Danick Limited

Princess House Seaburn

Inspection report

Princess House
19 Cliffe Park
Sunderland
Tyne and Wear
SR6 9NS

Tel: 01915483723

Date of inspection visit:
10 December 2018
11 December 2018

Date of publication:
17 January 2019

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

This inspection took place on 10 and 11 December 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Princess House Seaburn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Princess House Seaburn provides accommodation and personal care for up to 26 people, some of whom may be living with dementia. On the day of our inspection there were 23 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Appropriate arrangements were in place for the safe administration and storage of medicines.

Accidents and incidents were appropriately recorded and risk assessments were in place. Staff understood their responsibilities with regard to safeguarding and had been trained in protecting vulnerable adults.

The home was clean and suitably adapted for the people who used the service. Appropriate health and safety checks had been carried out.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition. Care records contained evidence of people being supported during visits to and from external health care specialists.

People and visitors were complimentary about the standard of care at Princess House Seaburn.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

Activities were arranged for people based on their likes and interests, and to help meet their social needs.

The provider had an effective complaints procedure in place, and people were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People, visitors and staff were regularly consulted about the quality of the service via meetings and surveys.

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 improved to Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Princess House Seaburn

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 10 and 11 December 2018 and was unannounced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our inspection we spoke with six people who used the service and five visitors. We reviewed care records, policies and procedures, and carried out observations. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was on annual leave at the time of the inspection visit. We spoke with the provider, director, office manager and three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in June 2016, we found a breach of regulations relating to the management of medicines. We carried out a focussed inspection in December 2016 and found the provider had followed the action plan they had devised, and medicines were safely stored and administered. At this inspection, we found appropriate arrangements continued to be in place for the safe administration and storage of medicines.

People told us they felt safe at Princess House Seaburn. One person told us, "Yes, very secure, even during the night. The girls come in every so often to make sure you're alright." Another person told us, "Absolutely safe, that's the one thing I was nervous about at my own home." Visitors told us they believed their friends and relatives were safe at the home.

There were sufficient numbers of staff on duty to meet people's individual needs. We discussed staffing levels with the director and office manager and looked at staff rotas. Staff, people and visitors did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults.

Risks were well managed. Accidents and incidents were appropriately recorded and any lessons learned had been disseminated to staff via meetings. Risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk.

The home was clean and well maintained. One person told us, "It's very clean, the girls come around every day, see to the wash basin, put out new towels and face cloths." A family member told us, "Cleanliness is good, both the bathroom and personal care."

Checks were carried out to ensure people lived in a safe environment. These included health and safety, fire safety, and premises and equipment servicing and checks. Records were up to date. The service had an emergency plan and up to date personal emergency evacuation plans (PEEPs) were in place for people.

Incidents of a safeguarding nature had been appropriately dealt with. The local authority had been informed of any incidents and statutory notifications had been submitted to CQC. Staff demonstrated a good knowledge of safeguarding procedures and had been trained in how to protect vulnerable people.

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. One person told us, "It's like one big happy family here. I can't want for any more." Another person told us, "Most [staff] go over and above their duty, that's how I find it. I've never changed my opinion, it's first class." A visitor told us, "If there was anything going on, they'd notify me. They do keep you informed, I must admit. There are no issues, none whatsoever." A staff member told us, "A lot of families want to be really involved by phone and email, some live away. We are happy to give them updates and send photos."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. These included a review of performance and discussions on various 'themes' such as dementia, palliative care, safeguarding, the mealtime experience, dignity in care and mental capacity. Staff mandatory training was up to date and new staff completed an induction to the service.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as speech and language therapists (SALT). Records were regularly reviewed and up to date.

We observed lunch and saw the dining experience was pleasant, and people were clearly enjoying their meals. People told us there was always a choice at mealtimes. The dining experience was checked via regular audits.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Deprivation of Liberty Safeguards (DoLS) had been appropriately applied for and staff had received relevant training in the MCA. Consent forms had been completed and signed.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GPs, SALT, podiatrists, dentists, opticians, falls team and hospital appointments.

The premises incorporated some environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. The dining room floor had been recently replaced and plans were in place to redecorate the rest of the building, including removing the patterned carpet in the hallway. Some items of furniture were painted a different colour so they stood out, toys and games were available to provide visual and sensory stimulation, and specialist crockery had been purchased that was easier for people to handle.

Good

Is the service caring?

Our findings

The service was caring. One person told us, "I can't fault the carers. They are more like friends, so kind and compassionate." Another person told us, "Staff are gorgeous, so kind. Just so friendly and I have had more kindness here than I've been shown for a long time." A visitor told us, "Every one of the carers is lovely, it runs naturally, flows lovely and nothing is staged."

People we saw were well presented and looked comfortable in the presence of staff. People were assisted by staff in a patient and friendly way and we saw and heard how they had a good rapport with staff.

Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff. Staff knocked on bedroom doors and asked permission before entering people's rooms. A person told us, "Yes, privacy and dignity, they're very good." Another person told us, "Without doubt, there is privacy, dignity and respect."

Staff supported people to be independent and encouraged them to care for themselves where possible. This was evidenced in the care records. For example, "[Name] handles all aspects of her personal care herself", "[Name] will require a little assistance to get dried and help with fresh clothing" and "[Name] needs some assistance with getting dressed but may be able to carry out some tasks independently."

People's preferences and choices were clearly documented in their care records. For example, likes and dislikes for food, interests and routine. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs.

People were supported with their religious and spiritual needs. For example, one person was supported by a member of staff to attend a local church. A regular church service was also held at the home.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. None of the people using the service at the time of our inspection had independent advocates.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated, and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person, such as preferred name, marital status, religion, prescribed medicines, and key contacts such as GP, health care professionals, family and friends. We saw these had been written in consultation with the person and their family members.

Support plans were comprehensive and detailed. Records included details of people's abilities and needs, whether there were any risks, action plans and outcomes. For example, one person was identified as being at risk of tissue damage. They had a repositioning schedule in place and staff were directed to regularly inspect their skin. The person's daily notes described how often the person's skin should be checked but this information was not included in the support plan. The director confirmed checks were carried out every time the person received personal care and told us they would ensure this information was added to the support plan. Emollient creams were used to encourage skin health and reduce the risk of skin tears and pressure sores.

People had 'Last wishes' support plans in place, which described people's preferences for their end of life care, who they wanted to be contacted and funeral arrangements. A palliative care multi-disciplinary team meeting was held every two months to review end of life care at the service, and review training requirements. The director told us they were part of a local palliative care steering group and were continually reviewing best practice to see where the service could improve.

Daily records were maintained for each person and were up to date.

People were protected from social isolation. Activities and events were planned based on people's individual likes and interests. Wi-fi was available in the home and we heard how one person in particular enjoyed playing games on an electronic tablet. A schedule of activities was available and we observed activities taking place. The service had regular volunteers who visited the home to assist with activities and keep people company. People and visitors spoke positively about the activities and events that took place at the home.

The service was aware of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service had implemented alternative ways of making information available to people such as photographs of meals and audio books.

The provider had a complaints policy and procedure in place and people were aware of how to make a complaint. People and visitors we spoke with did not have any complaints about the service.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2010. They were on annual leave during the inspection.

We spoke with the provider, director and office manager about what was good about their service, and any improvements they intended to make in the next 12 months. The director told us their main focus was on continuously improving dementia care at the service. The office manager was studying for a Masters in dementia, the registered manager was the dementia champion, and two senior staff members had completed specialist training, which was being cascaded to the staff team. This knowledge was being used to develop activities and improve the environment for people living with dementia. Dementia awareness sessions and coffee mornings took place with family members to help them understand what it was like living with dementia and how best to support their relative.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.

The service had good links with the local community. These included links with local churches, schools, cafés, restaurants, pubs, shopping centres and a local arts centre.

The service had a positive culture that was person-centred and inclusive. A person told us, "The manager is first class, she is wonderful. Approachable? That's an understatement." Another person told us, "Staff are approachable and efficient. I feel I can raise anything at all." Another person told us, "The home is very well managed, I can't fault anything."

Staff we spoke with felt supported by the management team. Staff were consulted and kept up to date with information about the home and the provider, and staff meetings took place regularly. A staff member told us, "The manager is approachable and I'd feel comfortable raising anything. I feel listened to." Another staff member told us, "I think we have a lot to be proud of, it's a wonderful home. Everyone cares for the residents."

The provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified. Regular audits were carried out and included care records, health and safety, dining experience, and medicines. Where further action was needed this was clearly documented with a timescale for completion.

Feedback was obtained from people and visitors via annual questionnaires and monthly residents' meetings. Meetings were themed and previous meetings had included discussions about Christmas, winter activities, and a review of activities and events that had taken place in the summer.