

Seahaven C.H. Ltd

Seahaven Care Home

Inspection report

146-148 Beach Road
South Shields
Tyne and Wear
NE33 2NN

Date of inspection visit:
17 January 2018
19 January 2018

Date of publication:
17 May 2018

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

We carried out an unannounced comprehensive inspection of Seahaven Care Home on 17 and 18 January 2018. This meant that the provider and staff did not know we were coming.

At the last comprehensive inspection of the service on 19 and 20 October 2016 we identified breaches of regulation 12, safe care and treatment, regulation 17, good governance and regulation 18, staffing. The provider had not fully assessed the risks to the health and safety of people who used the service. The provider failed to ensure that the premises were safe to use for their intended purpose. We found the provider did not appropriately manage the deployment of staff at meal times to ensure people received dedicated support when they needed it. The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We carried out a focused inspection on 15 June 2017 to check that the service was meeting legal requirements. During the inspection we found the provider had made improvements in some areas. However, we found the provider had not completed all the actions set out in their action plan. We found there were continuing breaches of regulations. This was because the provider had not adequately assessed the risks to the health and safety of people who used the service, plans to mitigate risks and to provide personalised care were not specific to the identified risk. Policies and procedures had not been reviewed.

At this inspection the service had made the required improvements. We found no breaches of regulations and the service was meeting the legal requirements. The premises were safe and the registered manager carried out regular premises checks to ensure all aspects of health and safety were being met. People's care plans reflected their individual needs and risks were assessed. The registered manager had reviewed and updated all of the policies and procedures to make sure they reflected current legislation.

Seahaven Care Home is a 'care home' located in South Shields. People in this care home receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Seahaven Care Home accommodates people in one adapted building and on the date of this inspection there were 16 people living at the home.

There was a registered manager in post who has been registered with the Care Quality Commission (CQC) to provide regulated activities since December 2017. 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.

People told us that they felt safe at the home and relatives agreed with these comments. We found there were policies and procedures in place to help keep people safe. Staff had received training and attended

supervision sessions around safeguarding vulnerable adults.

Staff were safely recruited, had appropriate checks, references and they were provided with all the necessary induction training required for their role. The registered manager continued to provide on-going training for staff and monitored when refresher training was required. Accidents and incidents were recorded correctly and if any actions were required, they were acted upon and documented.

The premises were safe. Regular checks of the premises, equipment and utilities were carried out and documented. On the first day of inspection the laundry room was left unlocked but the registered manager had a keypad lock installed straight away to remove any risk to residents. Infection control measures were in place and the home was clean. We saw domestic staff cleaning the home regularly during the inspection.

We saw positive dining experiences. During lunchtime on the first day of inspection we observed that there was enough staff present to support people in the dining room. There were different choices for meals with a pictorial menu. The dining room also had a reading corner to encourage people with individual activities. The service had evidence to show that people were regularly participating in activities. There were sufficient staffing levels at Seahaven Care Home. People living at the service commented that they did not have to wait for staff to help them.

The service continued to provide safe medicine management. Procedures were in place to ensure the safe receipt, storage, administration and disposal of medicines. We spoke to a member of the local GP practice visiting people for reviews and there were records regarding other professionals involved in people's care. People were supported to maintain a balanced diet and we saw people had access to a range of foods and fluids throughout the day. People told us that they were always offered drinks and food throughout the day.

The premises were 'dementia friendly' as the walls, floors and doors were painted in contrasting colours and there was pictorial signage to help people orientate themselves. The registered manager was working on a memory project on the second floor. This involved a seaside theme to reflect the location of the service.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of some people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. Staff demonstrated their understanding of the MCA. The registered manager had made applications on behalf of people living at the service to restrict their freedom for their own safety in line with the MCA. We saw staff asking people for consent when supporting them and asking for people's choices for meals and drinks.

Staff treated people with dignity and respect. They showed kind and caring attitudes and people told us the staff spoke nicely to them. We observed people enjoyed positive relationships with staff and it was apparent they knew each other well. People told us that staff knew what they liked and disliked.

People and relatives knew how to raise a complaint or concern. The complaints system was available to everyone who visited the service. The registered manager and the provider used feedback received to drive continuous improvement throughout the service.

The registered manager had previously worked on an end of life care project and was beginning to thread this into the culture of the service. This enabled the service to have an experienced person to train and underpin all aspects of delivering personalised end of life care for people and to support staff to deliver this.

People had person-centred care plans and risk assessments in place to keep them safe. People, relatives

and external health professionals were all involved in best interest decisions and mental capacity assessments. People's care records were accurate and up-to-date.

The provider and registered manager had a clear vision to care for people living at the home. Staff told us that they could approach the registered manager if they needed support or guidance. Relatives said that they were always welcome at the service. The registered manager carried out regular checks and audits of the service and worked with the provider to achieve positive outcomes for people who used the service.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were suitable staffing levels. People received care from staff who were trained and aware of safeguarding procedures.

The premises were safe. Risks which people faced were assessed and reviewed regularly.

Medicines were administered safely and in line with safe medicines management procedures.

Is the service effective?

Good ●

The service was effective.

People received care which was delivered in line with the Mental Capacity Act (2005) MCA, consent was sought before staff provided care to people.

The service worked in partnership with other organisations to have access to all applicable health care services.

Staff providing care to people had received appropriate training and support to carry out their roles. People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People and their relatives were consulted and supported with planning their care.

Staff upheld people's privacy and dignity.

Is the service responsive?

The service was responsive.

People enjoyed a wide range of social activities.

The provider had a robust complaints procedure in place. This information was used by the service to learn and continuously improve.

People received person-centred care which met their needs and was regularly reviewed and updated.

Good ●

Is the service well-led?

The service was well-led.

There was a registered manager in post who understood their role and responsibilities.

The provider had quality and assurance processes in place to monitor the quality of the service and rectify any issues identified.

The provider and registered manager had a clear vision, strategy and plan to deliver good quality care.

Good ●

Seahaven Care Home

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 comprehensive inspection took place on 17 and 18 January 2018. The inspection was unannounced on the first day which meant the staff did not know we would be visiting the home. During the inspection we reviewed documentation, inspected the safety of the premises, carried out observations in communal areas and had discussions with people who used the service, their relatives, staff and visiting professionals.

The inspection was carried out by one adult social care 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.

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well.

We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services.

During the inspection, we spoke with six people who used service, two relatives, one visiting professional from the designated GP practice and four members of staff including the registered manager. We reviewed the care records for two people and the recruitment records for three members of staff. We looked at quality

assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures and information related to the governance of the service.

Is the service safe?

Our findings

At our last inspection we identified breaches of regulation 18 in relation to staffing. During this inspection we observed that there was staff available to support people when needed and to keep them safe. The registered manager regularly reviewed people's needs and reflected this with the staffing levels within the service. We saw evidence of this recently when the number of people using the service changed. One person told us, "Yes, there are enough staff." Another person said, "As you can see there is always someone around. Two days ago [person using the service] slipped getting out of his chair so I pressed the buzzer and staff were here straight away." One relative told us, "There always seems to be enough staff on call when I visit."

We carried out a tour of the home to make sure the premises were safe for people. At our last inspection we found there were breaches of regulation 12 relating to safe care and treatment due to the risks to the health and safety of people using the service. On the first day of inspection we found that the laundry room was unlocked with cleaning fluid accessible to people. We highlighted this to the registered manager who immediately took action and had a key pad lock fitted to the laundry door to remove any risk to people and their safety. On the second day of inspection the laundry was locked and only staff could access the room. We found fire exits and routes were clearly marked, fire doors which stated "keep locked" were locked and the fire escape route was clear. The registered manager told us that they had reviewed the fire escape routes for the service and improved the overall safety of Seahaven Care Home.

People living at Seahaven Care Home told us they felt safe there. One person told us, "Yes, I have no reason to feel unsafe and I haven't found any difficulty in getting staff when I need them. There is no shouting or people being violent in here." Another person said, "Yes, I'm safe in every way." All of the people we spoke to living at the service were positive about the safety of the home. One relative told us how they were able to feel at ease knowing that their relative was safe at the service, "They have a pressure pad in her room so they (the staff) can monitor her and that's a weight off my mind!"

The staff we spoke to were aware of safeguarding policies, procedures and escalation routes. Staff explained their role in keeping people safe. The registered manager had also displayed information around the home for people, their relatives and visitors with regards to safeguarding. This poster was a tool for people to use with information on under the heading of "Do you feel safe?" Staff received safeguarding and whistleblowing training as part of their induction. One member of staff told us, "[Registered manager] is always there and if I had anything that was safeguarding I would go straight to her."

The registered manager had reviewed best practice guidance for safeguarding and had recently reviewed all policies to make sure these also reflected the most current guidance. We reviewed the safeguarding information at the service and these records were accurate, linked to the appropriate accident/incident, had in-depth investigation reports, follow up actions highlighted and lessons learned. The registered manager had appropriately escalated all safeguarding considerations to the Local Authority and notified the Commission of all safeguarding related incidents.

Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS)

check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Other pre-employment checks had been carried out such as requesting and reviewing references from previous employers.

Medicines were stored securely and senior care assistants were responsible for helping people with the administration of their medicines. The registered manager had reviewed all of the service's policies during July/August 2017 and reflected the most current guidance and frameworks, which included the medication policies.

People's care records and plans detailed their current individual needs. The medicines administration records (MARs) were checked and were correctly completed, all entries had been initialled by staff to show that they had been administered. We observed staff explaining to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines.

Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people required additional medicines such as pain relief medicines. Medicines were regularly audited and most recently in December 2017.

The registered manager carried out regular fire drills at the service. These were carried out at different times during the night and day. There was a signed staff list to show which staff members had been present during each drill.

There was a fire risk assessment for the service and this was used in partnership with people's personal emergency evacuation plans (PEEP). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. PEEPs included how many staff would be required to support people and what action should be taken. There was a clear evacuation route throughout the service and the lights, doors sensors and alarms were tested regularly. The fire policy had been reviewed by the registered manager in July 2017 and included a visitor's procedure and staff procedures.

We saw evidence of regular testing of equipment, water, electrical, gas, waste transfer, lift servicing and other premises testing to keep people safe. The service had current certificates to show it was fully compliant with all health and safety requirements. There were risk assessments in place for the control of substances hazardous to health (COSHH) and these included data information sheets and protocols for each substance. The registered manager and the handy man regularly inspected the premises and we saw records were made of these checks.

We saw regular cleaning of the service during the inspection and regular cleaning audits. There was a weekly cleaning log and daily cleaning schedule. There was an infection control policy in place. We saw staff following these procedures including the transportation of waste and laundry through the service.

Is the service effective?

Our findings

People living at Seahaven Care Home had their treatment and support delivered in line with current national best practice standards and guidance, such as mental capacity assessments (MCA) and National Institute for Clinical Excellence (NICE). The registered manager regularly looked for training opportunities for staff and ensured staff had support to effectively support people. Staff had received this thorough inductions and training updates to make sure they had the required skills to care for people using the service. One member of staff told us, "We're getting more training now and if I have questions I can ask." We saw evidence that staff received training in all areas appropriate to their roles including emergency first aid, health and safety, fire awareness, COSHH, moving and handling, altercation training, safeguarding vulnerable adults, confidentiality, food hygiene, infection control, fire prevention, understanding dignity, mental capacity act, end of life care and nutrition.

Staff received regular supervisions from the registered manager and we saw evidence of annual appraisals. The registered manager was arranging refresher training for all staff and additional training if they had identified any knowledge gaps. The registered manager had been in post fully since June 2017 and was reviewing all of the staff training to make sure that everyone had completed mandatory training. One relative told us, "I've never had any reason to question the staff training, but I must say they seem to be a lot better trained and less tense in the last three to four months since the new manager took over." One person told us, "Of course they are well trained... if they weren't I wouldn't be here, would I?" Another relative said, "I observe them constantly; they are definitely caring and well trained."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). For the two people whose records we reviewed applications had been submitted to the 'supervisory body' for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

Care records included people's 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) status. This

meant that if a person's heart or breathing stopped unexpectedly due to their medical condition, staff were aware that no attempt should be made to perform cardiopulmonary resuscitation (CPR). The DNACPR records were up to date, included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals who were involved in the decision.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GPs, psychiatrists, specialist nurses, best interest assessors, dieticians and opticians. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various external agencies and services to seek professional advice and ensured the individual needs of the people were being met.

During the inspection we spoke to one visiting health professional from the local GP surgery. They had made suggestions regarding décor, interactive opportunities and ways to deal with behaviour especially regarding dementia; but commented positively that the service had responded to this and were engaging with these opportunities for change. We also received feedback from the service's designated GP. They told us, "I found the staff to be more appreciative of adapting care around the individual and tailoring care to their specific needs and also that there was a much higher awareness of infection control."

Daily notes were kept for each person. These contained a summary of the care and support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

Recognised tools such as the 'Waterlow' pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were used, which helped staff identify the level of risk to people. The Waterlow scale was used to assess people's risk of developing pressure sores. Assessments were regularly reviewed and updated to ensure they reflected people's current level of risk. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin.

Some people received support with nutrition and hydration. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The MUST was used to help staff complete individual risk assessments in relation to the risk of malnutrition and dehydration. This helped staff identify the level of risk and apply appropriate preventative measures. Staff monitored some people's food and fluid intake to minimise their risk of malnutrition or dehydration and recorded this. If people's MUST score changed we saw evidence of referrals to the dietician and GP.

We saw evidence of the assessment of people's pain through the use of the Abbey Pain Scale. This tool enables people to have their pain assessed when they cannot clearly articulate their needs. This was used as part of the overall care assessment for people.

We observed the dining experience during the inspection. There was a choice of beef casserole or jacket potato and salad followed by banana custard or mousse and if people did not want the choice provided on the menu they could request something different.. There were 13 people being served by four staff and one person chose to eat in the lounge. We observed staff wearing personal protective equipment (PPE) whilst supporting people. People had napkins and aprons if they wanted them. One person was being supported to put their apron on and said, "It's to keep your pretty clothes clean." Drinks were being offered throughout the day . We observed that people were happy whilst eating and requested more food if they wanted it. People were not rushed and everyone could eat at their own pace. After people had finished their meals the

registered manager took a food book to each table and asked people whether they liked or disliked the food and how things could be improved.

We spoke to people and their relatives during lunch time. One person told us, "I like sweet and sour so they sometimes do it especially for me and that makes me feel special." A relative said, "Everyone seems more caring and better trained... a lot of work has gone into this, they handle her much better now, she gets more pudding as she has a sweet tooth and drinks lots more tea".

Seahaven Care Home was appropriately adapted for people using the service and had elements of a dementia friendly environment. There was pictorial signage around the service. Pictorial signage and menus help people visualise the planned meals, if they are no longer able to understand the written word. People had their rooms decorated with their own personal belongings. Each floor had contrasting handrails and was decorated brightly. There were some areas which required redecoration but the registered manager had planned improvements to improve the environment.

Is the service caring?

Our findings

People living at Seahaven Care Home and their relatives told us that they were well cared for. During both inspection days we saw positive interactions between staff, people using the service and relatives. A relative visiting the service said, "I do believe the staff genuinely care." One person told us, "Yes, they are good and whilst taking me to the toilet or the shower they are very understanding. They encourage me to do what I can. I wouldn't like to be anywhere else. I'm happy here; this is my home." Another person told us, "They treat me as a gentleman, as though I really matter to them, it's a great feeling." One relative told us, "Its exceptional care and I go to all of the meetings. The only problem was when the lift was out of order and [person using the service] is on the third floor so I was a little bit concerned, but it was sorted straight away."

Staff had a good understanding of people and were able to support them in an individual way. The kitchen staff knew what people liked and reflected this in the meal choices at the service. One person commented, "If you're poorly they are there and if they can help they will help but always trying to keep you mobile and independent." Another person told us, "Yes, I'm well cared for, they know their duties and jobs. They are very good, they chat away and listen." One relative told us, "My [person using the service] gets constipation and therefore doesn't want to eat or gets a water infection so doesn't want to drink and the staff are constantly looking out for these signs and encourage her to eat and she can be a handful at times. They are so patient and kind with her. To me that isn't just a job, that's above and beyond the call of duty."

We observed staff acknowledging relatives and visitors to the service. One relative told us, "Everyone knows my name and says hi." One member of staff told us that people were, "happy and have all of their needs met. It's a nice place to work. Everyone treats everyone as if they are family." Another member of staff told us, "There's been a massive change in staff since [registered manager] took over. The home is more homely, there's more energy and we're all happy which means happier residents." We observed staff asking people, "Would you like some more tea?" and, "Are you enjoying that? Would you like some more?"

The provider and registered manager had a clear vision and strategy regarding the care provided to people. They wanted to make care special and to do this they recognised that they must know what every person needs and know each person as an individual. We saw initial assessments for people when they first moved to the home, detailing what care they needed and how that care was to be provided. These assessments were in partnership with people, relatives and professionals.

People using the service and their relatives all consented to their individual care plan which was clearly documented and staff supporting each person signed to say they had read all aspects of each care plan. Consent was sought and documented for allowing partnership agencies to access care records and photographs including identification, social activities and for skin integrity. Each person had a "This Is Me" section at the beginning of their care record which described their life history, family, sleeping preferences, communication needs, hearing and sight, personal care, notes about me, an extended personal profile and detailed their likes/dislikes.

We observed staff asking people if they could carry out personal care. People's choices were respected and

we saw people being asked what activity they would like to do. Staff treated people with respect and upheld their privacy. We observed staff asking people if they could enter their bedrooms and asking people if they would like support with their meals. Staff always addressed people by their preferred name.

We saw involvement from people and their relatives with the creation of people's care plans. These included best interest decisions and mental capacity assessments. These were clearly documented and had signatures from all involved. One relative told us, "We have regular talks about her care plans, I go to the meetings."

Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief. The service made sure that people's dignity was integral to everything they carried out. The registered manager and staff worked with people and their relatives to help increase people's confidence, maximise independence, choice and control where possible.

Is the service responsive?

Our findings

People received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to the person. For example, one person's 'psychological/emotional' care plan detailed that at times they liked to have 1:1 interaction with staff and have their hand held. One person's relative told us, "Mum likes to have her hand held and it comforts her." Another person's care plan instructed staff to look for the person smiling when they asked if they could carry out personal care. This demonstrated staff provided responsive care, recognising that people living with communication needs could still be engaged in decision making and interaction.

People had personalised care plans which reflected their individually assessed daily needs. These included medication, personal hygiene and physical well-being. Care plans were regularly reviewed, updated and audited. The plans gave specific information to staff on how to meet people's needs and the frequency of interventions. We reviewed two people's care files and these were person-centred and contained detailed instructions for carrying out people's care. There were corresponding risk assessments for each care plan and mental capacity assessments. People had their psychological and emotional needs also assessed, including spiritual and social needs.

People and their relatives were involved in the initial care planning and during reviews. One relative told us that they had regular discussions with the registered manager about their relatives care. We saw evidence of regular reviews by a member of the local GP surgery and these were documented in people's care files. Each care record contained a professional's record sheet, which also contained notes and a signature.

People's care plans in relation to their behaviour management were personalised and specific. These included the Abbey Pain Scale and instructed staff on what signs to look for if people were in pain. There were care plans in place specific to people's medical conditions, for example epilepsy, which instructed staff what to do if people required support with tremors or seizures.

We saw records of six monthly reviews of care plans which documented the involvement of people's relatives and GP.

People accessed stimulating and meaningful activities. This included trips to the seaside and to the local town. During the inspection we observed activities being carried out included bingo, cards, dominoes, snakes and ladders, a reminiscent game, dice roll, card making, knitting, painting and drawing. The staff were looking to introduce crochet for one person. The registered manager was implementing a reminiscent bus on the first floor so people could use this to recall visits to the seaside and park. One person told us, "I like bingo and colouring" and another person said, "I like the singers, bingo, watching TV, I like this lounge as it's nice and aired, not really hot like some places." People told us they enjoyed the activities within the home.

The provider had a robust complaints procedure in place and this was documented in a complaints policy. This policy was available to people using the service, their relatives, visitors and staff. There was information

within the service detailing how to make a complaint. There was a clear escalation route for complaints, including contacting CQC and local authority. One person told us, "Complaints? It's the opposite in fact." There were regular meetings for people and their relatives to discuss how to improve the service. One person said, "At the meeting we discuss how things can be improved, like what meals we would prefer." Another person told us, "No complaints. Why would anyone want to complain? Everyone gets on with everyone else, we don't want for nothing, we get well fed... I wouldn't change anything." One person's relative told us, "I have no complaints but if I did the manager would sort. I'm certain of that."

We reviewed the complaints log for the service and the actions taken. The registered manager addressed all complaints within the designated timescales and took action where required. Lessons learned were acted upon and shared with staff during meetings and supervisions. Compliments received about the service were also shared with staff. The provider regularly attended the service and reviewed any concerns or complaints raised.

A member of staff told us that they "can tell [registered manager] anything that's bothering me and [provider] is here a lot so I can talk to them too if I need to." The registered manager and provider had worked together to provide an open and transparent culture within the service. People interacted positively with the registered manager and we saw one person asking them to fix the TV in the main lounge as they wanted to watch a DVD.

At the time of our inspection no one was receiving end of life care. The staff files we reviewed documented that staff had received end of life care training. The registered manager had previously been involved a national project for end of life care and was incorporating this into the service. This project was part of Housing 21 and NHS End of Life Care and detailed how people would like to be cared for. The registered manager's experience with end of life care was going to be used to support staff and help with training so that they were aware of what is required with the delivery of the care.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the CQC since December 2017. This was in line with the requirements of the provider's registration of this service with the CQC. The registered manager had worked at the service for six months before being registered with the commission and was committed to improving the quality of care and life of the people living at Seahaven Care Home. They were aware of their legal responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection on both days and assisted us by liaising with people who used the service and their relatives on our behalf. They were extremely knowledgeable about the people who used the service and able to tell us about individual people's needs. People and relatives we spoke with knew who the registered manager was and told us they were a visible presence at the service.

The registered manager was working with the provider to improve the culture within the service. One staff member told us, "There's been a massive change in staff since [registered manager] took over. Attitudes are changing." Another staff member told us, "[The service and staff] were really struggling before [registered manager] came but now it's a nice place to work, she's really hands on. [Provider] is here quite often and we can talk to him."

The service had a clear vision and was working towards making the home more dementia friendly for all who were using it. The registered manager had a plan for improvements and was working with the provider to achieve these.

Staff had regular supervisions and we observed staff asking the registered manager for advice and guidance during the inspection. We reviewed staff supervisions and saw documented evidence of discussions around concerns and safeguarding. There were also records to show additional training was provided during supervisions to make sure staff were aware of the principles behind moving and handling and safeguarding. One member of staff told us, "You can talk to [registered manager] about anything, her door is always open." Another member of staff said, "Support from [registered manager] is excellent. Before she came problems weren't resolved but she doesn't do that. She sorts them for us. She's really supportive." There was a communications book for night shift staff which enabled the registered manager to communicate important information to them in a timely manner.

We saw records of regular staff meetings and reviewed the minutes from these. There were regular meetings for people using the service and their relatives to attend. These were advertised throughout the home. There was also a 'You said we did' poster at reception detailing improvements made that people and relatives had suggested. This evidenced that the registered manager had listened to suggestions, discussed these and implemented the changes. We also reviewed the minutes from these meetings. During the inspection we saw people and relatives interacting positively with the registered manager. One person told us, "The manager is very approachable; we all have a laugh together."

There was a robust governance framework within the service. The registered manager carried out daily, weekly and monthly audits of the service and we saw evidence of these. The provider also carried out a

quality assurance audit of the service on a monthly basis. These all allowed for the key areas of the service to be monitored and if any faults or errors were identified they could be acted upon. We saw in minutes of staff meetings that learning outcomes were shared with the staff. Records were regularly updated, reviewed and audited. The registered manager had reviewed all policies and procedures used within the service and had ensured that they reflected current guidance and best practice.

The service had an open, transparent and honest relationship with partnership agencies such as the local authority and the Clinical Commissioning Group (CCG) and we saw evidence in people's care files of joint working with external professionals to support people. During the inspection the registered manager had regular contact with the local authority to ensure that the service was following all required actions from their recent quality visit.

The home had their latest CQC inspection rating on display so that people living at the service, relatives, visitors, professionals and people seeking information about the service can see our previous judgements. They also displayed their 5* food hygiene rating, certificates of registration and insurance details at the main entrance. There were photographs of all staff members in the reception area too so that people could easily identify staff.

Since our last inspection the registered manager and provider had demonstrated that they have made the required improvements which were highlighted in our last report and have improved the service whilst ensuring compliance with all of the regulations.