

Community Integrated Care Seaview House

Inspection report

Crosscanonby
Maryport
Tel: 01900 819041
Website: www.c-i-c.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 

Overall summary

This inspection took place on the 17th of April 2015 and was unannounced.

Seaview House is located in the coastal village of Crosscannonby near Maryport. The service provides support for up to four people with a learning disability who have complex needs and limited verbal communication.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had sufficient staff available to support people.

The staff knew how to identify abuse and how to report their concerns.

The service had carried out risk assessments to ensure that they identified potential hazards and protect people from harm.

Summary of findings

Medicines were ordered, stored, administered and disposed of correctly.

Staff had been trained to an appropriate standard and met regularly with their manager or a senior member of staff for supervision.

People were supported to take a good diet that was based on an assessment of their nutritional needs.

Staff had developed good relationships with people and respected their privacy.

People received appropriate support to enable them to access the local community.

Care plans were based on thorough assessments and contained sufficient information to enable people to be supported correctly.

The registered manager provided good leadership. The provider had systems in place to ensure the delivery of good quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There was sufficient staff to support people.

Medication was managed appropriately.

Good



Is the service effective?

The service was effective.

Staff had received sufficient training and new staff received a comprehensive induction which included shadowing experienced members of staff.

Staff received supervision from their manager or a senior member of staff.

Best interest decisions were made in line with the Mental Capacity Act guidelines.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people in a kind and caring manner.

We observed that staff treated people with dignity and respect.

People were not discriminated against.

Good



Is the service responsive?

The service was responsive.

People were able to access the local community..

Care plans were based on comprehensive assessments

People were able to raise issues with the service by using the complaints process.

Good



Is the service well-led?

The service was well led.

The registered manager had clear aspirations and goals for the service.

The registered manager was supported by their senior manager.

There was a quality assurance system in use.

Good



Seaview House

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 checked 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 the 17th April 2015 and was unannounced.

The inspection was conducted by the lead adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

People who used this service were not easily able to express their views but we were able to observe how they were supported. We spoke with six staff including the registered manager and the area manager.

We looked at four written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who use this service were not easily able to tell us their views. For the most part of our visit there was only one person who used the service at home. This person was feeling physically unwell therefore we decided it would be inappropriate to speak with them.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they were able to protect vulnerable people from abuse. They were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy entitled 'breaking the silence'. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues with the practice of others if necessary.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example it had been identified that people who used the service required one to one support whilst in the community. This was to ensure that they were kept safe from a variety of hazards including accessing busy places.

We spoke with the registered manager and asked how he ensured that there were sufficient staff to meet people's

needs. The registered manager explained that the number of staff was based on the identified needs of the people who used the service. He told us, "We individualise the service to the people who use it." We spoke with staff who told us, "I think there is enough staff." During our inspection staff facilitated three people who used the service to access the community and were able to support the service user who was unwell. This was because there were enough staff to meet people's needs.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview. If they were successful criminal records checks were carried out and references sought this ensured only suitable people were employed.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. The pharmacy contract that the service had included audits of medication and additional training for staff. This meant that people received their medicines safely.

Is the service effective?

Our findings

People who use this service were not easily able to tell us their views. We observed people who used the service having lunch, they appeared to enjoy the food and the company of staff who joined them for their meal.

We looked at training records for the staff and saw that they had received basic social care training. This included privacy and dignity, moving and handling and infection control. We saw that staff were also undertaking additional vocational qualifications in health and social care. On the day of our inspection a new member of staff was beginning their induction which would include shadowing staff on shift as well as mandatory training.

We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received supervision and appraisal. He had a system in place that ensured that all staff were able to access senior staff for supervision. The staff we spoke with confirmed this.

We saw that each person living in the home had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives, advocacy services and health and social care professionals, used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that applications had been made to the local authority for deprivation of liberty safeguards to be put in place which had resulted in people being appropriately protected using the correct legal measures.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. We looked in the fridge and freezer and saw that there was a wide variety of nutritious food available. We observed staff and people who used the service taking a meal together. Between them they had decided to go to the local fish and chip shop for a take away meal as a treat. Staff sat alongside people who used the service and encouraged them to eat. Equipment, such as plate guards were in place to ensure people were able to eat as independently as possible. People's weight was monitored on a regular basis, this helped staff to ensure they were not at risk of malnutrition.

We saw from the written records that when necessary the service involved other health and social care professionals in people's care. This included GP's and community learning disability nurses. This supported people to maintain good health.

We looked at the environment and noted that some areas were in need of refurbishment. There were some issues with service users safely accessing the kitchen area. We spoke with the area manager and they assured us that the areas that we had identified would be reviewed.

Is the service caring?

Our findings

People who use this service were not easily able to tell us their views. We observed staff interacting with people who used the service and saw that people appeared calm and relaxed.

We observed that staff supported people in a caring and compassionate manner. People who used the service responded well to this approach. One member of staff told us, “You get to know people personally, you know their traits and you know what they want.” Another stated, “We treat people how we would like to be treated.” We saw from written records of care that information had been gathered about people’s personal histories. There was also a section on what people enjoyed doing along with their likes and dislikes. This helped to enable staff to deliver person centred care.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Many of the people who used the service faced challenges around communicating their decisions. However the service had produced support plans which identified that people used a variety of different ways to make their needs known. For example one person had a detailed support plan in place for the use of a

foot spa. This included how they expressed enjoyment. This meant that staff were aware of how people communicated their wishes and they were able to act upon them.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this. The registered manager told us, “We are conscious of promoting people’s choices and people’s rights.”

People’s privacy and dignity was upheld. There was a board on display in the office that highlighted person centred values. This outlined the standards expected of the staff relating to people’s privacy and dignity and included information on how to achieve this. For example always knocking on people’s doors before entering. Staff we spoke with knew that maintaining people’s privacy and dignity was important.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. This meant that the service ensured that people were not discriminated against.

Is the service responsive?

Our findings

People who use this service were not easily able to tell us their views.

We looked at how the service kept people from being socially isolated. We saw from people's written records of care they regularly accessed the community. This included the use of day centres, shops, cafes and other local amenities.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support with their personal care. This assessment was then used to formulate a support plan that ensued that people's personal care needs were met quickly and efficiently with minimum inconvenience to the person.

We noted that there were support plans for all the needs that had been identified in people's assessments. They included mobilisation, personal care, nutrition, communication and moving and handling. The standard of care plans in the service was good and they promoted people's independence. We found that they outlined what to do to support people in a clear and concise way.

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or staff informally if they had concerns.

In addition to this the service had a formal complaints policy and procedure which was clearly displayed on a notice board in the home. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged. There had been a complaint made about the quality of a carpet that had been laid recently in a hallway. The complaint had been dealt with correctly and a new carpet had been ordered.

Is the service well-led?

Our findings

People who use this service were not easily able to tell us their views.

We spoke with staff and asked them if they thought they were well led. Staff told us that they felt that leadership was good within the home but wanted to see more of their manager who divided his time between three services. The manager told us he was readily available if there were any concerns at Seaview House and that senior carers had been appointed to take charge of the day to day running of the service.

During our inspection the registered manager was not present. However we conducted a telephone interview with them. During this conversation it was clear that the registered manager was aware of how the service was performing and was knowledgeable about the people who used the service. He had clear ideas about how he wanted the service to progress and improve. He told us, "I want to foster a culture within the service where all people are leaders....our goal is to become the UK's leading charity [for people with learning disabilities]."

There was a clear management structure in place. The registered manager reported directly to the area manager who visited the home regularly and was in contact frequently. The area manager confirmed this when we spoke with him.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the registered provider, devised action plans based on the feedback from the surveys.

We looked at how the provider and the registered manager monitored the quality of the service provided at Seaview House. We saw that the registered manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. The checks and audits were compiled into a single document which was then sent to the registered provider for analysis. This helped ensure that people were provided with a high quality service.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.