Seabank House
Care Home Service
57 Dee Street & 30d Sunnybank Road
ABERDEEN    AB11 6EE

Inspected by: Gordon McIntosh
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 8 February 2007
Service Number: CS2003000249

Service name: Seabank House

Service address:
57 Dee Street & 30d Sunnybank Road
ABERDEEN   AB11 6EE

Provider Number: SP2003000020

Provider Name: Seabank House Committee

Inspected By:
Gordon McIntosh
Care Commission Officer

Inspection Type: Unannounced

Inspection Completed:
8 February 2007

Local Office Address:
Johnstone House
Rose Street
Aberdeen
AB10 1UD
Introduction

Seabank House was registered as a care home service to provide care and support for up to 22 adults with mental health problems. The service consisted two units, one situated in the city centre, with 19 places, one situated on the north side of Aberdeen, with 3 places.

Seabank House provided a permanent home for some service users, for as long as the service could provide for their needs and for as long as they would wish. Service users received support to develop self-sufficiency and independence. The unit also provided a service for people who needed assistance in preparing for living in a home of their own.

Basis of Report

This service was inspected after receiving a Regulation Support Assessment (RSA) to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirement etc.

This service was required to have a LOW level of support that resulted in an inspection based on the national inspection themes and any recommendations and requirements from previous inspections, complaint or other regulatory activity. National Care Standards- Care Homes for People with Mental Health Problems, Core Standards 2006-2007;

2 - Trial Visits
3 - Your Legal Rights
5 - Management and Staffing Arrangements
11 - Expressing Your Views
18 - Supporting Communication

The themes for the inspection were; AWI/Finance, Fire Safety and Safe Recruitment/SSSC Codes.

The inspection visits took place on 8 February 2007. Care Commission records about the service were examined prior to the inspection. Appropriate policies, procedures and records were examined. Practice was observed, the project manager, the senior project worker, six members of staff and four service users were spoken with individually and the premises inspected.

Action taken on requirements in last Inspection Report

1. Appropriate recruitment checks be carried out on all appointments. SSI 114 Reg. 9 (1) & (2).

2. Appropriate recruitment and staffing records be maintained. SSI 114 Reg. 19 (2) (a,b,c,d & e) & SSI 113 Reg. 11(a,b,c,d,e & f)

Appropriate measures had been put in place to meet the requirements.
Comments on Self-Evaluation
A detailed self evaluation had been provided.

View of Service Users
The service users spoken with were happy with the service provided and the support provided by staff. One service user was keen to move on to living in a flat and was being supported to investigate possibilities.

View of Carers
No family members were spoken with at this inspection.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Care Homes for People with Mental Health Problems - Trial Visits

Strengths

Appropriate admission policies and procedures were in place. Potential service users were introduced to the service in ways which would meet their individual needs. Repeated visits were possible and service users could be accompanied by family or friends. Service users who had been allocated a place which was not yet available, could visit regularly in the interim. A key worker was allocated to coordinate the process. The senior project worker confirmed that these measures remain in place.

The referral system for mental health services had been revised by the referring organisations. Modifications had been agreed to suit the type of service and funding arrangements in place at Seabank. Admission procedures had proved compatible thus far.

Areas for Development

There were no areas for development identified at this inspection.

National Care Standard Number 3: Care Homes for People with Mental Health Problems - Your Legal Rights

Strengths

Detailed "Contracts of Residence" were in place in all the service user files examined. The contracts were renewed and signed each year. Copies were issued to service users. The contracts contained detailed information about; rights and responsibilities, the terms and conditions of the service, the fees and what these included. The contracts were backed up with letters of entitlement from Department of Work and Pensions and or the Local Authority, showing updated calculations of entitlement to benefits and the calculation of the service users contribution to fees.

The general information contained in the contracts had been updated appropriately

All policies procedures and safety records were available to service users on request.
Areas for Development

No areas for development were identified at this inspection.

National Care Standard Number 5: Care Homes for People with Mental Health Problems - Management and Staffing Arrangements

Strengths

Detailed recruitment policy and procedures were in place. Checks included Enhanced Disclosure and two References be provided. Qualifications were checked and interviews recorded. The records examined indicated that the policy and procedures were now being followed appropriately with regard to new appointments. An audit had been carried out on all staff files and measures taken to close gaps in information identified at the last inspection.

Detailed policies and procedures were in place to cover the health, welfare and care needs of service users. Health and safety risk assessments and regular checks were in place and recorded. Fire safety risk assessment and emergency procedures were in place. Regular checks and maintenance of fire safety equipment were in place and recorded. A new health and safety representative had been appointed and regular fire safety training was in place and recorded.

A comprehensive risk assessment procedure was in place for service users. The service users spoken with stated that this had been discussed with them.

A training policy was in place and there were training opportunities provided at qualifying, in service and induction levels. A revised induction procedure was in place with detailed records of the issues covered. All staff members were either qualified, engaged in qualifying training or about to commence qualifying training. Regular supervision was in place for all care staff. The staff spoken with confirmed that sessions were regular, useful and recorded. Regular staff meetings were in place consisting business items, service user issues, policy discussion and regular updates of key practice issues. The staff appraisal scheme had recommenced.

The system for ordering medications had been reviewed. The service received prescriptions which were signed by service users where possible. A more robust system for training staff and ensuring competence in the administration of medications had been introduced since the last inspection. The system for addressing medications errors had been reviewed. Interviews now included the health and safety representative. Staff had been reminded about the support available for medications administration.

The system for handling service users' finances had been reviewed to include separate named balances within a pooled account. Payment arrangements for board charges had been discussed with service users.

SSSC Codes of Practice had been distributed to all staff, discussed at team meetings and policies and procedures reviewed to ensure compliance.

Areas for Development

The service planned to retain photocopies of prescriptions.
The service was in the process of developing a training plan. Resources had been researched and the project manager was to have input from LearnDirect Scotland.

The kitchen and bathroom of the smaller unit required some maintenance and redecoration. The project manager agreed that this be carried out.

One of the files examined contained information about another service user. The senior project worker agreed to rectify this.

**National Care Standard Number 11: Care Homes for People with Mental Health Problems - Expressing Your Views**

**Strengths**

Arrangements for keyworking, service users' meetings and external supports remained as at the previous inspection.

Care Commission reports had been discussed with service users at a regular meeting.

**Areas for Development**

No areas for development were identified at this inspection.

**National Care Standard Number 18: Care Homes for People with Mental Health Problems - Supporting Communication**

**Strengths**

Arrangements for assessing and supporting communications needs remained in place as at the last inspection.

**Areas for Development**

There were no areas for development identified at this inspection.
Enforcement

Other Information
Recommendations from the last report;


2. Regular fire safety training be provided for all staff. Standards 5.1 & 5.2.

3. Procedures for ordering medications be reviewed and modified appropriately. Standard 5.11.

4. The recording system for service users finances be reviewed and modified appropriately. Standard 5.13.

5. The risk assessment process for service users ability to handle their finances be reviewed and modified appropriately. Standards 5.1 & 5.13.


All recommendations had been addressed appropriately.

Requirements

Recommendations
1. Appropriate maintenance be carried out at the smaller unit. Standard 4.8.

2. Service user files be maintained appropriately. Standard 5.1.

Gordon McIntosh
Care Commission Officer