Parkcare Homes (No.2) Limited

Seabreezes

Inspection report

61 Meehan Road
Greatstone
New Romney
Kent
TN28 8NZ

Tel: 01797369150
Website: www.craegmoor.co.uk

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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

This inspection was carried out on 9 March 2017 and was unannounced. The previous inspection on 3 and 4 March 2016 found some regulations were not met and improvement was required. At this inspection improvement had been made.

The service is registered to provide accommodation and personal care for up to six people who have learning disabilities, including autism and some complex and challenging behavioural needs.

Accommodation is provided in a detached house in a quiet residential area of New Romney, close to public transport, local amenities and shops. Accommodation is arranged over two floors and each person had their own bedroom. Seabreezes has a spacious enclosed back garden. At the time of the inspection there were six people living at the service and receiving support.

The service had a registered manager, who was not available during the inspection; however a senior support worker and the regional manager were. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Medicine audits were regularly carried out by the registered manager and team leaders.

People told us they felt safe and observations showed that staff knew people well and understood their communication needs. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Systems were in place to ensure people were protected from the risk of financial abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The premises were maintained and checked to help ensure the safety of people, staff and visitors.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by a management team who they saw on a regular basis. Staff worked well as a team and felt supported by one another. Recruitment practices were safe, checks were carried out to make sure staff were suitable to work with people who needed care and support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care services. People living at the service were under constant supervision from staff to keep them safe, therefore DoLS requirements applied; and all required applications for DoLS authorisations had been made.

The registered manager and the management team understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded. People were asked their consent before any care or support was given.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. People's individual care and support plans were person centred and gave staff the information and guidance they required to give people the right support. Detailed guidance was available for staff to follow to support people who displayed any behaviour which caused a risk to themselves or others. People had clear communication plans and guidance in place to ensure staff were able to communicate effectively with them.

People were supported to remain as healthy as possible with regular access to healthcare professionals. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs. Staff ensured people were able to maintain contact with those who mattered to them.

People had a varied diet and access to food they enjoyed. Their nutrition and hydration needs had been assessed and recorded together with any allergies or risks. People were encouraged and supported to be as independent as possible. Care and support was planned with people and, where possible, their family members and reviewed to make sure people continued to have the support they needed.

People participated in activities of their choice within the service and the local community. There were enough staff to flexibly support people to participate in activities they chose.

Processes were in place to monitor and improve the quality of the service being provided to people. The provider had a set of values which were followed and applied by the staff team.

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 received their medicines safely and as prescribed by their GP.

Risks to people and the environment were managed safely.

People and their finances were protected from the potential risk of abuse.

There were enough trained staff to meet peoples assessed needs.

Safe recruitment practices were followed to ensure staff were suitable to work with people who required care and support.

Is the service effective?

Good

The service was effective.

Detailed guidance was available to support staff to meet people's communication needs and people were supported to remain as healthy as possible.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

People were provided with a suitable range of nutritious food and drink that they enjoyed.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, dignity and independence were maintained.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

People were supported to maintain relationships with people who were important to them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, recorded and reviewed on a regular basis.

People were included in decisions about their care.

People were offered a range of activities to meet their individual needs and preferences.

The complaints procedure was available and in an accessible format to people using the service.

Is the service well-led?

Good

The service was well-led.

Staff were confident and felt supported in their role by each other and the registered manager.

There was a positive 'can do' culture within the service.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

People's views were actively sought and acted upon.

Seabreezes

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 9 March 2017 and was unannounced.

The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff could be intrusive to people's daily routine.

Before the inspection, we looked at previous inspection reports and the improvement action plan the provider had sent us. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make.

During the inspection visit, to help us understand the experiences of people, we observed staff carrying out their duties, communicating and interacting with people. We reviewed a variety of documents. These included three care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records as well as quality assurance surveys.

We spoke with each person who used the service. We also spoke with a senior team leader, two care support staff and the regional manager, the registered manager was on holiday at the time of the inspection. After the inspection we received feedback from a social care professional who had had recent contact with the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person commented, "I like living here it's good" another person told us "It's nice and safe". Most people living at the service had lived with each other for a number of years. Observations showed that people were at ease with each other and staff. Staff knew people well, they were able to recognise signs of anxiety or upset through behaviours and body language and provide timely intervention and redirection if needed.

Our last inspection found there were not always sufficient staff available to support people's needs and that some areas of the service were not hygienic or suitably clean. At this inspection measures were in place to ensure there were always enough staff; and an area of the service had been refurbished to ensure it could be easily cleaned and met the person's needs.

There were enough staff on duty to offer the right support to meet people's needs. Day shifts began at 8am and finished at 10pm, with a team leader and two care staff on duty, the registered manager was also on site during the week. On call staff were available if needed. Night support was provided by one wake night and one sleep night member of staff, their shifts began and ended with a 15 minute overlap with day staff. This allowed a handover to take place. Staff deployment complemented people's support needs and activities and was based upon people's contracted support hours. Staff explained that the rotas were flexible and allowed arrangements for extra staff if people's needs changed. Staff confirmed they were able to tell management if people's needs changed and they would respond accordingly. Although there was provision, agency staff were rarely used to fill short term absences such as sick leave, this was usually met by existing staff working extra hours. This helped to ensure consistency of care. Staff rotas and staff confirmed the expected numbers of staff were always on duty and a revised policy ensured any shortfall was filled immediately by on call staff.

The premises and equipment were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety inspection and the general electrics were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A weekly safety check was completed which included a walk around of the building by key staff to monitor any safety hazards. A system was in place to monitor and record any maintenance issues that were found within the service. These were acted on and completed quickly once identified. The service was clean and hygienic; where particular floorcoverings and alterations were required to address previous infection control concerns, these had been completed. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

We observed part of a medicines administration round; medicines were managed safely and staff followed a medicines policy and procedure. A process was in place for the storing, ordering and disposing of people's prescribed medicines. The registered manager had appointed designated members of staff with responsibility for ordering people's medicines. The medicine administration records were up to date and

had no gaps, all medicines had been signed for. Any unwanted medicines were disposed of safely. Some people had "As and when required" PRN medicines. Protocols and guidance were in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Medicine checks were carried out on a daily basis by staff and regularly audited by a member of the management team. Staff were trained in the administration and handling of medicines and completed a competency check which included observations before they were 'signed off' as competent. These processes gave assurance that medicines were administered safely.

Potential risks to people in their everyday lives had been assessed and recorded. For example, support with personal care tasks, particular infection control risks, monitoring people's health, medicines, transport and accessing the community. Each risk had been assessed on an individual basis and recorded any identified potential hazards, the types of harm the person could come to and the safety measures that had been put into place. Risks had then been reviewed following the implementation of the safety measures. A record was kept of any further action that was required for example, more frequent review or additional training for staff.

There were clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People's safety in the event of a fire had been assessed and recorded. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Environmental risks to people and staff had been assessed and recorded which included guidelines for staff to follow. The risks, for example, covered legionella, first aid, the environment and checks to ensure water temperatures did not present a risk of scalding people. A system was in place to ensure these were reviewed on a regular basis. People could be assured that any potential risks to them or others had been assessed and reduced by following the control measures.

Accident and incidents were recorded, staff completed a paper copy of any accident or incident. Following review by the registered manager, this was transferred onto an online system which enabled the provider to identify any patterns or trends and ensured appropriate action was taken. The system alerted members of the management team if an action plan needed to be generated following the accident and confirmed whether relevant risk assessments had been reviewed.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Employer checks included obtaining references, identity checks and completing a Disclose and Baring Service (DBS) background check. Written references from previous employers had been obtained. Staff were given a job description which outlined their role and a contract of employment. Each member of staff had a personnel checklist in place which enabled the registered manager to track each member of staff and ensure the correct documentation was in place.

The provider had a clear disciplinary policy and procedure in place which the registered manager would follow if staff were not fulfilling their role as expected.

Good

Is the service effective?

Our findings

People told us staff looked after them well, one person said "The staff are always helpful. They are good at what they do". People told us they chose what they ate and enjoyed the food. Everyone we spoke to commented on the team work and friendly, homely atmosphere at Seabreezes. Staff communicated well with each other, they made sure they knew how people were and if there were any changes in people's needs. Throughout the inspection people and staff were relaxed in each other's company.

People were supported to remain as healthy as possible and, when it was necessary, health care professionals were involved. Each person had a record of annual health and review appointments which was kept with their support plan. This enabled staff to see which reviews were coming up and appointments that required booking. All appointments with professionals such as the doctor, community nurse, dentist and physiotherapy had been recorded together with any outcome. Future appointments had been scheduled for people to attend.

Staff had created hospital passports for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person. These helped to enable people to receive consistent support.

People had clear communication plans which detailed the individual support required from staff. The plans included, for example, 'How I communicate' and 'The best way to communicate with me'. This detailed people's individual communication styles, both verbal and gestures and body language as well as how staff should respond. People with behaviour which could challenge themselves or others had detailed plans for staff to follow. These behaviour support plans included when things were going well, when behaviour might happen, preventative strategies, such as engagement in activity and what to do following an incident. Staff had sought advice from the provider's support psychiatrist to meet people's on going and changing needs. Staff had the necessary information, support and guidance they needed to give people the right support.

Staff told us they had an induction when they started working at the service, this included time spent reading people's care records, policies and procedures and getting to know the service. They also spent shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received a comprehensive programme of training before they started working with people. They were completing the Care Certificate; a set of standards that social care workers follow in their daily working lives. Staff were supported through their induction, monitored and assessed to check they had the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff told us they supported each other and could ask their colleagues for help or advice if they needed to.

Staff completed a mixture of computer based learning as well as face to face training. This helped them to perform their roles competently and safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for established staff. Our observations found staff were competent and confident in delivering personalised care. Staff had also undertaken extra training in subjects such as autism awareness and positive behaviour support. Competency checks confirmed staff

knowledge, understanding and practical application of what they had learnt. Staff felt the training was good quality and gave them the skills needed to do their work. Most staff had achieved at least a level two National Vocational Qualification (NVQ) in health and social care. NVQ's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

Staff had individual supervision meetings and an annual appraisal with the registered manager. This gave staff the opportunity to discuss any issues or concerns they had about caring for and supporting people and gave them the support that they needed to do their jobs more effectively. Good training and supervision helped to ensure people were cared for by staff who were confident, competent and supported in their development.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Records showed people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The management and staff had knowledge of and had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff showed good knowledge and understanding of the MCA. We observed staff offering people choices and they told us about people who needed more help to make their own decisions. For example, one person needed support to choose whether to join in with activities and outings. Staff described the encouragement they gave and alternatives offered to assist them in making their choice, however, they respected the person's decision if they declined.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). All applications had been made for DoLS and five authorisations received. These authorisations are made when it is necessary to restrict people for their own safety. They were as least restrictive as possible, in date, reviewed when needed, any conditions were met and a Relevant Person Representative (RPR) appointed. The role of the RPR is to maintain contact with the person, represent them and provide independent support following granting of a DoLS authorisation.

Staff were aware of what people liked and disliked and people told us they had what they wanted to eat. During the inspection staff discussed with people what was on the menu and respected their preferred meal choices. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the service and said the staff were friendly. Some people were limited in what they could tell us about their care and support because of their complex needs, so we observed staff interactions with them and how staff responded to their needs. Staff acknowledged people and spoke to them as they walked through a room. Staff who were coming into the service greeted people on an individual basis. Throughout our inspection we saw people were treated with respect and staff took appropriate action to protect people's privacy and dignity.

There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home between their own private space and communal areas. We observed warm and kind exchanges. Staff were discreet and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

People were encouraged to be as independent as possible. Staff explained, for example, how they supported people to wash their own hands and face and to choose their clothing. Staff told us how important it was for people to retain their independence. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff who knew them well.

Care plans had been compiled by staff gathering information from people, relatives and health professionals. Risk assessments had been signed or verbally agreed by people to show that they had been involved in decisions about their care wherever possible.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. Staff supported people in a way that they preferred. People looked comfortable with the staff that supported them. People and staff were seen to have fun together with shared humour. Staff talked about and treated people in a respectful manner.

No one was receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "It's their home, the residents needs come first." People's care plans told us how their religious needs would be met if

they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Good

Is the service responsive?

Our findings

People told us they received the care they needed and that staff recognised and responded to their needs. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff, and positive relationships with people and their families had been developed. Staff kept relatives up to date with any changes in their family member's health.

Staff knew people well and were able to tell us about their individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

People's care plans gave their life histories, guidance on communication and personal risk assessments. In addition there was guidance describing how staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them as well as clear guidance about positive behaviour support.

Care plans gave staff an understanding of the person and were individual to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks, activities and situations. For example, some people did not enjoy busy or loud places. Each person had a healthcare plan, which gave healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection.

People had review meetings to discuss their care and support, care managers, family and staff were invited. People's support plans and guidelines were reviewed and changes made when support needs changed. This helped to ensure staff were following up to date guidance. People had a monthly meeting with their key worker to discuss what had taken place over the past month and review the support plans that were in place. A key worker is a designated member of staff who has the responsibility for reviewing and updating people's plans that were in place. People's healthcare plans had been reviewed with the relevant healthcare professional. For example, a review of people's medicines had been completed with their GP.

Contact details of family members and other important people were recorded in care files and people were supported to keep in touch. Some people went out with their families, and families also visited the service. Relatives and friends were encouraged to visit and participate in activities and events, for example; during the warmer months garden parties provided an occasion for all to come together and celebrate.

People were supported to participate in a range of activities which they enjoyed in-house and also outings to local attractions. A weekly activity planner was in place to guide staff to support people with activities and to help remind people what was happening and when; although we saw people being offered an alternative choice of activity if they preferred. Each person had individual daily notes which were used to record what

had taken place during that day. In-house activities included music, cooking and baking as well as drawing and art. Outside activities included trips out for lunch, going to an activity centre, sports, as well as walks and meeting up with friends.
Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes showed that people had asked for specific meals to be added to the daily menus; during the inspection we saw that this had been actioned. Staff took time to speak individually to each person and recorded any concerns they may have. This meant that any little issues could be quickly rectified. People confirmed this happened and told us, "Staff are good at sorting things out".

We looked to see how complaints were managed; but there had been none received by the registered manager in the last 12 months. People told us that they would speak with the staff or registered manager if they had any concerns but told us; "There's nothing to complain about." People knew the process for making complaints. The complaints process and details of advocacy services were available for people in an easy to read format.

Good

Is the service well-led?

Our findings

The registered manager was on holiday at the time of the inspection. However, the senior carer, regional manager and care staff demonstrated that they knew people well and had an excellent knowledge of people's needs. During the inspection we observed that people engaged well with all staff and staff were open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection. The culture of the service was focused on people's individual needs and reflected an enabling 'Can do' attitude, rather than focussing on barriers.

Observations with people, staff and the management team showed there was a positive and open culture. There was an ethos of clear communication, people and the staff were fully involved in the running of the service. For example, some people were involved in interviews for new staff and gave their feedback about the applicants. People's views about the service were sought through meetings, reviews and survey questionnaires. These were written in a way that people could understand. Annual satisfaction surveys were sent out to people and their relatives. People and those acting on their behalf had their views listened to and acted upon.

Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people. The registered manager made sure staff were kept updated about people's care and support needs and about any other issues. Regular team meetings were held so staff could discuss practice, give their views about the service and suggest any improvements. Staff handover between shifts and a communication book highlighted any changes in people's care and support needs, this ensured staff had up to date information to support people.

Systems were in place to monitor the quality of the service being provided to people. Audits were completed by staff and the registered manager on a monthly basis; further audits were undertaken by the regional manager. These included health and safety, medicines management, finances and an audit of people's files. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits was used to make changes and improve the service provided to people. Records were up to date, stored securely and were located quickly when needed.

The provider had a clear vision and set of values for the organisation and service. These were described in the Service User Guide and Statement of Purpose. This information was given to people and their representatives and also available providers' website. It helped people to understand what they could expect from the service.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. The staff and registered manager used these policies to inform practice within the service. Staff knew where to access the information they needed and were familiar with it.

Services that provide health and social care to people are required to inform the Care Quality Commission,

(CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so when needed.