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# The Seagulls

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## 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 9 March 2017 and was unannounced. The Seagulls was full with six people living in the service.

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.

Some risks to safety had not been fully assessed, identified and responded to. This included the possible risk of fire at night. Staffing deployment and fire procedures at night did not ensure all people could be evacuated safely. The registered manager was following this safety matter up with the fire and rescue service.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence and emotional welfare. People and relatives and visiting professionals were positive about the care, the approach of the staff and atmosphere in the home. Staff showed respect and maintained people's dignity. People had access to health care professionals when needed.

People's medicines were stored, administered and disposed of safely by staff that were suitably trained. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff were trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered and deputy manager worked with the DoLS assessors to ensure the rights of people were maintained.

Staff were provided with a training programme which supported them to meet people's needs. Staff were well motivated and given the opportunity to develop their skills. Staff felt well supported and on call arrangements ensured suitable management cover. Recruitment records showed there were systems in place to ensure staff were suitable to work with people who lived in the home.

People had the opportunity to take part in any activity that they wanted to and to socialise with relatives and friends. Staff related to people as individuals and took an interest in what was important to them. Activities and outings arranged took account of people's choices and preferences. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

People liked the food provided and were involved in the planning of menus. People had enough to eat and drink and their nutritional needs were assessed and monitored when needed. 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. People were asked for their feedback about the service and this was acted on.

There was an open culture in the service with the registered and deputy manager being visible and approachable. Staff enjoyed working at the home and felt supported. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. People were given information on how to make a complaint and said they were comfortable to raise a concern or to give feedback.

## 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 provider had not ensured the service had suitable arrangements to ensure the safety of people in the event all emergencies.

Recruitment practices ensured all the required checks on staff had been completed before they worked unsupervised. There were enough staff to meet people's care needs.

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any an allegation or suspicion of abuse to protect people.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to healthcare professionals, as and when they needed them.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People's nutritional needs were met. People were consulted about their food preferences and were given choices to select from

**Good** 

### Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them

**Good** 

well and treated them as individuals.

People and relatives were positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

### **Is the service responsive?**

The service was responsive.

People received care and support that was responsive to their needs and staff knew them well.

People were able to make individual and everyday choices and staff supported people to do this.

People had the opportunity to engage in a choice of activity and staff supported people to spend time doing what they liked to do.

There was a complaints procedure and people were supported to raise concerns if they wanted to. Complaints were responded to appropriately.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Quality monitoring systems were in place to identify areas for improvement and to monitor the quality of the care and facilities.

The registered manager and deputy manager were seen as approachable and supportive. The culture in the home was open and relaxed.

People and staff were consulted about the service and information gained was used to improve the service.

**Good** ●

# 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 inspection took place on 9 March 2017 and was unannounced. It was undertaken by one inspector. Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with three people who use the service a visiting community nurse and a social care professional who was completing a person's placement review. We spoke with two staff members, and the registered manager. Following the inspection we spoke to a specialist health care professional and a relative.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

## 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 told us they liked spending time with staff and felt comfortable and safe with them. People trusted the staff and had formed relationships that made them feel safe. Some people did not feel comfortable with visitors to the service that they did not know. Staff understood this and reassured them and minimised the concern this caused people. One relative told us "I feel they are safe here I do not worry about them now they are here."

The staffing levels during the day ensured staff were available to meet individual care and support needs. However, there was only one staff member in the service at night working a sleep in duty. Although there was an on call arrangement in place to summon additional staff if needed, the lack of staff present in the building meant it would not be possible to evacuate the building quickly and safely in an emergency. Two people had limited mobility and were unable to walk in order to evacuate the service, and would need physical assistance. Personal emergency evacuation procedures (PEEPs) had been completed but did not confirm how these people would be evacuated quickly. The fire risk assessment had not been updated since 2013 and did not reflect the current needs of people living in the service. The night fire procedure did not provide clear guidance for staff to follow. This was identified as an area for review and improvement and the registered manager agreed to contact the local fire and rescue service for further advice and review of fire risk assessments and procedures as a priority.

The provider had established systems to promote a safe and clean environment. People and relatives were complimentary about the environment and the standard of cleanliness. One person said "I really like my room, I have all I want in there I chose the room." Contingency plans were in place to respond to unforeseen emergencies including bad weather and member of the management team within the organisation which included three care homes were available at all times. One staff member told us "You can always get hold of the manager if you need them."

Suitable maintenance and checks were completed on equipment and facilities within the service and included the required safety check on the any lifting equipment and electrical equipment. Environmental risk assessments had been completed and were routinely reviewed. This covered possible environmental risk including hot water and hot radiators. These demonstrated environmental risks had been assessed and minimised. Other areas of risk management in the service were well managed. Staff assessed risks associated with people's activity and health needs and responded to them. These assessments were reviewed and updated and took account of people's wish to do things on their own. For example, risks associated with people handling their own finances were assessed and people were encouraged and supported to have control over their own finances where ever possible.

All staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the types of abuse, and what action they would take to respond to allegations or suspicions of abuse. Staff said they would report any concerns to the registered manager. They knew the correct reporting procedures and were confident any concern would be dealt with

appropriately. The registered manager had a good working knowledge of the local safeguarding procedures and had reported appropriately a concern they had about the health care provided to one person living in the service.

There were safe recruitment procedures in place. The registered manager was responsible for staff recruitment and ensured appropriate checks were completed before staff started working in the service. Staff records included application forms with a full employment history and confirmation of identity. The recruitment process included the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identified if prospective staff had a criminal record or were barred from working with children or adults at risk.

Medicines were managed safely. People received their medicines when they needed them and staff supported people to take their medicines as required. Staff administered medicines on an individual basis checking they had taken them with a drink before signing their Medication Administration Record (MAR). People only received their medicines from staff who had completed training and had their competency to administer medicines safely checked. People's medicines were safely stored. Medicines that needed refrigerating were locked in an allocated fridge. Both had suitable temperature monitoring in place to ensure medicines were stored correctly.

Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain or anxiety. Individual guidelines for the administration of PRN medicines were detailed to ensure PRN medicines were given in a consistent way

## Is the service effective?

### Our findings

People had lived in the service for a long time and staff knew them very well. Staff had the knowledge and skills to look after them. People spent most of their time in the company of staff unless they wanted private time in their own rooms. Staff were very attentive and provided support and contact with people regularly responding to requests and also asking if people wanted anything. Staff were skilled at understanding people who often relied on non-verbal communication to express their views and feelings. For example, one person had a specific look when they became anxious that staff could recognise and respond to. Relatives and visiting professionals were confident in the skills and competency of staff. One professional said "I am confident that they know what they are doing and that they would contact us if needed."

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. The MCA 2005 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 that 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. Staff understood the importance of gaining consent and working with people's representatives when they did not have capacity to provide this consent. Where people lacked capacity the registered manager had submitted DoLS applications and worked with the local authority to ensure the level of supervision, care and support provided was in this person's best interest and the least restrictive possible.

Staff understood their roles and responsibilities and had the skills to support and care for people. The staff team was stable and changes within this team were rare. New staff completed an induction programme that included working alongside senior staff in a shadowing role and the completion of essential training. An essential training programme had been established and included training provided by the local authority to keep training current and interesting. Training included health and safety, equality and diversity, MCA and DoLS, positive reinforcement behaviour, safe moving and handling, safeguarding and dementia awareness. The programme was reviewed and updated to include additional specific training to meet people's needs. For example, diabetic awareness, epilepsy awareness and end of life care had been added to the essential training schedule. Staff were confident when asked about the care needs for people with specific care needs and reflected on the care they would provide if someone had a seizure.

Staff told us they could ask for training on areas of interest and had been supported in completing recognised training in health and social care. The deputy manager told us they were being supported in completing a management course when they were ready to undertake this training. Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager and their colleagues. Staff training was co-ordinated and reviewed with individual staff within the supervision programme.

People were supported to maintain good health and had health care plans with detailed information about their general health. These plans contained pictures and appropriate language to support people to understand their individual health needs. People were supported to make and attend appointments with

health care professionals when needed. Staff monitored people's health on a daily basis and shared information with the registered manager and the deputy manager regularly. Staff had a good relationship with the local health care professionals and worked with them to promote the health and well-being of people. One visiting nurse told us "The staff listen to what I have to say and respond well." Records confirmed this joint working was put into practice, for example, specific guidelines discussed with the epilepsy nurse were recorded within one person's care plan. Staff were familiar with these and had followed them in the past when required.

People were supported to have enough to eat and drink. People chose their meals on a daily basis and decided when and where they wanted to eat. A variety of food was offered and staff were mindful of any special dietary requirement. For example, one person had diabetes and staff ensured they were offered healthy food options. People's food preferences were discussed and recorded within individual support plans. For example, one person did not like peanut butter this was clearly recorded and staff knew about this preference. 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. Food was important to people living in the service and staff involved them in the preparation and discussions around their individual meals ensuring people had a choice and felt listened to.

Relatives told us the food was good and people enjoyed their meals. One told us "They take time to find out what they want to eat" and "If they did not like the food they would definitely let the staff know". Staff supported people with their meals and drinks when needed but encouraged people to be as independent as possible. Where people had specific nutritional needs these were responded to and monitored. For example, one person had difficulty in swallowing and following specialist advice all meals were now mashed to reduce any risk of choking. Another person was not drinking as well as normal and staff had monitored all fluid taken in order to provide clear information to the GP who they had asked to visit.

## Is the service caring?

### Our findings

People were relaxed and comfortable living at The Seagulls with some living in the service for 14 years. They knew each other and the staff well and this promoted a home like environment. People had formed close and trusting relationships with each other and staff. Staff demonstrated that they knew people well and told us about people's needs, choices, personal histories and interests. People told us staff were kind and nice to be with. One person said "The staff are really nice and look after you well." Relatives confirmed a satisfaction with the general care and approach of staff to people. One said, "Staff are always kind and I would know if there was anything wrong." Visiting professionals were very positive about the caring and sensitive approach of staff and how they responded to people's individual needs. One said "Staff are truly committed to providing good and caring care."

Staff were attentive to people and communicated with people in a caring and polite way. People were relaxed and comfortable with staff and their faces lit up when staff approached them and smiles were exchanged. Staff demonstrated real warmth with people and it was clear that staff genuinely cared about the people they supported. Staff showed a genuine interest in people and what they were saying. For example, when people returned from a trip staff engaged with people to ask what they had done and who they had seen.

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. This was important to people and allowed them to maintain as much control over their own lives as possible. Staff recognised and understood what could upset people and took action to ensure this risk was reduced. For example, one person did not like having people they did not know in the service. This was identified to professional visitors in order to reduce the impact as far as possible. Staff also offered regular re-assurance and maintained regular contact with them providing additional drinks and company to reduce any anxiety.

Each person had a named keyworker. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs. The keyworker met with people regularly in a private meeting to discuss individual needs and wishes. The keyworker system helped promote an individualised person centred approach to care.

People's privacy and dignity was promoted. Staff saw people's rooms as their own space and The Seagulls as their own home. People's bedrooms were homely and individualised and were decorated and furnished according to people's individual choice and preferences. For example, one room we were shown had bed linen that had been chosen by the person. All communal areas were accessible to people who moved around the home freely. Links with family and friends 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 lives. One relative told us they were kept up to date when their relative had an accident. People were supported to see family and friends in private and all consultations with visiting professionals were completed in a private room. People could receive and make their own telephone calls in private. A telephone with large numbers

had been provided to enable people with poor eyesight to make a telephone call in private. People were also supported to open and read their own mail. People who used the service needed assistance in reading and understanding the content of any correspondence. This support ensured people kept control over any communications made to them.

People's dignity was protected. Staff understood the importance of an individual and caring approach and understood the key principles of dignity. The registered manager was the dignity champion for the service. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. Staff also complete training on dignity in care. Staff were committed to providing care that was personal, caring and respectful. Staff gave examples of how they promoted people's dignity and what was important to them when providing care and ensuring people had the 'best life possible' for them.

People were supported to maintain their own standards of dress and appearance which was important to them and maintained their individuality. People were dressed according to their wishes and clothes had been laundered and ironed appropriately. People had their hair cut and kept according to their preference. One relative told us they were pleased that the staff ensured one person had their hair coloured. They said "They are always very pleased and proud when they have their hair done." The registered manager told us how important it was to treat people as individuals for them to express themselves and to have their beliefs and sensitivities recognised and responded to. She explained for one person this included regular visits to the local church.

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within a staff only area and staff spoke about maintaining accurate and clear and professional records. Records confirmed that staff received training on maintaining confidentiality

## Is the service responsive?

### Our findings

People experienced care which was focussed on them as an individual and that reflected their choices and preferences. Everyone was treated in a person centred way that promoted their individuality. People were encouraged to organise their own days with the support of staff. There was no fixed routine set within the service and staff responded to what people wanted to do in a flexible way. For example, lunch time was arranged around any activity, outings and when people wanted their lunch. This ensured people retained control over their lives and managed their own time whenever possible. Relatives and visiting professionals were positive about the way care was tailored to people's individual needs and the positive results people experienced. For example, one relative told us one person did not talk at all before they came to The Seagulls. Now they were able to communicate verbally.

Each person had individual support plans and risk assessments that reflected up to date information on supporting them in a person centred way according to their needs and wishes. The plans addressed people's health and emotional well-being and also set some goals for people to achieve. Each person also had 'an about me' plan which contained information and guidance about individual likes and dislikes and what was important to people from their point of view. For example, one person had recorded their wishes following death including the hymns they wanted at their funeral.

People and their designated representatives were involved in writing the care documentation and were included in reviews completed by staff and social workers. For example, during the inspection a review was being completed and was undertaken in an inclusive way. The person was central to the process which included meeting with the allocated key worker, social worker and registered manager. The review was completed in a private area where the person involved was comfortable to share their views. The individual goals set were achievable and were set around quality of life. For example, choosing and going on an annual group holiday abroad.

Staff had a very good understanding of the support people needed and wanted. Communication systems between staff were maintained and promoted the sharing of information across all the staff team and between people in the service. These included regular discussion between staff and regular discussion with the registered manager. Changes to people's needs were shared verbally and within the care records. For example, one person had limited mobility following an operation and staff were aware of proposed mobility improvements which included walking up and down a planned number of stairs. Another person had been unwell and staff communicated effectively over a number of days to ensure they were closely monitored providing important information to the GP who arranged an emergency admission to hospital.

People were supported to pursue interests and maintain links with family and friends. People enjoyed an active life including regular social interaction. A relative was complimentary about the way staff kept people occupied and ensured they had regular outings with each other and with staff. They said "They are always going out, shopping, going out for lunch and coffee and out on the home's mini bus."

One person went out each day to a day care service and others were supported to go out each day if they

wanted to. This would include going to another service within the organisation and attending any function or activity planned there. For example, Christmas celebrations were held at one of the other homes which provided a party environment. People said they enjoyed getting out and about including the other homes where they had made friends. People were supported to attend places they had enjoyed been to in the past. An activity programme and daily routine was displayed on the notice board. Activities were tailored to people's preferences. A time table for activity and daily routines was important for people with learning disabilities as they liked to plan and know what was happening.

An annual holiday was a high- light for people living in the service. People enjoyed preparing for the holiday and looking back on the pictures and talking about their memories. There were lots of photographs on display within the service relating to past holidays. One person enjoyed searching for suitable holidays, printing out information on the proposed destinations and discussing these with staff and the other people in the service. Everyone in the service discussed and planned the holiday together and came to a joint decision on where to go. Staff were enthusiastic and facilitated the process and supported people in arranging the group holiday.

People were informed of their rights and had easy read information of how to complain or raise a concern if they were ever unhappy or upset. People had regular meetings with their key workers and were encouraged to share any concerns or complaints. One person was upset with another person who lived in the service and managed this sensitively avoiding any distress to each person. A complaints procedure and system was in place and people and relatives felt able to raise concerns if need be. 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, they were relaxed and treated the service as their own home. They felt they were listened to and they could talk to staff about anything. There was a relaxed friendly atmosphere in the service and the relationship between people and staff was strong with staff retaining a professional approach. Relatives and visiting professionals complimented the home like environment and the management arrangements in the service. A relative said "The manager is very good, always knows what's going on and you can always talk to her." One professional said "It's a happy place and always well organised." They also confirmed that the service was valued by the local authority as it provided a caring and responsive service.

There was a robust management structure in place, which helped provide clear leadership for the service. The registered manager was supported by a deputy manager who worked opposite shifts to ensure one of them was working in the service at all times during the day. Staff were fully aware who and how to contact senior managers for advice and guidance. The on-call arrangements included cover from other managers within the same organisation when necessary. Most of the management cover was provided by the registered and deputy manager who both lived locally and demonstrated a strong commitment to the service, people who lived there and the staff. They worked effectively together, shared the management tasks and demonstrated the professional approach they expected from staff.

The registered manager had systems to review and improve the service and facilities provided. Satisfaction surveys were used to review the quality and to provide direct feedback on aspects of the service. These included gaining information from people who used the service, relatives, staff and visiting professionals. These were reported on, shared at staff meetings and used to improve the service. For example, people asked for specific trips out which were responded to. The registered manager had reviewed the service's policies procedures and was using audit tools to ensure they were being followed. For example, how staff washed their hands was being reviewed and monitored. The registered manager was aware that areas of the service needed development and had recorded these within the PIR for progression. For example, planned improvements to the showers to maintain people's safety and standard of care for those people with increased mobility problems.

Staff told us they were well supported within their roles and also at a personal level which enabled them to maintain a suitable life work balance. For example, one staff member was going on an extended leave for caring responsibilities. Staff and people were comfortable with the registered and deputy manager who they approached freely and confidently. The registered manager fostered an open, relaxed rapport and encouraged regular dialogue with staff to promote an inclusive work force. Staff were consulted about the service and how care and support was delivered both formally and informally through group and individual meetings including supervision. Staff team meetings were recorded and used to discuss individual care and support and the management of the service. Staff were aware of the whistleblowing procedure and said they were comfortable to raise any concern. Staff members skills were developed through training, and the registered manager promoted a responsive learning environment. For example, the registered manager was providing further training on palliative care to ensure appropriate care and to ensure staff were suitably

supported through these difficult times.

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."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.