Isle of Wight Council

Seagulls

Inspection report

Witbank Gardens
Shanklin
Isle of Wight
PO37 7JE
Tel: 01983 864850
Website:

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Ratings

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

Overall summary

Seagulls is a local authority run residential home which provides accommodation for up to six people with learning disabilities who need support with their personal care. At the time of our inspection there were five people living in the home.

There was a registered manager in post. 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 inspection was unannounced and was carried out on 23 October 2015.

Staff sought verbal consent from people before providing care and when appropriate followed legislation designed to protect people's rights and ensure decisions taken on behalf of people were made in their best interests. However, people's care records did not always contain

Summary of findings

sufficient information or an assessment to assist staff in their understanding of a person's ability to make specific decisions for themselves. We have made a recommendation about this. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People living at the home and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided enough information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain their family relationships. People, and where appropriate their families, were involved in discussions about their care planning, which reflected their assessed needs.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. They were patient when speaking with people. Staff were able to understand people who were unable to communicate verbally and respond to what was being said.

There was an opportunity for people using the service, their families and health professionals to become involved in developing the service and they were encouraged to provide feedback on the service provided. They were also supported to raise complaints should they wish to.

People and their families told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service.

There were systems in place to monitor quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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?

Good

The service was safe.

The registered manager had assessed individual risks to people. They had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Requires improvement

The service was not always effective.

Staff sought verbal consent from people before providing care. However, the care records did not contain sufficient information to assist new staff in their understanding of a person's ability to make specific decisions for themselves.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and ongoing training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

People were allocated a keyworker who provided a focal point for their care and support.

Summary of findings

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families, health professionals and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

The registered manager understood the responsibilities of their role and notified the Care Quality Commission of significant events regarding people using the service.

Seagulls

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.

The inspection was unannounced and was carried out by one inspector on 23 October 2015.

Before this inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to send to us by law.

We spoke with two people living at the home and met with the other three. We also spoke with the relatives of three of them. We observed care and support being delivered in communal areas of the home. We spoke with the registered manager, three members of the care staff and the group manager for the provider. We also liaised with a health professional who was visiting the home.

We looked at care plans and associated records for the five people using the service, staff duty records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in May 2014 and there were no concerns identified.

Good

Is the service safe?

Our findings

The people using the service told us they felt safe. One person told us, "Yes, I am safe here the staff look after me. They are absolutely great". The families of people using the service told us they did not have any concerns regarding their relatives' safety. One family member said, "I have no concerns about the home at all". Another family member told us "I am very happy that [my relative] is safe there". A visiting health professional told us they felt the home was safe. They added the environment was safe and well-managed; staff were aware of people's movements around the home. We observed the people who were unable to tell us verbally about their experiences and saw they were relaxed and engaged fully with the staff who were supporting them.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training and the staff knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff gave an example where they had previously raised a concern with the registered manager which was responded to appropriately. There had been one safeguarding alert at the home over the previous 12 months. The records, and the registered manager, detailed the action that was taken once the safeguarding concern was identified; this included ensuring that it was reported to the appropriate authority within a timely manner.

The registered manager assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were personalised and written in enough detail to protect people from harm whilst promoting their independence. For example, one person had a risk assessment in place in relation to their use of their pedal cycle. Staff were able to explain the risks relating to this person and the action they would take to help reduce the risk from occurring such as encouraging them to wear their cycle helmet and taking their mobile phone with them. Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence.

There were enough staff available to meet people's needs. The registered manager told us that staffing levels were based on the needs of people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people promptly and additional staff members were available to support people attending activities away from the home, for example a trip to the shops.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime, bank staff and staff employed by the provider at other homes. The registered manager was also available to provide support when appropriate. One family member told us, "There are plenty of staff about. The home is always clean and [my relative] is always well turned out".

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed for all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely; medicines were administered by staff who had received appropriate training and had their competency assessed to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Although staff were aware of people's 'as required' (PRN) medicines, there was no written guidance available to staff to support their understanding of when these should be given. We pointed this out to the registered manager and by the end of the inspection PRN guidance was included for each person. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people

Good

Is the service safe?

to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving them.

There were appropriate plans in case of an emergency situation. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary. There were regular fire alarm tests and fire safety drills. They had also received specific training in respect of evacuation using Ski sheets, which are an aid to assist staff to evacuate people with limited mobility in an emergency.

Requires improvement

Is the service effective?

Our findings

People told us that their needs were met by confident and skilled staff. One person said, "Staff help me a lot; they are absolutely brilliant, I can shave now myself. The staff have helped to be able to do it". The families of people using the service told us they felt the service was effective and that staff understood their relatives' needs and had the skills to meet them. One family member said, "I would definitely recommend the home. The staff are very good and understand the people they are looking after". Another person's relative said, "I am very happy with the home. The staff are so good with [my relative]". A health professional told us they felt that staff were conscientious and had a reasonable understanding of people's needs even those this may be challenging at times.

The Mental Capacity Act 2005 (MCA) provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff understood their responsibilities in relation to the MCA. They were able to explain the principle of capacity and how it applied to people using the service. The care records for some of the people living at the home contained information which identified that they were living with a cognitive impairment and lacked capacity to make certain decisions. However, there was no information or assessments recorded in the care records to assist new staff in understanding, and supporting the person's ability to make specific decisions for themselves. For example, where best interest decisions are made there was no record that a capacity assessment had been completed or to demonstrate what action the staff had taken to support the person to the decision make the decision for themselves, such as giving them more time to understand the information being provided or using pictures or other communication methods to enhance understanding.

We recommend that the provider seek advice and guidance on adopting the latest best practice guidance in respect of recording mental capacity assessments for people living with a cognitive impairment.

What about best interest decisions – were these recorded and carried out appropriately for people who lacked capacity. I am not sure it is clear what the expectations are around the records. Are you talking about people who may be assumed to lack capacity when they just need some support to maximise their capacity?

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely. The registered manager had applied for DoLS authorisations for four of the people, as they were subject to constant supervision at the home. Staff understood how the DoLS applied to people in the home and the need to support them and keep them safe in the least restrictive way.

People and family members told us that staff sought consent when they were supporting people. One person said, "Staff let me do what I want; they say is okay if we do something and if I say no they say okay". Daily records of care showed that where people declined care this was respected.

Staff encouraged people to make decisions and supported their choices. For example, one person's room had been recently decorated and they had been involved in what colour they want the room to be and went out with staff to pick a new carpet. Where appropriate, people's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. One family member told us "Staff ring me up to tell me what is happening with [my relative]. They ask me what I think about different things that affect them".

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on "Skills for Care Common Induction Standards" (CIS). CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. New staff, recruited since April 2015, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The provider had a system to record the

Is the service effective?

training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults and first aid.

Staff had access to other training focused on the specific needs of people using the service, for example, working with adults living with learning disabilities, diabetes awareness and autism awareness. Staff were also supported to undertake a vocational qualification in care. One member of staff told us "If I want some training I speak with [the registered manager] and I can have it". Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One member of staff said, "I have regular supervisions and I feel comfortable to raise anything with [the registered manager]". Staff said they felt supported by the registered manager and the senior staff member. There was an open door policy and they could raise any concerns straight away.

People were supported to have enough to eat and drink. One person told us "The food is lovely. If it is eggs, I'll have a sandwich or [staff] say do you want me to cook you something else and I say yes please". Family members were complimentary about the food and told us their relatives' were supported to eat the food they liked. Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. For example, one person's care plan identified they liked their food cut up into small pieces. During lunch we observed that staff prepared their meal in this way and the person appeared to enjoy it.

Meals were appropriately spaced and flexible to meet people's needs. One person had stayed in bed until mid-morning and when they came down they were offered a breakfast, which included choices of the different things they would like to eat. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. Staff encouraged people to drink throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A family member told us, If [my relative] is unwell they get the doctor and give me a call".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People told us the staff were, "Brilliant", "Nice", "Good" and "They are nice, I really like them". Family members told us they did not have any concerns over the level of care provided or how it was delivered. One family member said, "The staff are dedicated and caring". Another family member told us "Staff are sensitive to [my relative's] needs and are very caring". A third family member said, "The staff are excellent I can't fault them. I would definitely recommend the home. In fact I would move in there myself if I could". A health professional told us they thought staff encouraged people to participate in daily tasks and offered a good level of care.

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and were observed laughing and joking with them. Staff responded promptly to people who required assistance. One person had received a parcel from their relative and when they struggled to open it, staff offered to assist them partially open the parcel and gave it back so they could enjoy the surprise of its contents. Staff patiently supported this person with both verbal encouragement and physical support when needed.

Staff understood the importance of respecting people's choice, and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what the preferred to eat and whether they took part in activities. Choices were offered in line with their care plan and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. A person told us, "Staff knock on my door and ask to come in, even when it is open". Family members told us that they had no concerns in respect of their relatives privacy and dignity. One family member said, "They are very patient with [my relative] they know her and how to respond. They always treat her in a dignified way".

People and where appropriate their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. Family members confirmed that the home supported their relatives to maintain the relationships. One family member told us staff supported their relative to be independent to "come and visit me most weekends". Staff supported people to maintain links with the local community. One person was supported to do voluntary work in the community. They told us "I love to do the gardening here and [a member of staff] helps me. I also go to do gardening at Quarr Abbey which I really like".

People's bedrooms were individualised and reflected people's preferences. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. On the notice board in a communal area of the home there were pictures of the people using the service at various events and outings, which provided a reminder of activities people had engaged with and enjoyed.

Good

Is the service responsive?

Our findings

People told us staff understood their needs. One person said, "Staff help me when I need them. I can now keep my room tidy and do some things but sometimes I need the staff to help me". The families of people using the service told us they felt the service was responsive to their relative's needs. One family member said, "The staff are very patient with [my relative] they know how to look after her and respond to her needs".

Although some people were not able to communicate verbally with staff, they were able to demonstrate their understanding of what they were being asked and made their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Each person's care records contained a personalised communication passport to enable new staff to be able to identify the best way to communicate with the person.

People and when appropriate, people's families were involved in discussions about their care planning, which reflected their assessed needs. The support plans described people's routines and how to provide both support and personal care. Each person had an 'easy read' health action plan supported by pictorial representations suitable for the needs of the person they related to, which was used to encourage people to become involved in developing their care plan. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and supported by a communication book, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting.

Each person had an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's circle of support. They also supported them with their shopping, managed their clothes and maintained their room. Each of the key workers carried out a monthly review with the person of the activities they had engaged with, the activities they might like to try, their health needs and to seek the person's views about their support. One person told us "[My keyworker] talks to me about what I like and don't like and what I want to do".

Staff were knowledgeable about people's right to choice and the types of activities people liked to do, and knew what activities they would likely choose. People had access to activities that were important to them. These included going to out for drives around the island, picnics, trips to the shops or Quarr Abbey and other activities such as visits to theme parks and the beach.

One family member told us, "When I visit I have to check [my relative] is there as they are often out doing activities". There were activities available for people in the home, such as jigsaws, films and music. We also observed a member of staff offering to take a person to the shops with them during the course of our inspection. People were supported to go on an annual holiday and encouraged to participate in community events.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. For example, through the use of quality assurance questionnaires which were sent to people's families', health professionals and regular visitors to the home. We saw the results of the latest survey which were all positive and included comments such as 'Nothing is too much trouble. Staff are exceptional' and from a health professional 'Always find staff support clients well on their visits to the dentist"

The provider had arrangements in place to deal with complaints and provided detailed information on the action people could take if they were not satisfied with the service being provided. The registered manager told us that people's keyworkers would support them to raise any concerns initially and people also had access to independent advocacy services if they needed them. An advocate is an independent person who can provide support and represent a person in their decision making process. People and the family members knew how to complain but told us they had never needed to. Since our last inspection the service had not received any complaints. One family member said, "I have no problems

Good

Is the service responsive?

at all but if I did I would speak to [my relative's] care worker and then the manager. I know I can complain to the council if I am still not happy". The registered manager was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People told us they felt the home was well lead. One person told us the registered manager was "nice and always talks to me". The families of people using the service told us they felt the service was well-led. One family member said, "I think the [registered] manager is very approachable. I know [my relative] has really grown in confidence since [the registered manager] has been in charge". Another Family member told us "I can visit at any time and the staff and the [registered] manager are always happy for me to come and talk to them". All of the people and family members we spoke with told us they would recommend the home to their friends and family.

There was a clear management structure with a registered manager, senior care staff and group manager. Staff understood the role each member of staff played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's value and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One member of staff told us, "We have regular staff meetings but we talk to each other all the time. [The registered manager] is very approachable and I know I can raise any concerns I have at any time". There was also an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations.

There was the potential for people and their families to comment on the culture of the home and in developing the service through regular feedback opportunities such as the annual feedback survey and speaking with the registered manager informally. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment. These included regular audits of medicines management, infection control, care plans, health and safety, and fire safety. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines, water temperatures and the medicines cupboard temperatures. Where issues or concerns were identified remedial action was taken. For example, one audit identified that some equipment and furniture needed replacing. The register manager showed us where the new equipment had been purchased and furniture ordered.

The provider had suitable arrangements in place to support the home's management team, through the Group Manager for Learning Disabilities Homes. The registered manager told us they felt supported by the group manager who was in regular contact and visited the home on a regular basis. The registered manager was also able to share ideas, raise concerns and discuss issues with the registered managers of the other learning disabilities services operated by the provider if they had any concerns.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify CQC of significant events in line with the requirements of the provider's registration.