

Seaswift House

# Seaswift House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Seaswift House Residential Home (hereafter known as Seaswift House) is a residential care home in the town of Seaton in walking distance of the town and seafront. The home is three converted town houses linked together and provides personal care for up to 15 people aged 65 and over. At the time of our inspection there were nine people using the service.

People's experience of using this service and what we found

Although we saw the provider had implemented improvements since our last inspection there were still areas of concern which had not been identified by the providers quality monitoring processes.

Improvements were needed to ensure fire safety measures at the service were more robust. Staff required further support in identifying risks and embedding this into their daily work. Improvements needed to be made in how people's medicines were managed.

Staff had not always been recruited safely. Although work had started to review staff recruitment files, we identified gaps in newly appointed staff files which had not been reviewed. The provider had a program of training staff were completing.

There were enough staff to support people, and people did not have to wait long if they wanted assistance from staff. There were no restrictions on visiting arrangements and staff took action to reduce the likelihood of the spread of infections. Improvements were needed in more thorough cleaning of people's rooms.

The registered manager and staff understood their responsibilities to keep people safe from abuse and discrimination. People were supported to eat a balanced diet. People were referred to health professionals when their needs changed. People's health and care needs assessments were updated as their needs changed.

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

People and staff spoke positively about the new registered manager and the improvements they had made at the home. Comments included, "Everything is changing in a good way...the manager has made all the difference..." Staff told us there was better communication within the team and daily handovers ensured they were aware of any changes or new risks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found some improvements, but the provider remained in breach of some regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seaswift House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Seaswift House Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

Seaswift House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Seaswift House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a new registered manager in post. They had registered with CQC on 11 August 2022.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

Following the last inspection in January 2022 Seaswift House was placed in a local authority whole service safeguarding process. They received support from the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. CQC received all of the minutes and reports from this process and attended the local authority whole service safeguarding meetings, which were also attended by the provider. Seaswift House came out of the whole service safeguarding process on 29 September 2022 and are now receiving ongoing support from the local authority Quality Assurance and Improvement team in a Provider Quality Support Process (PQSP).

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. The provider did implement a service improvement plan which they regularly reviewed and sent to CQC to demonstrate the improvements being put in place.

We used all this information to plan our inspection.

## During the inspection

During our visit to the home we observed the care and support people received. We met most of the people who lived at the home and spoke with seven of them.

We spoke with the registered manager, one of the providers, a team leader, two care staff, the wellbeing lead and the new cook. We also spoke with a relative and a visiting community nurse.

We reviewed five people's care records and medicines end to end process. A variety of records relating to the management of the service, including policies and procedures, recruitment records, maintenance records, staff rotas, fire documents, training matrix and meeting minutes were reviewed. We also looked at the provider's service improvement plan.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the inspection in January 2022 we found the provider had not ensured people received care and treatment in a safe way. Risks had not been assessed and actions taken to mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made at this inspection, we identified concerns which placed people at risk therefore the provider was still in breach of regulation 12

- Some improvement was needed to ensure fire safety measures were robust. We found a fire exit which was partially blocked by a large parcel and a commode. The provider told us the commode had been stored there for two weeks as it was waiting to be collected. This could pose a risk in an emergency. The provider ensured the area was cleared before the end of the inspection; however, we were concerned staff had not identified this risk.
- We found some fire doors did not close fully, meaning they would not be fully effective should there be a fire. The registered manager had implemented a new fire monitoring form recording fire alarms being sounded every week and that fire doors closed. We discussed that this was inaccurate as the box to state fire doors had closed was ticked each week and yet we found fire doors which did not fully close. Action was taken during the inspection to ensure fire doors closed and therefore would be effective in the event of a fire. The registered manager said they would ensure fire doors were checked weekly to ensure they were effective.
- At the last inspection the quick access reference sheet with people's personal emergency evacuation procedures (PEEPs) which detailed the support individuals needed in the event of an emergency to keep them safe had not been reviewed and did not reflect the people in the home. At this inspection the PEEPs folder we found at the second entrance of the home contained information about two people no longer at the service. We were told a new PEEPs folder had been put together but this was not at the main entrance and could not be found. This meant in the event of an emergency the emergency services would be given the wrong information and could place them at risk. A new folder was put into place by the registered manager.
- At the last inspection we saw free standing heaters in people's rooms. Free standing heaters could pose a risk of burns. Following that inspection, the previous registered manager completed risk assessments for each free-standing radiator. However, at this inspection we found another freestanding heater in a person's

room which had not been risk assessed to ensure it did not pose a risk to the person. We highlighted this to the provider and the freestanding radiator was removed.

- We found not all chemicals harmful to people's health were stored safely. The lock on a cupboard where cleaning chemicals were stored in a communal bathroom was broken meaning harmful chemicals were accessible to vulnerable people. Staff had not considered the risk these posed to people. The registered manager took immediate action and mended the cupboard door.
- Some staff were living in a self-contained flat on the top floor of the home. The registered manager had not completed a risk assessment to look at any potential risks this posed to people. The registered manager said they would undertake a risk assessment.

We found these issues placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, we found poor oversight of the delivery of care meant people were at risk. We found improvements had been made to identify and mitigate known risks to people's health. For example, a clear and robust plan was in place for one person who had been assessed by a speech and language therapist (SALT) due to risks associated with swallowing difficulties. The recommendations from the SALT were contained in the person's care plan and we observed staff serving the correct type of meal and assisting the person as recommended by the SALT. Staff spoken with were aware of the person's dietary needs. This reduced their risk of choking.
- Daily records provided more information about the person's experience during mealtimes. This assisted external professionals when monitoring the person's needs and helped them to adjust advice about care and treatment when needed.
- Arrangements had improved for the monitoring of people's weight loss. Previously people's weights had not been consistently recorded to ensure staff were aware of any concerns. Records showed more regular monitoring of weights. Where people were prescribed food supplements to aid with nutrition intake, records showed and we observed, these had been given to people. However, the new chef was not fully aware of who required a fortified diet to increase their calorie intake. Records relating to people's diet and fluid intake had improved significantly.
- Improvements had been made to the way staff recorded accidents and incidents. This meant the registered manager had a better oversight of accidents and incidents at the home and was able to identify trends and learn lessons to prevent reoccurrence.
- The provider ensured the servicing and maintenance of equipment and systems. For example, firefighting equipment, and equipment to assist people to move such as hoists and stairlifts.

### Using medicines safely

At the inspection in January 2022 we found the provider had not ensured people's medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made at this inspection, we identified some areas which required improvement which placed people at risk, therefore the provider was still in breach of regulation 12.

- While some improvements had been made to the management of medicines, some aspects required more attention. The registered manager and senior staff completed regular medicines audits, but these did not identify some of the issues we found.
- On the first day of the inspection protocols and instructions for the use of 'when needed' medicines (PRN)



were not in place for all people. By the second day of the inspection, the majority of the PRN protocols had been developed in order to guide staff about when and how to use these medicines. Work continued to ensure all necessary PRN guidance was in place.

- Unused or unwanted medicines, including those that required additional secure storage, had not been returned to the pharmacy in a timely way.
- The service had a well-developed medicines policy, but this was not always followed. For example, where people were out of the service at the time their medicine was due, arrangements were not in place to ensure they still received their prescribed medicines. We found two incidents where a person was out with family members and did not receive their prescribed medicine.
- The storage of most medicines, including those that required additional security, was safe. However, the medicines audit in July 2022 identified a new fridge thermometer was needed as readings may not have been accurate. The action was to ensure a new thermometer was in place by 30 August 2022. This had not been acted on.
- One person told us their pain was not always managed effectively. Their care records did not contain details of how to manage the person's pain to ensure all staff had clear guidance about how to support the person.
- Creams were not consistently dated on opening to ensure they remained effective.

Although we found improvements, people's medicines were not always being managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

At the inspection in January 2022 we signposted the provider to resources to develop their approach because we were only somewhat assured that the provider was preventing visitors from catching and spreading infections. At this inspection people were not always protected from the risk of infections.

- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. We found bars of soap in the communal ground floor bathroom; this posed an infection control risk. Once brought to the attention of the registered manager, the bars of soap were disposed of.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were not clean. Two people said their bedrooms were not as clean as they would like. The provider explained they had one housekeeper who worked evening cleaning the communal areas of the home. Care staff undertook cleaning of people's rooms. The provider told us the challenges they faced of recruiting domestic staff but confirmed adverts were out locally for cleaning staff. They told us after the inspection that an external cleaning company would be undertaking cleaning at the home to improve the cleanliness of the home.

At this inspection we saw some improvements, but people were not always protected from the risk of infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The service was following current government guidelines on allowing visitors into the service.

#### Staffing and recruitment

At the inspection in January 2022 we found the provider had failed to ensure recruitment procedures were operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- Since our last inspection there had been several attempts by the provider to review staff recruitment files to ensure they contained the required recruitment checks. The new registered manager had looked at the files and found them to still be disorganised. They had put in place a new index and had started to review staff recruitment files and compile a list of missing documents.
- Although this work had started, we identified gaps in newly appointed staff files which had not been reviewed. This meant that not all staff had been recruited safely.

The provider had failed to ensure recruitment procedures were operated effectively. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People were supported by enough staff to meet their needs.
- The provider was actively recruiting to fill staff vacancies. During this time current staff were undertaking extra duties to ensure enough staff were on each shift.
- The registered manager told us they were being selective about the quality of staff they employed to ensure they had the right calibre of staff at the home. They said they were recruiting ten percent above the hours they needed to ensure there were enough staff to cover staff holidays and sickness. The registered manager told us they were recruiting to ensure they had staff trained in preparation for new admissions.
- The registered manager was managing staff sickness and meeting with staff to see what support they required, to reduce further sickness episodes.
- People confirmed staff usually responded to requests for help quickly. Comments included, "Staff are here when I want them. They come quickly, usually within 2 minutes". However, one person said they had waited for 20 minutes more recently for staff support.
- People described a high turnover of staff in the past few months, which some had found unsettling. One person told us, "The changes take some getting used to but seems to be settling now..."
- The service was actively recruiting, care staff, domestic staff and a cook. In the meantime, the staff member allocated to the 'well-being' role responsible for activities was assisting in the kitchen. This meant the activity programme had been impacted and there were few meaningful activities being offered. People said there was very little stimulation and occupation to engage them, but they had enjoyed activities previously. Activity records showed little meaningful social occupation and stimulation had taken place over recent weeks due to the deployment of staff.
- The staff rota did not always reflect who was working at the home. The week of our visit nobody was recorded as doing the cooking, cleaning or undertaking activities. The registered manager said they would

ensure the rota was reflective of who was in the home.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service. Comments included, "The girls make me feel safe" and "It is fine here. Things here are good". A visiting professional said they had not seen poor practice or heard anything of concern during their regular visits to the service.
- People were supported by staff who had completed safeguarding training and were aware of local safeguarding procedures. Staff were able to describe the correct action to take should they have concerns about people's well-being or poor practice.
- Where concerns were identified the management team reported these to the Local Authority safeguarding team for further review.

Learning lessons when things go wrong

- On the first day of our visit we identified areas of concerns, e.g. a blocked fire exit, fire doors not closing and a cupboard containing chemical which posed a risk to people. Action was taken very quickly by the provider to resolve these concerns.
- Since our last inspection the provider had recognised that things had needed to improve at the home. They had worked with the local authority and health care professionals and taken on their guidance and were implementing changes to improve the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Since our last inspection there has been a suspension on admissions to the home by the local authority and a voluntary suspension by the provider. This meant nobody new had been admitted to the home that we could review. The registered manager told us they would ensure staff had the skills to support any new admissions. They said they would take care staff to assess potential new admissions, so they had a good understanding of people's needs and the process.
- People had comprehensive assessment records on the providers computerised care plan system. At the last inspection we found support tasks on the providers computerised care plan system had not been recorded as carried out. Since then staff had received training on the providers computerised care plan system and there were significant improvements in recording tasks completed. The provider was working to improve the Wi-Fi system at the home to cover all areas to aid this process.
- Care records contained details of equipment people required to assist them with moving safely.
- There were still areas for improvement. For example, we saw that some care records were overdue a review. The registered manager explained this work was underway.
- Staff told us there was better communication within the team and daily handovers ensured they were aware of any changes or new risks. However, not all staff had had time to look at people's full care plans and told us they relied on handover information.

Staff support: induction, training, skills and experience

- Staff confirmed they received training to be effective in their role. One staff member said, "We have really good support from the registered manager and provider. They listen to us staff and things are a lot better now".
- People told us they generally felt staff were well trained and understood their needs. Comments included, "I am happy with staff" and "Staff change, yes but I am happy with staff. They always cheer me up".
- The provider and registered manager explained they had a training program set up to continue to ensure staff had the required training to support people safely. They said they were reviewing the structure of the team, along with pay and champion roles for staff. The provider said staff were committed to the service and working hard to improve their skills and knowledge. They confirmed nine staff had completed additional

training recently which aimed to improve staff's monitoring of people's physical deterioration and to ensure staff escalate any concerns to an appropriate health professional.

- Staff confirmed they had received formal supervision with an external consultant, although this had not always been carried out in a manner to enable staff to discuss their concerns and ongoing development. The registered manager had taken over undertaking supervisions and had a schedule to meet with staff regularly to enable staff to discuss any work or training issues and hear feedback about their performance. The registered manager and provider were undertaking a local authority supervision training session on the second day of our visit. The provider told us how this would improve staff supervisions at the home.
- Staff received an induction when they started working at the home. This included working alongside a more experienced staff member. However, a new staff member's induction document was poorly completed, so we could not be sure they had received a thorough induction.

Supporting people to eat and drink enough to maintain a balanced diet

- Since the last inspection the provider has stopped using an external catering company that delivered frozen food. They had returned to cooking on site. Overall people were satisfied with the food served. Comments included, "The food is good. We get a choice... sometimes we get too much food!" and "I love the food, no complaints". One person felt the quality and variety of food on offer had deteriorated due to staff changes. They added, "Food was wonderful but now changes to staff and too many cooks. The food is now awful". The registered manager said they would be working with people to develop new menus.
- People were given the required support to meet their nutritional requirements and we observed positive interactions between staff and people at lunchtime. Staff were attentive and where needed supported one to one at the person's pace. People were offered second helpings and enjoyed the meals served.

Adapting service, design, decoration to meet people's needs

- The provider told us they had recruited new maintenance staff and had plans to refurbish the home. We saw there had been a water leak in the conservatory area which the provider had promptly repaired.
- We discussed with the provider and the registered manager that staff were not identifying maintenance issues and recording them. The registered manager said they would speak with staff at the next staff meeting about the importance of reporting concerns and identifying risks.
- One person who spent all their time in their bedroom had the wrong time and date displayed on the clock in their room. This would not help to orientate the person.
- People's rooms were personalised with items such as furniture; pictures and other personal possessions.
- After the inspection the registered manager shared with us photographs of the first part of this redecoration which was the conservatory area.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people's health needs were considered and reviewed. People told us they were supported if they became unwell and confirmed they could see their GP when needed.
- During the inspection staff recognised a change in one person's health condition and immediately contacted the GP to report concerns and seek advice. We heard this discussion; the staff member had a good knowledge of all people discussed with the GP.
- Feedback from a visiting health professional was positive. They told us staff recognised changes to people's health and reported these concerns in a timely way. They confirmed any recommendations they made were acted on without delay. They added, "They are definitely turning things around and always engaging with us... They are absolutely trying their hardest. They have taken the issues seriously".

Ensuring consent to care and treatment in line with law and guidance

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. The MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People confirmed staff involved them in their daily care and routines and staff asked their consent prior to supporting them.
- Decision specific mental capacity assessments were completed for people where required. For example, could someone consent to the use of bed rails, or do they consent to remaining at the care home. If a person was not able to understand the decision required, a best interests decision, involving the next of kin or power of attorney was completed.
- Where people were deprived of their liberty, referrals had been made or were being made to the local authority to ensure this was done lawfully and in the least restrictive way. The registered manager was reviewing all DoLS applications made by the previous registered manager to ensure they accurately reflected any restriction needed. Where applications had been made the registered manager was waiting for confirmation of approval for some applications from the local authority.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the inspection in January 2022 the provider's systems and processes were not effective in monitoring the safety of the home. They were not established and operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although there had been significant improvements the providers systems were still not robust, so they remain in breach of regulation 17.

- Although we saw the provider had implemented improvements since our last inspection, the Care Quality Commission (CQC) need to be assured going forward that the provider's quality monitoring systems and oversight would continue and effectively identify concerns.
- The provider had systems in place to monitor the quality and safety of the service such as care plan reviews, and health and safety and medicines audits. However, we found these systems and processes did not identify all the issues we found during the inspection. For example, the shortfalls in the safe management of medicines and fire safety issues, and the shortfalls in the recruitment process.
- The staffing rota did not always reflect accurately the staff on duty.

The provider had failed to ensure systems and processes were effective in monitoring the safety of the home and were operated effectively. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Since the last inspection the provider had appointed a new manager and used a consultancy in health and social care. They had registered as the registered manager with the Care Quality Commission (CQC) in August 2022. The registered manager had been in post for only a few months but had already had a positive impact on the service. Staff expressed confidence in the registered manager and told us their management style was open, friendly and inclusive. Comments included, "She welcomes us into her office if we need to



Speak with her" and "Everything is changing in a good way. The atmosphere has lifted; we are all in a better head space... everything is brighter...the manager has made all the difference..."

- With the support of the local authority quality officers the provider and the registered manager had developed a service improvement plan (SIP) setting out the areas which required improvements. This was a detailed plan and the registered manager was working through it and adding more details as they were identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt supported and valued by the new registered manager. The registered manager and provider recognised the pressure staff were under and the additional shifts they were undertaking to support the home.
- Staff told us they wanted to improve the service and to achieve positive outcomes for people.
- Since the last inspection Seaswift House has been under a high level of quality monitoring by the local authority and healthcare professionals while under a whole service safeguarding process. At a meeting following our inspection we heard positive feedback about the service and the progress being made. However, there were still areas which required improvement.
- The registered manager worked with staff discussing behaviours and values and worked directly with people and led by example.
- The rating from the previous inspection was on display at the home as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager shared information with people and their relatives about what had gone wrong and about the changes they were making to improve the service. The registered manager ensured people's relatives were notified about any issues and incidents.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People contributed to the internal quality assurance systems on a daily basis. The registered manager, provider and staff checked with people that they were happy. This included a daily walkaround.
- The registered manager had asked people to complete a questionnaire. They had received seven responses which were mainly positive with a couple of negative comments. The registered manager told us they would be collating the responses and sharing these, and the actions they were taking in response, with people.
- Records showed and a relative confirmed they were kept informed about any concerns or changes in the person they visited presentation.

Working in partnership with others; Continuous learning and improving care

- The provider had been working closely with the local authority and health care professionals to improve the service and to achieve the best outcomes for people living at Seaswift House.
- The registered manager and provider told us they knew they were not yet where they wanted to be and were continuously looking for opportunities to learn and improve best practice.
- Policies and procedures were being reviewed and were designed to support staff in their practice.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure service users received care and treatment in a safe way. Risks had not been assessed and actions taken to mitigate risks. Medicines were not safely managed.</p> <p>12(1)(2)(a)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>17(1)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure that persons employed were of good character.</p> <p>19 (1)(a)(2)(3)(a)(b)</p>