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The Seagulls

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The Seagulls is registered to provide accommodation and personal care for up to six adults with a learning disability. People living in the service had some physical care needs and some limitations to verbal communication and used body language to express their views. The service also supports people with a dementia. Six people lived at the service at the time of our inspection.

This inspection took place on 15 December 2015 and was unannounced.

The service had a registered manager who was also one of the partners who owned the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager had not ensured the service had been thoroughly risk assessed to ensure all suitable

Summary of findings

measures had been considered and put in place when necessary to ensure people's health and safety. For example, windows above ground floor and radiators that had not been guarded had not been risk assessed and therefore any possible risk had not been identified and responded to.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. However these did not ensure that suitable references were always sourced.

The registered manager had an understanding of the Mental Capacity Act and worked with the local authority to assess people's mental capacity and to make decisions about their care

Systems for effective management had not been fully established in all areas. For example not all records were up to date and completed in a consistent way.

All feedback received from people. Relatives and visiting professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. Staff treated people with

kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

People told us they had a home at The Seagulls, visitors were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff had a clear understanding of the procedures in place to safeguard people from abuse. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff were provided with an induction and training programme which supported them to meet the needs of people. There was a variety of activity and opportunity for interaction taking place, this took account of people's preferences and choice. People liked the food provided and were involved in the planning of menus. People were given information on how to make a complaint and any concerns raised were responded to appropriately.

There was an open culture at the home and this was promoted by the staff and management arrangements. Feedback from people was asked for and responded to.

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 not consistently safe.

The registered manager had not ensured all environmental risks had been identified and responded to appropriately. Recruitment procedures were in place however they did not ensure appropriate references were always sourced.

Medicines were stored, administered and disposed of safely. There were enough staff to meet people's needs.

Staff had a good understanding of abuse and how to protect people from the risks.

Risk to people's health and care had been assessed and managed as part of the support planning process. There was guidance for staff to follow.

Requires improvement



Is the service effective?

The service was effective.

The registered manager worked with the local authority to assess people's mental capacity and to make decisions about their care. However suitable guidelines were not reflected within the care documentation and new restrictions were not followed up appropriately.

Staff were trained and had the knowledge and skills to support people.

People's nutritional needs were known and responded to.

Staff received regular supervision and an annual appraisal to monitor their performance and development needs.

People had access to appropriate health professionals when required.

Good



Is the service caring?

The service was caring.

Care staff provided care with kindness and compassion.

People were supported to make choices about how they wanted to be supported and their feedback was responded to.

People were treated with respect and dignity by dedicated care staff.

Good



Is the service responsive?

The service was responsive.

Staff knew people really well and had a good knowledge of their needs and responded to these in a consistent way. Person centred plans contained guidance to ensure staff knew how to support people.

Good



Summary of findings

People were supported to maintain contact with their family and friends and take part in activities that they enjoyed. People and their representatives were involved in developing individual support plans.

Is the service well-led?

The service was not consistently well-led.

The systems to monitor the quality of the service were not effective in identifying shortfalls within the service including those within record keeping and health and safety.

The registered manager was seen as approachable and supportive and took an active role in the service and took account of staff views.

Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

Requires improvement



The 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 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 was an unannounced inspection on 15 December 2015. It was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to a commissioner of care from the local authority before the inspection.

During the inspection we were able to talk to five of the six people living in the home and spent time with people in communal areas of the home. We spoke with three members of staff and the registered manager. Following the inspection we spoke with a relative and two health care professionals.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining areas.

We reviewed a variety of documents which included people's care plans, three staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the service.

We 'pathway tracked' two people living at the home. This is when we looked at people's care documentation in depth, obtained their family views on how they described the care at the service and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about people receiving care.

Is the service safe?

Our findings

People and relatives told us that they felt people were safe in the service and with the care and support provided by staff. People reflected that they liked spending time with staff and felt comfortable and safe with them. One person was very uncomfortable with people they did not know and had formed trusting relationships with the staff. A relative praised the way people made her and her relative feel safe within the environment and with the care provided.

Despite this positive feedback we found some areas which could impact on people's safety. The registered manager had not responded to health and safety legislation in all areas of the service. A thorough environmental risk assessment had not been undertaken to identify and respond to any possible risk from the environment. For example, the windows on the second floor had not been risk assessed to ensure people could not fall from them. In addition we found radiators without guards, these were not low surface temperature radiators and were accessible to people. This included radiators in people's own rooms and in communal bathroom and toilets. There was no evidence that the risks associated with these had been assessed. This meant that people could be at risk from falling from windows and burning themselves on hot radiators. These areas were identified to the registered provider for improvement. The registered provider confirmed further risk assessments would be undertaken to ensure the safety of people.

However, other risks within the environment had been assessed and responded to. The Seagulls was clean and there was evidence that redecoration was being progressed and equipment and services were suitably maintained. The registered manager had systems to deal with foreseeable emergencies. Contingency and emergency procedures were available and covered what to do in the event of a fire, gas leak and electrical failure. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire and told us about procedures they would follow.

We also found care records contained individual risks assessments about health and care, and recorded the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and risks associated with health needs. For

example, one person had risks associated with bathing alone and these had been suitably risk assessed with clear guidelines for staff to follow to promote this person's safety. Possibly move

There was an established recruitment procedure. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. Records included application forms, clear evidence of identification and references. However the history of past employment for staff was not fully explored and documented and did not the most appropriate references were being sourced. This was identified to the registered manager as an area for improvement. Each member of staff had a disclosure and barring checks (DBS) completed by the registered manager. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Medicines were managed safely. Storage arrangements were appropriate and included suitable storage facilities in an area where the temperature was monitored to ensure medicines were stored at a temperature that would not have a detrimental effect on how medicines work. Staff administered medicines individually completing the Medication Administration Record (MAR) chart once the medicine had been administered. Staff ensured people had taken their medicines and gave drinks to facilitate this process. Records confirmed that staff administered medicines in accordance with the prescription and these were found to be clear and accurate. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were detailed to ensure staff gave them in a consistent way. Staff had an individual approach when administering medicines ensuring they were comfortable and willing to take their medicines.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it was recognised. Staff described different types of abuse that they may come across and referred to people's individual rights. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor

Is the service safe?

care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew how to raise concerns with the social services directly as necessary.

The staffing arrangements took account of the people's individual needs and ensured staff were available to attend to people when they needed support. Staff were available to respond to people quickly for example staff were available to support people to move around the home safely and to ensure they were supervised when required. Relatives and staff told us they thought there was sufficient

staff working in the service to meet people's needs during the night as well as the day. Relatives told us staff were always around and allowed for a high level of supervision and individual interaction. Staff told us minimum staffing levels were always maintained and this included three staff throughout the day and one staff member at night who could sleep. The registered manager was not included in the numbers for direct care but was often in the service providing additional support. There was an emergency on call rota of senior staff available for help and support if required.

Is the service effective?

Our findings

Staff knew people well, they had the knowledge and skills to look after them. People and staff spent a great deal of time together unless people wanted privacy in their own rooms. Staff were attentive and provided support often responding to requests and providing discreet support

This promoted a family feeling between staff and people. Relatives told us they were confident in the skills and experience of the staff at The Seagulls. Staff explained they spent individual time with people to understand their non-verbal communication, they looked out for their facial expressions and demeanour. For example, one person liked contact with people on their own terms and often chose to spend time in their room or people who they chose to spend time with.

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had a basic understanding of its principles and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. The registered manager told us for people who did not have capacity DoLS applications had been progressed. Advice from the local authority had been followed to ensure the level of supervision, care and support provided was in this person's best interest and appropriate.

The staff group at The Seagulls was stable with minimal staff changes. New staff in the past had completed an induction checklist and staff told us any induction included a shadowing period alongside an allocated senior staff member. The registered manager had established a training programme and incorporated training that was provided from the local authority to keep the training current and interesting. The registered manager told us the training programme was developing and was incorporating further training from the local authority and the development of the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Staff received ongoing training and support. Training records confirmed there was a full training programme in place and staff received regular updates. Staff told us they received training which included safeguarding, infection control, food hygiene and moving and handling. Staff were satisfied with the training opportunities and said, "The training provided is good we have lots of opportunities to attend different training." Staff also had the opportunity to attend further specific training to inform staff how to meet individual needs. For example, further training was provided on supporting people with a dementia. Staff were able to talk about dementia care pathways. Staff were seen to approach people in a relaxed and un rushed way which supported people with a dementia appropriately.

Staff were also encouraged to undertake recognised training including a diploma in health and social care. Staff told us they valued their supervision sessions with the registered manager and the deputy manager which were used to discuss any concerns and any personal development. An annual staff appraisal was also undertaken with the registered manager and was used to discuss performance and career development.

People were supported to eat a variety of food and drink to meet their individual needs and choices. These choices and preferences were recorded within their individual support plans and weekly menus were used to encourage choice and variety. People told us they liked the food provided and told us about their individual preferences and how they could have a drink whenever they wanted. "The food is good and I enjoy the fish and chips, that's my favourite". Food was important to people living in the home and staff involved them in the preparation and discussions around their individual meals. Staff asked people what they wanted for lunch and gave options including fish fingers, chicken burgers, quiche, and salad.

We observed the midday meal which was eaten at the communal dining room. Staff provided support when required but encouraged people to be independent. When support was required this was provided in a discreet way and enabled the meal to be eaten in an unrushed manner. Where people had specific nutritional needs these were responded to and monitored. For example, one person was referred to the dietician for advice on increasing their weight. This was monitored with the use of fluid and diet charts until their weight had increased to a healthy level.

Is the service effective?

People had health care plans with detailed information about their general health. These plans contained pictures and accessible language to support people to understand their health needs. People with specialist healthcare needs were referred appropriately and had regular monitoring

visits to ensure their health needs were met. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person's care plan. One person said,

"They go with me to the doctors." Health appointments were recorded in a professionals log in people's care plans. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. For example, one person had specific guidelines on epilepsy which had been drawn up with a specialist nurse.

Is the service caring?

Our findings

People were supported by staff who knew them very well as individuals. In some cases people had been living at The Seagulls for more than twelve years and we were able to see that this had enabled them to develop close relationships both with one another and with the staff who supported them. Staff were able to tell us about people's needs, choices, personal histories and interests.

We observed staff talking and communicating with people in a caring and polite way. Observation confirmed that people felt relaxed and comfortable with staff. Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff genuinely cared about the people they supported. Staff were clear on how they needed to support each person in line with their individual care plans. This included maintaining people's independence whilst accommodating their wishes and preferences. One staff member said, "You really need spend time and be patient with people to understand them as individuals."

Staff understood how people were feeling and responded to verbal and non-verbal cues. For example, one person was putting their hands over their face and a staff member knew they wanted to move away from other people. Staff asked them "would you like to eat your lunch in your room." People were able to move around the home as they wished and this independence was promoted. For example, a chair in the lounge was adapted to facilitate one person to get up from the chair independently as they wished.

People, relatives and visiting professionals were positive about the care and support provided by the staff at The Seagulls. One person said, "It's nice here, yes it's like home I like it," another said "The staff are all kind." A relative told us, "Mum can be suspicious of people but has formed trusting relationships with staff who she is very attached to. She has improved so much and staff approach has supported this." Visiting professionals spoken with were also positive about the caring approach of the registered manager and the staff they managed.

People's privacy and dignity was respected.
Communication was effective and staff used techniques

that ensured people were listened to. They spent time individually with people and positioned themselves in order to demonstrate that they were really listening to people. For example maintaining eye contact and lowering themselves to the same height level as people who may be seated.

Staff saw people's rooms as their own space and the service as their own home. People's bedrooms were homely and individualised and the communal lounge area afforded comfortable settees and was decorated with the Christmas tree, presents and cards which people had been involved in selecting and decorating. One person said, "I didn't do it I watched but all the others that live here did." Staff knocked on people's doors before entering. Staff promoted people's independence and encouraged them to do as much as possible for themselves. People were able to move around the home as they wished and this independence was promoted. For example, a chair in the lounge was adapted to facilitate one person to get up from the chair independently.

Staff maintained people's dignity by promoting the independent use of the toilet and gentle reminding promoted ongoing continence. Staff discreetly reminded people about going to the toilet and no attention was drawn to this. People's bedrooms were individually decorated and furnished with people's own furniture. Links with family's were actively encouraged by staff and lines of communication were well established and used to keep families up to date and involved in people's life's. For example, One relative told us staff had supported her mother to buy her a Christmas present. Families were updated constantly by the registered manager. One relative said, "They keep me informed of any changes that I need to know about."

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship and to help and support them in their day to day lives. Key workers had monthly one to one meetings with people to discuss any individual issues. One key worker told us it how important this role was to facilitate close meaningful relationships with people.

Is the service responsive?

Our findings

People told us they were able to do as they wished and had control over what they did during the day. One person told us, “It’s nice here, yes it’s like home I like it. I like to watch Hollyoaks on the telly in the evening. I lie in in the morning and I go to bed later. I have a bath and hair wash every day”. Relatives and professionals were positive about the way care was tailored to people’s individual needs and all commented on how ‘well’ people had done since living at The Seagulls. They confirmed that the staff responded to both the emotional and physical health needs of people and they were involved regularly to support these needs. One relative said, “They sorted out her medication and she is now enjoying a new lease of life.” One visiting professional told us the service provided good person centred care and looked after people with varied needs in a flexible way flexibly. They said, “Staff work closely with visiting professionals and have embraced a joint working culture.”

Staff had a good understanding of the support people needed and this and important information about people’s lives had been recorded in their person centred care plans. Each person also had an individual care passport, a tool to enable staff to understand people as individuals written from people’s perspectives ‘all about me.’ These contained detailed information and guidance about their likes and dislikes, what was important to them including family members, and for example what made them happy. One person was interested in a specific art form and this was used to initiate conversation as it was difficult to engage with this person by staff and people visiting the service. Records included guidance to ensure staff knew how to support people to ensure effective communication and if they displayed behaviour that may challenge others. For example, staff encouraged one person to greet people in an appropriate way. . This information ensured staff supported people appropriately and consistently.

People were supported to pursue interests and maintain links with family and friends. People told us it they liked to be active and liked doing things with staff and other people living in the service. A relative was complimentary about the way staff kept people occupied and spent time talking and ‘entertaining’ them. One person went out each day to a day care service. People were supported to attend places they had enjoyed attending in the past This was important

to them as they had made friends and wanted to maintain these links. During the inspection visit people were taken out to café’s and the local library. Two people chose to remain in the service and spent their time talking to staff and moving around the service as they wanted to. One person had chosen to get up later and this choice was respected. . In the afternoon people were involved with craft activity and colouring as they wanted to. One person had difficulty in using the crayons and indicated that they would prefer a drawing pencil. This was recognised by staff and the registered manager confirmed this was being followed up to ensure appropriate activity was supported. In addition people were encouraged to participate in daily chores around the home. One person told us, “I enjoy being in the lounge with the others rather than my room. I go into the kitchen and dry up that’s my job that keeps me busy.” An activity programme and daily routine was displayed on the notice board. Activities were tailored to people’s wishes and people were looking forward to an evening out at the Pantomime. A time table for activity and daily routines was important for people with learning disabilities and staff were skilled in working with people to achieve the best outcomes for them.

An annual holiday was a high- light for people living in the service. They enjoyed preparing for the holiday and looking back on the pictures and talking about their memories. There were lots of photographs on display relating to past holidays and we were told that one of the people living at The Seagulls enjoyed using the computer to print off holiday destinations as suggestions. People then discussed together and came to an agreement about where the holiday would be and who would be going. Staff facilitated this process and supported people in arranging a group holiday.

People were encouraged to develop and maintain relationships with people that mattered to them. One person had regular outings with a family member and staff ensured relatives were welcomed and communicated with on a regular basis. The importance of friends and relatives was reflected with the care records.

The registered manager told us and we saw detailed pre-admission assessments and process was undertaken if another person was admitted to the service. This process ensured this person’s needs could be met and also that

Is the service responsive?

people already living in the service would respond positively to their admission. Relatives and other representatives for all people would be involved to ensure an appropriate placement for everyone.

Any changes in people's support needs were discussed at handover and through regular conversations between staff. Communication was continual and not limited to specific times. Important information was also recorded within the care documentation or within the staff communication diary. For example appointments for blood tests. When staff changed following a shift, staff talked about what people had been doing and what was planned for the rest of the day. Records included any observations on people's

mood and behaviours and what medicines people had received. Staff on each shift were given good guidance on what support people needed for the rest of the day the next day.

People were informed of their rights and had easy read information of how to complain or raise a concern if they were ever unhappy. A complaints procedure and system was in place and people and relatives felt able to raise concerns if need be. One person had complained about their mattress and this was replaced quickly. This confirmed that the service responded to issues promptly. There was a record of complaints in the service and this demonstrated that previous complaints had been responded to appropriately.

Is the service well-led?

Our findings

People told us they were happy living at The Seagulls and felt the home was well run and looked upon the service as their own home. People said they were listened to and could talk to the staff about anything. The registered manager was supported by a deputy manager who worked in the service on the days the registered manager was not working. People and relatives liked the relaxed and friendly atmosphere in The Seagulls and said they had excellent relationships with the staff and management. One person said, “I like it here it’s just like home.” A visiting professional was also positive about the management of the home saying the staff were well organised and supported people to lead happy and healthy life.

Whilst all feedback about the management was positive we found the leadership of the service was not effective in all areas. The quality systems and audits had not identified a number of shortfalls. This included the lack of thorough environmental risks assessments and the shortfalls within the record keeping.

We found some care documentation was not fully completed and some was not completed in a consistent way. For example, one person with specific care needs relating to pressure area care and requiring specific equipment did not have this recorded within the plan of care. In addition there was no system to check the equipment was working effectively and had been set at the correct therapeutic level. The setting of the mattress must be at a level to provide the right level of pressure to prevent damage to skin. Staff did not have a clear understanding of the how the equipment was checked and set. Systems in place did not ensure that the equipment was working correctly and therefore the provider could not be assured effective care was being provided for this person. These issues were identified to the registered manager as an area for improvement.

Records relating to agreed DOLS were not shared with all staff or reflected within the care documentation. Corresponding guidelines for staff were not in place and therefore staff were not fully apprised of how any restrictions were managed. In addition when further possible restrictions had been used these had not been recorded within the records to demonstrate these had been considered in accordance with the MCA. For example

when baby monitors are used to monitor the movements of people, consideration should be given to people’s rights and to ensure the least restrictive option is used. These issues were identified to the registered manager for improvement.

From our discussions with a relative, staff, the registered manager and our observations, we found the culture at the home was open, relaxed and inclusive. Support was person centred and focused on enabling people to live their lives to the maximum of their ability and encouraging them to develop skills and abilities at their own pace according to their individual abilities. People were involved as able in making choices and deciding how they spent their time. People were asked for feedback on the service through satisfaction surveys These were reviewed by the registered manager and responded to on an individual basis with people. This ensured a personal response to any questions or concerns.

Staff were positive about how the service was managed and told us they were supported and listened to. They said the registered manager was in the service regularly and was easy to approach and to contact when she was not. The deputy manager’s post ensured a management overview throughout the week. Supervision were held regularly and staff told us they were used to share information and raise any concerns. Staff team meetings were recorded and used to discuss individual care and support and the management of the service. Staff had recently discussed individual roles and responsibilities to clarify individual roles.

The registered manager and staff shared a clear set of values. Staff understood the need to promote people’s preferences and ensure people remained as independent as possible. Staff talked about people’s rights independence and choices. The service’s philosophy of care was recorded within the services documentation. This included “a secure, relaxed and homely environment in which the individual’s care, well-being, comfort and happiness are our priority.” One staff member said, “We like people to do what they want to do and to have fun doing it.

The registered manager understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.