

Helen Gifford

Seabank House

Inspection report

111 Seabank Road
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Tel: 01516302791

Date of inspection visit:
16 May 2017
18 May 2017

Date of publication:
21 June 2017

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

Seabank House is a residential care home registered with CQC to accommodate up to nine people. Our last comprehensive inspection of Seabank House was on 1 and 8 April 2016 and we found breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008, because the provider had failed to ensure that the premises were safe and had failed to have effective quality assurance systems in place.

We undertook a focused inspection on 31 October 2016 to check that the provider had met our requirements and completed the actions identified in the home's action plan. We saw that repairs had been undertaken that improved the safety of the environment and improvements had been made to the systems used to monitor the quality of care and services provided.

This inspection took place on 16 and 18 May 2017.

The home is a three storey detached building on the main road between Birkenhead and New Brighton. There is a bus stop outside. At the time of our inspection seven people lived at the home and another person sometimes had respite stays at Seabank House. The manager told us there were no plans to have any more people living at the home.

The home had a registered manager who was also the registered provider. 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.

It was evident during our visits that people were comfortable living at Seabank House and regarded it as their home. Two relatives we contacted were very positive about the home.

The manager ensured a homely environment and a relaxed atmosphere. The interactions we observed between staff and the people who lived at the home were respectful and positive. People were supported to be as independent as possible and to explore their interests and hobbies. They received support to make choices about their lives.

New staff members had been recruited safely. Training and supervision plans were in place.

People's medication was managed safely and daily medication checks were carried out.

People's care plans were individualised and provided guidance to staff to ensure people received the care and support they needed and were kept safe.

Monthly monitoring checklists were completed by the deputy manager and signed off by the manager. These identified areas needing attention.

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.

Staff were aware of their responsibilities with regard to safeguarding people from abuse.

Checks on the suitability of new staff were robust.

Medication was administered safely.

The premises were safe for people to live in.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision.

People were supported to make decisions and choices in their lives.

People received enough to eat and drink and were involved in choosing their meals.

Is the service caring?

Good ●

The service was caring.

People were comfortable and relaxed at the home.

The manager and staff showed a caring and respectful approach to people.

Is the service responsive?

Good ●

The service was responsive.

People were supported to enjoy a full social life and pursue their personal interests

People's care files were detailed and personalised.

Complaints were documented in full.

Is the service well-led?

Good ●

The service was well led.

The manager had good relationships with the people who lived at the home and the staff team.

The manager set a relaxed and homely atmosphere.

Quality monitoring processes were proportionate to the size and nature of the service.

Seabank 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 was planned to check whether the provider was 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 took place on 16 and 18 May 2017 and was unannounced on the first day. The inspection was conducted by an adult social care inspector.

Prior to our visit we looked at any information we had received about the home including any contact from people who used the service or their relatives, any information from the local authority and information sent to us from the home since our last inspection.

During the visits we spoke with four people who lived at the home, the manager and three other members of staff. After the inspection we received feedback from two relatives of people who lived at the home.

We looked all around the premises and checked records relating to health and safety, medication, audits and the management of the home. We looked at people's care files and staff files belonging to the two newest staff members.

Is the service safe?

Our findings

Staff we spoke with demonstrated that they understood the principles of safeguarding vulnerable adults and knew the appropriate actions to take if they suspected a person was being abused. No recent safeguarding referrals had been made by the home. A new whistleblowing procedure had been written but this did not give staff contact details for any external body, for example 'Public Concern At Work', that they could get in touch with if they had concerns in the workplace.

People's personal money was kept safe. Everyone had their own bank account and records were kept of all expenditure and bank withdrawals. There was an account book for each person and these were checked daily. The manager audited people's money to make sure everything was correct.

We looked at medication storage and administration records. Medication was stored safely in a locked cabinet in the office. The temperature of the room was recorded daily to ensure storage was within safe limits. Medication administration records had been completed in full and were up to date. Written guidelines were in place for any 'as required' medication to ensure consistent administration. Staff told us they did not administer anyone's medication covertly ie disguised in food or drink.

We walked all around the premises and found the home to be clean, although untidy in places. A relative we spoke with said that, when they visited, their family member's bedroom was always clean. Daily cleaning schedules had been written and a cleaning record book was filled in daily. Liquid soap and paper hand towels were provided for handwashing and gloves and aprons were available for staff providing personal care. The manager told us that carpets were going to be professionally cleaned when everyone went away on holiday. The kitchen had been refurbished and had been awarded a five star food hygiene rating.

The home's fire risk assessment was reviewed in March 2017 and a new fire alarm system had been installed. Firefighting equipment was placed appropriately throughout the home and fire doors were situated at intervals in the corridors. The fire escape was clear of obstructions and had a non-slip surface. Fire extinguishers had been checked by an external company in December 2016. Personal emergency evacuation plans were displayed on people's bedroom doors and the manager told us they were also going to be put in a file. A 'grab file' contained information for use in the case of emergency.

There was a bath water temperature book in each bathroom and staff checked and recorded the water temperature of the bath water before anyone had a bath. The manager told us that thermostatic valves were fitted on all hot water outlets. They also said that window opening restrictors were checked as part of the home's evening routine but this was not recorded. We saw up to date safety certificates for portable appliances, gas, electrical installations and moving and handling equipment.

People's care files contained risk assessments which were individualised to them. There were management plans giving guidance for staff about managing risk. We looked at accident and incident records which recorded in detail accidents and incidents that had occurred and how staff had responded

Eight staff were employed. The deputy manager and another full-time member of staff had a national vocational qualification (NVQ) level 3 in care. Two other staff had NVQ level 2. The newer members of staff told us that they were working towards NVQ level 2.

During the week there were usually four people out of the home at daytime activities. There were two staff members on duty until 10am to help people getting ready to go out. For the rest of the morning and early afternoon there was one staff member present to support the remaining three people. Two staff came on duty from 2pm until 10pm, and a third member of staff worked from 3pm to 7pm to specifically support one person. A senior member of staff worked from 10pm to 10am. At the weekend two staff were on duty during the day as everybody was at home.

Staff told us that they covered for each other for holidays and sickness and there were two bank staff who were sometimes available. No agency staff had been used recently. Three senior staff provided on call cover.

We looked at records for two staff who had been recruited since our last inspection. These showed that the provider had carried out an interview and obtained references and a Disclosure and Barring Service check before the new staff started working at the home.

Is the service effective?

Our findings

We spoke with two new members of staff who told us that they did not work on their own but were always on duty with an experienced member of staff. They were both doing NVQ level 2 and had received training about moving and handling, medication, and caring for a person with a feeding tube.

The manager told us that training was shared with another local home and dates had been confirmed for a full programme of training over the first two weeks of June 2017. The subjects to be covered were fire safety, first aid, food hygiene, dementia, safeguarding, mental capacity, health and safety, diabetes, challenging behaviour and de-escalation. Some staff were also doing a course about epilepsy. The manager and deputy were both working towards a management qualification.

A supervision and appraisal planner in the office showed when the manager had held individual supervision meetings with staff.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

At the time of this inspection, no DoLS had been applied for but the manager was aware of the process to be followed and the need for any DoLS applications was kept under review and had been discussed with the local authority. The manager told us that nobody who lived at the home went out on their own due to safety concerns, but nobody had shown any wish to go out on their own.

In other areas, the principles of the MCA were seen in practice. There were well-written capacity assessments for specific decisions in people's care plans and people were supported to make everyday decisions as much as possible. All of the staff we spoke with were very focused on respecting people's choices.

One person received nutrition, hydration and medication via a feeding tube. The person's care file documented the guidelines that health professionals had given in order to meet the person's nutritional needs. Records of food and water intake were maintained.

Other people could help themselves to food and drink in the kitchen. Some people were able to make their own light meals and snacks. The manager told us that menus had not been changed for several years, but she was now doing this following detailed consultation with the people who lived at the home. People's favourite meals including scouse, egg and chips, and a takeaway on Saturdays, would stay on the menu.

People usually all had the same main meal, but staff made an alternative when needed. Staff we spoke with were aware of people's special dietary needs. People's weights were recorded monthly in their care plans so that any concerns about nutrition could be identified.

Records in people's care files showed that they were supported to access health care including GP, optician, dentist, audiology and podiatry, and advice from health care professionals was incorporated into people's care plans. There was monthly contact with a dietician regarding the person who was fed by tube and they also received support from a specialist nurse who did training with the staff.

Seabank House is a large three storey detached property with bedrooms on the ground and first floors and a lounge, kitchen, dining room and office on the ground floor. There were enough bathrooms and toilets for people to use but no shower room. The home had two staircases but did not have a passenger lift. Most people did not require any aids or adaptations for mobility, however one person had a hospital style bed, pressure relieving mattress, hoist and personalised wheelchair. Two people had bathing aids and one person used a walking aid. The second floor, which was formerly staff accommodation, was locked up. There were gardens to the front and back of the house but these were overgrown and in need of attention.

Is the service caring?

Our findings

Relatives we contacted told us "My family members and I are very satisfied with the quality of care. When we take [relative's name] out she has a good time but is never reluctant to return to Seabank House; this has to be a good sign." and "He seems very happy in himself. The staff are great."

During our visits it was evident that people were relaxed living at Seabank House and regarded it as their own home. People did not ask permission or seek the approval of staff before doing things. People did as they chose and came and went around the home as they pleased. Some people had lived at the home for many years.

We observed that the manager was very gentle in the way that she interacted with people and staff we spoke with showed positive regard for the people they supported. A member of staff told us that one person who didn't usually speak very much enjoyed a chat late at night or early in the morning. A newer member of staff said "The people who live here are great, I'm learning to understand them." People who lived at the home also cared about one another and we observed people making drinks for each other.

Some people agreed to show us their bedrooms which contained photographs and personal belongings and keepsakes. People's bedroom doors could be locked from the inside for privacy but the door could be unlocked if needed by staff using a key.

Two people shared a bedroom and we asked the manager why this was. She explained that the two people had a long term friendship and enjoyed each other's company, however there would be no other shared rooms in the future.

We observed that when people required support with personal care, this was provided discreetly and with the person's consent.

People were involved in day to day decision making at the home, for example in regard to food shopping, what was to be bought and who was going with the staff to the shops. The manager told us she had arranged for independent advocates to help some people with making decisions.

Is the service responsive?

Our findings

Two people who lived at the home enjoyed telling us about the social events they went to, for example one person had been to a concert to see their favourite pop star. People went out regularly to local social clubs and pubs in an evening and also enjoyed shopping and going to the cinema. Most people had family visits and some went out with family members. People had public transport passes and sometimes used taxis.

All of the people who lived at the home and the staff had an annual holiday together. Everyone was involved in deciding where to go and planning the holiday. We saw a photograph album of the 2016 holiday.

People's care plans were individualised and documented people's likes, dislikes and preferences. The care plans outlined in detail what people were able to do for themselves and what they may need support with and how that support should be offered. For example, one person's care plan described how the staff should ensure that the person maintained a comfortable body temperature in winter and summer.

Care plans showed an in-depth knowledge and understanding of each individual and were written in a non-judgemental way, for example regarding a person who sometimes chose to stay in their pyjamas throughout the day. They also had information about how to communicate with individuals. There was evidence that care plans had been reviewed and amendments made as needed.

A daily diary for each person recorded the person's day in detail, for example their mood and what they had eaten. The daily records for the person who had a feeding tube recorded their food and water intake.

A relative told us they had not made any complaints but said that they would have no problem raising any concerns with the manager because she is "very down to earth". We looked at the record of complaints since our last inspection. One complaint had been recorded and there was information about how this had been addressed.

Is the service well-led?

Our findings

The provider/manager had been running the home for 20 years and worked alongside the staff covering both day and night duties. A new member of staff said they felt welcome as soon as they walked in the home. They said "It's great coming to work here, I love it. The manager and deputy are brilliant, really supportive and understanding." A relative told us "Helen is one in a million." The manager and deputy were both working towards a management qualification.

Staff we spoke with said that the manager listened to them and they were able to contribute their ideas and suggestions. This could also be done through a communication book. Meetings had been held for people who lived at the home and for staff on 18 April 2017. Minutes of the meetings showed that people had been able to have their say.

The service operated very much as a family who cared about each other. Most of the people who lived at the home had done so for many years; the most recent person to move into the home had been there for three years so people knew each other well. Some of the staff had been working at Seabank House for a long time.

Seabank House had quality audits which were completed monthly by the deputy manager and were proportionate to the size and nature of the service. The manager reviewed the audits and signed them off. In addition, we saw records of daily checks of people's personal spending money and of medication.