Greta Cottage Limited

SeaView Care Home

Inspection report

41 Marine Parade
Saltburn By The Sea
Cleveland
TS12 1DY

Tel: 01287625178

Date of inspection visit:
12 July 2017

Date of publication:
15 August 2017

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

The inspection took place on 12 July 2017. The inspection was unannounced.

Seaview Care Home is based on the sea front, Saltburn. The home provides personal care for older people and people living with dementia. The service is situated close to the local amenities and transport links. The service is registered to provide personal care for up to 25 people and on the day of our inspection there were 24 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in July 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was relaxed and welcoming. People who used the service and their relatives told us they felt at home and visitors were welcome.

Without exception we saw staff interacting with people attentively with caring attitudes. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff communicating with people well and at times use their skills positively to reassure people who used the service.

People were encouraged to enhance their wellbeing to take part in occasional activities that were valued. Staff spent their time positively engaging with people as a group and on a one to one basis. People were supported to go out on organised weekly outings. Throughout the day we saw that people who used the service, relatives and staff were comfortable and had a positive rapport with the manager and also with each other.

People's care plans were written in plain English and in a person centred way and they also included a one page profile that gave information that included personal history and described individuals preferences and support needs. These were regularly reviewed and some had included family members in the process.

Care plans contained personalised risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, dentist or optician.

Staff training records, showed staff were supported and able to maintain and develop their skills through

training and development opportunities that were accessible at the service. The staff confirmed they attended a range of valuable learning opportunities.
Staff had supervisions and appraisals with the manager, where they had the opportunity to discuss their care practice and identify further training needs.
Records showed us there were robust recruitment processes in place.

We observed how the service administered medicines and spoke with senior staff who administered medicines and we found that the process was safe.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and snacks. The daily menu was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments we looked at were complimentary to the care staff, management and the service as a whole.
People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly using questionnaires and we looked at the most recent results.
The service had also been regularly reviewed through a range of internal audits by the manager and the provider. We saw that action had been taken to improve the service or put right any issues found.
People who used the service and their representatives were regularly asked at meetings for their views about the care and service they received.
The premises were well presented, clean and infection control measures were in place throughout.

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

This service was safe.

People were supported to take risks in a safe manner and had individualised risk assessments in place to enable this.

Medicines were managed, stored and administered safely.

Recruitment procedures in place were robust.

People told us there was enough staff to meet their needs.

Is the service effective?

Good

This service remains effective.

Is the service caring?

Good

This service remains caring.

Is the service responsive?

Good

This service remains responsive.

Is the service well-led?

Good

This service remains well led.

SeaView 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 inspection took place on 12 July 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector and one expert by experience that had a personal experience of supporting older people.

At the inspection we spoke with five people who used the service, two relatives, the manager, seven care staff, one member of kitchen staff and a manager from a sister home. During the inspection we were able to speak with visiting professionals including members of the Macmillan support charity.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch. They are the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing activities, practices and interactions between staff and people who used the service.

We also reviewed records including; three staff recruitment files, medicines records, safety certificates, three care plans and records, staff training records and records relating to the management of the service; audits, surveys, minutes of meetings and correspondence.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and that there were enough staff to meet their needs safely. People told us; "Staff are good. It's safe, just like being at home. I'm not unhappy here, I wouldn't want to move." Another told us; "Fire and room alarms are tested regularly."

Relatives told us they were reassured that their family member was safe. One relative told us, "Most of the time there are enough staff. In an ideal world maybe another staff member would be helpful. If I could, I would give them 10 stars!"

At our last inspection we found that risk assessments were not personalised and were only general. At this inspection we saw that people's care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely. For example one person had a nut allergy and they had a specific risk assessment in place for this.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One member of staff told us; "I would go to the manager and if not then the owner. Or call safeguarding." This showed that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had never used agency staff to cover staff sickness and holiday. The manager showed us the arrangements they had in place to cover from existing staff.

Staff files showed the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

An effective system was in place to ensure that medicines were ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We looked at people's individual medicines records. Each contained their photograph, allergy information and medicine information. We observed senior staff administer medicines. The senior staff carefully explained what they were doing and asked the person's permission when administering. Medicines

administration records were completed when medicines were administered to people and we found this was carried out in a safe manner.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home.

Good

Is the service effective?

Our findings

Throughout this inspection we found staff were sufficiently skilled and experienced to meet people's needs. We found that there was an established staff team. People who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "The staff are always accommodating and good with everyone."

People were supported by a range of community professionals including; social workers, GPs, speech and language therapy and the district nursing team. People were also supported to attend medical appointments.

Supervision and appraisals took place with staff. These are one to one meetings to enable them to review their practice. Staff were given the opportunity to raise any concerns and discuss personal development. Staff they told us they valued their supervisions and one member of staff told us; "Yes we have them every other month, they are good we can share things at them."

Staff took part in a range of training opportunities and the training list showed us the training reflected the needs of the people who used the service. Some staff had a specific champion role in the following areas; dignity, dementia, medication, infection control, moving and handling, oral health, nutrition and palliative care. As a champion they were responsible for informing the staff team of any developments in their area and of training.

Peoples nutrition and hydration needs were met. We saw people enjoying their lunch in the dining room and in the lounge areas. There was enough staff to support people who needed support to eat. The atmosphere was relaxed and not rushed. People who needed support at meal times were offered to dine first to protect their dignity.

Special diets were catered for including; soft foods for people who were not able to have solid foods, diabetic and people who needed food fortifying with extra calories. Soft foods were presented separately. We spoke with one of the kitchen chefs who had in depth knowledge of people's needs, weights and preferences. They told us; "We get regular updates from the manager and the staff, communication is good."

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. There were ten people who used the

service with a DoLS in place and these were monitored by the manager.

People were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests. Where necessary staff involved the right professionals including advocates, GPs, social workers and mental health practitioners.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring, supportive and attentive at all times. People told us "They're doing a great job," "I love it here," "The staff are good they make it just like home" and, "Everyone is pleasant, I'm happy here. Very nice staff, couldn't wish for anything more. I have one complaint though, not enough men to dance with. I'm content, I get to chat with the staff."

We spent time observing people and there was a consistent relaxed, warm and homely atmosphere. Relatives told us they were always made to feel welcome. One relative commented; "It's a lovely place, we're quite fortunate. I visit most days. Can't fault the staff. Whoever picks them has got it right. My mum seems very comfortable. It feels like a home from home."

People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time. We saw relatives that visited regularly during our inspection.

People's dignity was respected by staff when using a hoist in the lounge area and also when administered medicines. Staff knocked on bedroom doors before entering and asked permission before administering medicines or carrying out moving and handling.

The home had an awareness raising 'Dignity Tree' in the entrance hall and people, their relatives and visitors were encouraged to add their thoughts on what dignity meant to them and hang them from the tree.

People were supported emotionally and we observed staff spending one to one time with people chatting.

People were supported to maintain their independence where possible and we saw this at meal times when people were encouraged to do things for themselves.

People who used the service were not using advocacy support at the time of our inspection. However the manager and staff were knowledgeable of advocacy and understood the importance and were able to make arrangements for people if support was required. This meant that the service respected people's rights.

People were supported to plan for end of life care and some people who wanted them had advanced care plans in place. At the time of our inspection the service was undergoing training and assessments and working towards the gold standards framework. This is a nationally recognised scheme that is awarded to homes that are meeting specific standards in end of life care.

We spoke with two visiting professionals from the Macmillan charity who specialise in end of life care and they told us; "The home is very supportive of our work. They've sent several staff on our end of life module. They don't hesitate in picking up the phone and asking for advice and information from us. Not all homes are as supportive."

Good

Is the service responsive?

Our findings

People were encouraged to take part in a range of organised activities and outings depending on their preferences. During our inspection we saw that there were activities taking place such as dominoes, word searches, knitting and games as well as activities that were planned, for example; trips out, chair exercises, zumba gold, dancing and entertainers. However some relatives told us they felt more could be organised for people to happen in the home.

People were encouraged to take part in residents and relatives meetings and these took place regularly where activities were discussed as well as the menu. These meetings were an opportunity to share ideas and information.

The care plans were person centred and gave in depth details of the person. Person centred is when the person is central to their support and their preferences are respected. Care plans contained one page profiles that reflected people's preferences, how they liked their support, their needs and background information including previous hobbies. These care plans gave an insight into the individual's personality.

People had up to date health passports in place that contained emergency and important information for in the event of someone being admitted to hospital.

People who used the service and their relatives knew how to make a complaint or raise issues. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to One person told us; "I raised an issue regarding maintenance and it is being addressed." And another told us; "If I have a problem I would tell one of the senior staff."

No complaints had been made about the service in the last twelve months. We reviewed information that demonstrated how other concerns had been managed, resolved and recorded appropriately. We also saw the service had received several compliments and these were shared with staff members. This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed.

People were encouraged to be part of the local community and used local resources and amenities on a regular basis for example the local shops and local pub.

The service had taken part in various fundraising events in the local community for the Alzheimer's society including the UK's largest waltz on the sea front and regular coffee mornings. The service had regular visitors including the young police cadets and local schools who held a question and answer session and local school choirs.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. People who used the service were complimentary about the manager and one person told us; "The manager is always there if needed."

We asked people's relatives for their views on the management of the service and one told us; "While it's under this management I would be happy to move in myself. The manager is very approachable. She will spend time with residents, chatting with them."

We spoke with the staff team and they gave positive feedback about the management of the service. They told us; "This is a very 'homely' place to work and is well managed." And "We are like a family."

Regular team meetings were organised by the manager to communicate with team members and these were well attended, recorded and valued by staff.

The manager ran a programme of audits throughout the service and these were carried out regularly. There were clear lines of accountability within the service and external management arrangements with the registered provider. Quality monitoring visits were also carried out by the registered provider and these visits included; staffing, health and safety, premises and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

We asked the manager for examples of partnership working with other organisations and they gave us a most recent one of how they had signed up to a local police community safety initiative called 'The Herbert Protocol.' This is a scheme that brings, local people, family, friends and care providers together to prevent people going missing and to improve responses for locating them if they do. The manager told us how the care home had been identified as a 'safe haven' by the local police and is to be used by the police as a place to bring a missing older person rather than the police station as a way of reducing distress to the person.

The manager showed how they adhered to company policy for risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were in place. This was used to avoid any further incidents happening.

The most recent quality assurance survey results were available. These were collected regularly using a questionnaire. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives.