recently had to attend a funeral and was feeling stressed, but a member of staff came with me which calmed me down." People told us they were involved in household tasks, like laying the table and clearing plates, doing their washing and keeping their home clean.

People followed their own lifestyle choices and had a routine for staff support in the community. People said, "The staff go through my care plans with me, they read and explain it to me so that I can understand it." This included participating in leisure activities, going to the pub for lunch and personal shopping. One person said, "I have just joined the gym for a trial to keep fit." We saw staff were allocated to people's activities and that records of participation were kept. People told us they enjoyed going out and doing lots of different things.

People's needs had been fully assessed and care plans had been developed on an individual basis. Staff completed an assessment with people and their care manager from the learning disability team. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in. We could see people's involvement in their care planning was fully recorded.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Changes in people's needs were recorded and the care plans had been updated.

All people spoken with said they were happy to raise any concerns. There was a policy about dealing with complaints. There was regular contact between people using the service and the management team. There were no complaints about this service. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback. People had one to one meetings with staff on a monthly basis and each week they had a meeting as a group. At these meetings, people were

encouraged to talk about any concerns or complaints they had about the service. The provider also visited the service every week to ask people how they were and chaired some of the house meetings. Staff understood that people with learning disabilities may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health.



# Is the service well-led?

## Our findings

People knew the registered manager and locality manager very well. The manager's held social care qualifications and were experienced in working with and managing services for people living with learning disabilities and they demonstrated to us they had the skills to run the service well.

People received care from staff who understood the values of the organisation. People were respected by the manager's and provider who ensured staff delivered person centred care and promoted individuality. The aims and objectives of the service were set out and were based on the principals of choice, control and participation. The provider stated, 'Our vision is a world where people with a learning disability are valued equally, listened to and included. We want everyone to have the opportunity to achieve the things they want out of life.' It was clear from people's experiences that the manager's and staff followed these.

The provider enabled people who used services to sit on the board of trustees so that their views about the quality and development of the organisation and services were taken into account.

Staff were committed and passionate about delivering high quality, person centred care to people living with learning disabilities. Staff received supervision, guidance and training and development to enable person centred care to be achieved. The manager's had a clear understanding of what the service could provide to people in the way of care, skills development and meeting their learning disabilities needs. The management systems in the service were set up in line with published guidance for supporting people with learning disabilities. For example, people had person centred care plans and health action plans. Records kept were of good quality and were well organised. This was an important consideration and demonstrated the registered manager and provider understood how to deliver a service that met people's specific needs.

The registered manager had carried out audits of the service on a monthly basis and involved people in these. For example, the registered manager supported people to audit their medicines. This gave people the skills and confidence to manage their own health and wellbeing on a day-to-day basis. Audits enabled the registered manager to identify areas of the service that needed improvement which they recorded and took the actions required. For example, the managers worked closely with the housing landlord to get flooring in the home replaced. Or made sure there were adaptations made to improve people's safety. For example, a brighter light had been put by the front door after people reported having difficulty seeing the door lock after dark. Over time there had been continuous improvement in the quality of the service which included the development of person centred care plans. With the robust in house audits and the managers and housing providers approach to continuing improvement we found people would continue to experience good care .

There were a range of policies and procedures governing how the service needed to be run. They had been updated and were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff had signed to say they understood the policies. Staff understanding of the policy's they should follow was checked by the registered manager at supervisions and during team meetings.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The manager's understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.