

Seabank House Care Home Service

57 Dee Street
Aberdeen
AB11 6EE

Telephone: 01224 592 800

Type of inspection:
Unannounced

Completed on:
9 December 2024

Service provided by:
Seabank House Committee

Service provider number:
SP2003000020

Service no:
CS2003000249

About the service

Seabank House is a care home registered to provide support to 19 adults with physical and mental health needs. The provider is Seabank House Committee. At the time of inspection 17 people were living in the home. Seabank House is located in the city centre and is a historic period building. The home comprises of several communal areas and individual bedrooms. There are shower rooms and toilets on each floor.

About the inspection

This was an unannounced inspection which took place on 4 and 5 December 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with four people using the service
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- People had opportunities to engage in community groups, social therapy sessions, and day trips.
- People told us they felt safe and well-supported in the service.
- Staff were non-judgmental and worked well together.
- Ongoing environmental improvements are needed to ensure the home is pleasant and welcoming for people.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided that supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefited from respectful, non-judgmental care and support. Staff ensured people's choices and wishes kept them safe, for example, by supporting them to return to the house independently. One person told us they, "felt safe and secure living here."

Staff supported people's interests and hobbies very well. For example, they helped someone fulfil their wish to go camping. They respected differing cultural beliefs, which meant people felt respected. Where there was a language barrier, staff involved people by using a translation app during meetings. This ensured people were involved and did not feel isolated.

Staff managed medication very well in a discreet and private way. They followed protocols for "as and when" medications and recorded the outcomes. A medication book detailed any changes to medication, such as a course of antibiotics. This supported staff in managing medication and ensured people received the right medication at the right time.

The medication cupboard should be updated so that it can be easily cleaned. This would mean people's medication is kept safe and tidy.

People were involved in their care reviews, and support plans were regularly updated and reflected any changes. Appropriate referrals were made when people's needs changed or more support was required. As a result, people were receiving the right care and support for them.

Meals were of a very good standard, with people being able to suggest dishes that reflected their likes. People had their own snacks, with fresh fruit available. This meant people had a varied diet.

People attended a variety of social support activities, such as cooking classes. People could use a garden to safely explore hobbies, such as camping. Short holidays were arranged which were enjoyed by the residents. As a result, people benefitted from an active life.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The Service Improvement Plan (SIP) demonstrated a commitment to enhancing service quality. People were involved with service improvement. The service's use of useful quality assurance activities, such as recording accidents and incidents and conducting audits, reflected its aim to maintain good standards of care and support. This meant people were assured there was a continuing improvement in the service.

While the SIP was effective, it could benefit from a more comprehensive inclusion of all development and improvement information. Combining audit outcomes into a single document would streamline quality assurance processes. This would ensure actions and outcomes were easily tracked (**see area for improvement 1**).

The service did not send us notifications about some reportable events. We sent guidance for the service to follow. During the inspection, an additional section was added to accident and incident forms which will make it easier for the service to track decisions about notifying the appropriate people. As a result, this would ensure the service keeps appropriate updated (**see area for improvement 2**).

Areas for improvement

1. To support continuous improvement, the provider should ensure the service improvement plan reflects the service delivery and identifies improvements detailing actions and outcomes.

This should include, but is not limited to, developing an overarching document to reflect all areas of improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This is in order to keep the Care Inspectorate updated on important events.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the support provided by staff and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff felt supported to carry out their role, both by management and peers. Staff had access to training suitable for their role, for example trauma informed practice training. This meant people were assured staff were trained well to support them. A resident told us, "the staff know what they are doing."

We saw evidence of regular one-to-one supervision and appraisals. Staff we spoke to said they felt able to speak to management at any time should they have concerns.

Staff meetings were well attended. There were open discussions about the service delivery and the staff's opinions were respected. This meant staff felt listened to and valued.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had individual rooms that reflected people's interests. Staff supported people to keep rooms clean. The communal areas were well kept. For example, the dining room and sitting areas had been re-decorated, giving people a comfortable space. There were separate rooms away from the main lounge where people could choose to spend their time.

Although areas of the home required refurbishment, for example painting the hallways, the Seabank Committee recognised this and there was a refurbishment programme. They prioritised residents' rooms and communal areas. The provider should continue to work with the landlord to ensure the building is well-maintained. The service was taking action to improve a malodorous toilet. We were assured the provider was working to ensure people had a pleasant place to live and will review at the next inspection.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the support provided by staff and how these supported positive outcomes for people, therefore we evaluated this key question as very good

Each person had a personal care plan detailing their care and support. Support was person-led and flexible, depending on how people felt at the time, for example mealtimes. We found that support plans contained the right information to support people, for example, the Herbert protocol which gave information about the individual should they not return to the service when expected. Monthly summaries were written with very good information about people's health and wellbeing over the previous month. This meant people's care and support were continually adapted and reviewed.

People were asked for feedback on their care and support, and they actively participated in reviews. People were positive about the approach of staff and the quality of support they received. They told us, "I am allowed to live my life safely." This meant people were involved in the support planning and worked in partnership ensuring their care was planned together.

During the previous inspection, we identified an area for improvement around behavioural support plans. Upon reviewing care plans, we noticed an improvement in how these were written, for example, by documenting control measures. We discussed with the service, and they identified ways to improve the current support plans expanding on the documentation of proactive strategies. We will review this at future inspections.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 29 March 2024, the provider must ensure that people experience an environment that is safe, welcoming, and well maintained.

To do this, the provider must:

- a) Ensure that environmental checks are carried out regularly and actions taken to address outstanding actions.
- b) Provide an action plan for refurbishment of the care home utilising SMART principles (specific, measurable, achievable, realistic, and time bound).
- c) Communicate this plan and updates regularly to people living in the service and their relatives/legal guardians.

This is to comply with Regulation 14(d) (Facilities in care homes) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 31 January 2024.

Action taken on previous requirement

The provider developed an action plan, and we tracked the actions being taken to improve the environment, through audits and service improvement plan. People within the service were aware of the ongoing refurbishment programme through house meetings. This was an ongoing action plan. Therefore, people benefited from improved facilities.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure there is an effective SMART (specific, measurable, achievable, realistic, and time bound) service improvement plan in place which is actively used to enhance outcomes for people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 31 January 2024.

Action taken since then

We could see improvements in the improvement plan with actions being achieved for example redecoration of people's rooms and communal areas. This meant people were benefitting from ongoing improvements.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure staff access training relevant to the people they are supporting, including mental health first aid, suicide prevention, substance abuse, and trauma-informed practice. This is to ensure people experience safe, high quality care and support which promotes their mental health and wellbeing.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 31 January 2024.

Action taken since then

We reviewed the training, and staff had attended appropriate training, for example suicide prevention. This meant people were experiencing safe care and support from a staff team trained and skilled to support them.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that staff have sufficient training and guidance around developing and implementing behavioural support plans for people who experience episodes of stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 31 January 2024.

Action taken since then

Behavioural support plans were in place with the support plans, these detailed risks which might cause stress and distress and measures in place to support. This meant staff were able to support people to alleviate stress and distress.

This area for improvement has been met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.