

# Northridge Healthcare Limited

# Seaview

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Seaview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate 20 people in one adapted building. At the time of our inspection 17 people with physical and mental health related conditions were using the service.

This unannounced comprehensive inspection took place on 16 and 17 January 2018. This means that neither the provider nor the staff at Seaview knew we would be visiting the home. At the last inspection in November 2016, we identified breaches of regulations which related to safety, consent and the governance of the service. We found improvements had been made in most areas but not enough to ensure compliance with all of the statutory requirements.

This is the second consecutive time that this service has been rated as 'requires improvement'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions safe, effective, responsive and well-led to at least good. An action plan was sent to us by the registered manager in February 2017 which showed that the majority of required actions were completed and that any outstanding actions had a defined target date of 28 February 2017.

However, at this inspection we found that although the registered manager and the deputy manager had made improvements throughout the service, the governance was not robust enough to fully identify or completely address some of the continued issues we highlighted during this visit.

We found record keeping continued to require improvement. In particular, medicine administration records and clinical care plans required some attention to ensure comprehensive detail was included in respect of all people, their needs and specific risks they may face due to their health conditions. We have made a recommendation about this.

The provider has failed to display their previous performance assessment as legally required. We are dealing with this matter outside of the inspection process.

There was a well-established registered manager in post; however they were on annual leave at the time of our inspection. 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. The deputy manager, who was also the lead nurse, assisted us in the registered manager's absence.

People told us that they felt safe living at Seaview with the support from staff. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they should take if they suspected abuse. The local authority safeguarding team and commissioning teams informed us that there were no current concerns about this service.

Records relating to accidents and incidents were kept including matters of a safeguarding nature. Incidents were recorded, investigated and reported in a timely manner to other relevant authorities such as the local authority or CQC.

The service managed general risks associated with the health and safety of people, including the completion of regular checks of the property, equipment and utilities in line with their legal responsibilities. People's individual care needs had been assessed for risks related to daily living; however some clinical care plans did not describe specific risks related to health conditions such as epilepsy. Care records had been reviewed and updated on a monthly basis.

Medicines were stored in a safe and secure place. The staff followed policy and procedures regarding the ordering, receipt, storage, administration and disposal of medicines. We found that medicines were administered safely and when people needed them however, record keeping around medicine administration required improvement to ensure it was more detailed.

Staff records showed the recruitment process was robust and staff had been safely recruited. Training was up to date, and the staff team were supported through supervision and appraisal sessions. There were sufficient numbers of staff deployed to meet people's needs.

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. All staff now demonstrated an understanding of the MCA and worked within its principles, including gaining consent to care for people who lacked mental capacity.

The service involved external health professionals as necessary to meet people's needs and to support their general health and well-being. People's specific nutrition and hydration needs were met. We saw people enjoyed a variety of meals prepared by the cook. People were given a choice around mealtimes.

The care plans in place were very person-centred. People's individual needs were assessed and continually reviewed and an appropriate and current plan of care was in place.

We saw all staff treated people with dignity and respect. They displayed friendly, kind and caring attitudes and people told us the staff were nice to them. We observed people enjoying pleasant relationships with staff and it was evident they knew each other well.

Staff had plenty of time to provide a wide variety of stimulating activities which people enjoyed. One-to-one and group support was available to people to reduce social isolation and meet their social, cultural and religious needs. Visitors were welcomed into the home at any time.

The service had received four complaints since our last inspection. We saw that the registered manager investigated and managed complaints thoroughly and in a timely manner. The complaints procedure was on display and had been shared with people who used the service and their supporters. The service had received a large amount of compliments and 'Thank you' cards.

Regular quality assurance checks were undertaken by the registered manager. The deputy manager and nursing staff also checked daily, weekly and monthly care monitoring tools and medicine administration records to monitor the quality of care people received and to check it was appropriate to their needs. On some occasions, actions had not been fully recorded to show what action had been taken to address issues highlighted in audits, although we found this had no impact on the service people received.

A recent annual survey had been issued to gain the opinion of people and relatives about how the home was managed and how it could be improved. We found the service had received a positive response to the questions asked which the registered manager had evaluated. Staff spoke highly of working for the organisation and the registered manager and they told us they felt valued and appreciated.

We found one breach of the Health and Social Care Act 2008. This related to Regulation 17: Good Governance. You can see what action we told the registered provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medicines continued to require improvement, particularly around record keeping.

Risk assessments were in place but would benefit from more in-depth information around the risks individuals face in relation to their specific health conditions.

Safeguarding processes and systems were in place. Staff were trained and aware of how to protect vulnerable people from harm.

Staff were safely recruited and there were sufficient staff employed to look after people safely.

### Is the service effective?

**Good** 

The service was effective.

Consent was sought from people in line with best practice guidance. Staff gained verbal consent before providing people with assistance.

Staff were highly trained and knowledgeable about people's needs.

People were supported to eat and drink well to promote good health and well-being.

The service worked well with external healthcare professionals to provide on-going support to people.

### Is the service caring?

**Good** 

The service was caring.

People were treated with the utmost dignity and respect.

We observed staff maintained people's privacy.

Staff knew people very well and have developed friendly and trusting relationships.

### Is the service responsive?

**Good** ●

The service was responsive.

People and external professionals told us the service was very responsive at meeting their needs.

Care plans were person-centred and contained detailed information about how staff should care for people.

The service provided stimulating and meaningful activities which met with people's personal choices.

Complaints about the service were very low and managed in a timely and satisfactory manner.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Records continued to be inconsistent in some areas of the service. Records related to the risks people faced required more detail.

Audits and checks of the service were carried out but not always effective enough to identify issues. Action plans had not been comprehensively completed to address known issues.

There was a stable staff team led by an experienced and well-established registered manager and deputy manager.

People and external professionals had confidence in the management team and told us the service met their expectations.

# Seaview

## **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 site visit took place on 16 and 17 January 2018 and was unannounced. The inspection consisted of one adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is a person employed by the Care Quality Commission to support inspectors during an inspection; they have specialist knowledge in a certain area. The specialist advisor on this team was a qualified nurse. An expert-by-experience is a person who has personal experience of caring for someone who uses health and social care services.

Prior to the inspection we reviewed all of the information we held about Seaview, including any statutory notifications that the provider had sent us and any safeguarding and whistleblowing information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally we liaised with the local authority contracts monitoring and safeguarding adults teams and the local NHS clinical commissioning group (CCG) to gather their feedback about the service. We also spoke with other external healthcare professionals after the inspection who had been recently involved with the service.

During the inspection we spoke with five people who used the service and one relative to gain their opinion. We spoke with seven members of staff, including the deputy manager, two nurses, two care workers, the administrative assistant and a housekeeper. The registered manager was on annual leave at the time of our inspection.

We reviewed a range of care records and the management records kept regarding the quality and safety of the service. This included looking at four people's care records and four medicine administration records.

# Is the service safe?

## Our findings

At our last inspection of the service in November 2016, we found the service did not have effective systems in place to ensure medicines were managed safely. Following that inspection the registered manager sent us an action plan which described how they planned to address this and by when. At this inspection we found the registered manager had implemented some changes which had led to an improvement in this area, however we found there continued to be issues around record keeping.

Medicine administration records (MARs) were not always completed in a comprehensive manner. We found some gaps in the records we reviewed which meant we could not be certain that people had received their medicines (both oral and topical) when they needed them. However, people we spoke with told us they always received their medicines. Topical medicines are creams and ointments applied directly to the skin. We noted the gaps had been identified on the nurse's weekly audit; but no actions were recorded to enable us to see what had been done about this.

Overall, 'as and when required' medicines protocols were in place. These protocols assisted staff by providing clear guidance on when and how often these medicines should be administered, such as pain relief medicines. Some of these records would have benefitted from more comprehensive details. For example, one person was prescribed diazepam in emergency situations to stop seizures, however there was no specific timescale as to how long staff should wait if the person was not showing any signs of recovery before contacting the emergency services. The nurse on duty demonstrated their knowledge about this and told us they would ensure the information was written down.

Medicines which required cool storage were stored appropriately in a fridge which was within the locked treatment room. According to the home's medication policy minimum and maximum fridge temperatures were to be recorded daily as well as a daily record of the treatment room temperature. We found many occasions when the temperatures had not been recorded by staff. All of the temperatures which were recorded were in line with the recommended temperatures to ensure the safety and effectiveness of the medicines stored in this way. Medicines audits showed that these omissions had mainly occurred when nursing shifts were covered by agency staff and a notice had been put on the treatment room wall reminding all staff that this task must be completed.

We looked at how medicines were monitored and checked by nursing staff and the management team to make sure they were being handled properly and that systems were safe. We found that the deputy manager had completed monthly medicine audits; however they were not robust and had not identified all of the issues we found. Where issues were identified there were actions noted, however there was no formal sign off to verify that the actions had been completed. The nurse showed us the daily medicine audits, which checked that all medicines administered had been signed for; correct coding/explanations for omissions had been documented; all medications were in stock; all boxed medication counts balanced; all short life medicines had dates of opening on the label; all handwritten entries on the MAR charts had two signatures and discontinued medicines were signed and dated with details. We saw two issues were identified in January 2018 that there were missing signatures from MARs and that some eye ointment needed to be ordered.



for a person, the actions to be taken were noted, but not assigned to a staff member which meant there was a risk that these actions would not be carried out.

We found there had been no impact on people's health and well-being from the inconsistent record keeping as there was no indication that people's pain was not managed and certain health conditions were under control. We also received positive feedback from external professionals about the support people currently received at Seaview.

We recommended that the arrangements for recording medicines are reviewed to ensure they are in line with NICE (National Institute for Health and Care Excellence) guidance and the provider's medicine policy. The deputy manager told us this would be rectified immediately and any issues related to staff practices would be addressed.

Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Medicines were given to people from the container they were supplied in and we observed staff explained to people what medicine they were taking and why. People were given the support and time they needed to take their medicines. People were offered a drink of water and staff checked that all medicines were taken. People's medicine support needs were recorded in their care records.

Risk assessments were drafted to support staff with their duty to care for people safely. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people. A general risk assessment was undertaken in relation to walking, sitting, eating, drinking and bed time. Specific risk assessments were completed for pain, skin damage, smoking, moving and handling, mobility, falls, nutrition and hydration, continence and skin integrity.

Some clinical risk assessments did not always contain enough information. For example, general care plans in relation to epilepsy were in place and they stated that if a person showed signs of a seizure then staff were to administer emergency medicine and call the emergency services, but further instructions such as ensuring the person's safety by removing objects and placing the person in the recovery position were not recorded. There was also no information on the type of seizure the person experienced, any potential triggers of a seizure and what a seizure might look like. This meant staff may not have had all of the information they needed to support them to recognise if the person was experiencing a seizure.

In two records of people who suffered from epilepsy, we also found there was no bathing assessment completed. When we spoke to staff they were aware of the individual risks people faced and we judged that the lack of documentation had not impacted on people receiving care safely. We discussed this with the nurse on duty who told us they would ensure a more comprehensive individual risk assessment was completed for each person to ensure current guidelines and best practices were followed.

People told us they felt safe living at Seaview. One person told us, "I am safer here than at home because they've (staff) learnt what support I need and they provide that support whilst helping me to remain as independent as I can be. If I need help I just press my buzzer and they come quite quickly." A relative told us, "I have no concerns at all about the care and the quality of care that [person] receives. [Person] has a safe within their room where personal items such as jewellery can be kept."

There were safeguarding procedures in place. Staff had received awareness training to safeguard vulnerable adults and they were knowledgeable about what action they should take if they suspected harm or abuse

had occurred. The local authority safeguarding team informed us that there were no current concerns with the service. The registered manager recorded and monitored any incidents and reported them to the local authority as required.

Other accidents and incidents continued to be monitored and analysed by the registered manager. Action was taken if concerns were identified.

The premises were exceptionally clean, well-lit and carefully maintained. Everyone we spoke with told us that their room was cleaned daily, nicely decorated and well maintained. Safety tests were carried out by external contractors on the electrical installations, gas, water and fire alarm and lighting systems, to ensure the home was safe. Staff carried out daily, weekly and monthly safety checks to ensure the building remained safe, such as checks of window restrictors and fire exists.

Personal Emergency Evacuation Plans (PEEP's) were in place. These are plans which staff devised after assessing a person's ability to escape the building in the event of an emergency, such as a fire. PEEPs included how many staff would be required to support people and what action should be taken. Fire fighting equipment was in situ and we saw practice evacuation drills had taken place. All the staff we spoke with told us they were confident about the emergency plans. The provider had a business continuity plan in place in the event of an incident which may stop or disrupt the service. This included local contact information and information for staff on how to deal with emergencies such as a loss of power or a flood. This meant the provider had considered the needs and safety of people in an emergency situation.

We checked staffing levels at the service. The deputy manager kept a dependency tool up to date which measured people's current needs and structured the staff team on that basis. We observed staff carried out their duties in a relaxed manner and had sufficient time to provide social and emotional support to people. People told us they felt there were enough staff on duty and that staff responded to them in an acceptable timeframe if they called for assistance. We checked the last four weeks staffing rosters and saw there was minimal use of agency staff.

Staff recruitment continued to be safe and robust. Pre-employment checks were thorough and confirmed that applicants were suitable to work with vulnerable people.

Staff followed infection control procedures and we saw them using personal protective equipment such as disposal gloves and aprons when supporting people with personal care and at mealtimes. Domestic staff ensured soiled laundry was transported through the home safely and in line with best practice. We observed regular cleaning of the home during our inspection and regular cleaning audits were completed. There were risk assessments in place for the control of substances hazardous to health (COSHH).

# Is the service effective?

## Our findings

At our last inspection of the service in November 2016, we found the service was not following the requirements of the Mental Capacity Act (MCA) 2005. Following that inspection the registered manager sent us an action plan which described how they planned to address this and by when. At this inspection we found the registered manager had implemented necessary changes in a timely manner which had led to an improvement in this area.

The 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).

Following our last inspection, the registered manager ensured people's mental capacity was appropriately assessed and DoLS applications were submitted accordingly. Since then the staff have continued to work within the principles of the MCA. We saw evidence that a best interests decision making meeting was held to ensure the appropriate consent was sought prior to providing care and treatment to people who lacked the mental capacity to make important decisions for themselves such as deciding to live at Seaview permanently or taking medicines covertly.

Staff were well trained and knowledgeable about people's individual needs. One person told us, "When I first came in they needed to learn about how to give the support I needed but now its fine, they know what to do and they know when they need to give me some space as sometimes I can feel a bit moody."

Staff completed a robust induction programme and their training was up to date. The staff we spoke with told us that they felt well prepared to carry out their duties and the training available was good. Staff comments included, "Northridge Healthcare encourages training and personal development" and, "Although I'm a [non-caring role], I undertake lots of training too."

Records showed staff had completed training in key topics, including moving and handling, safeguarding, infection control, nutrition and hydration, first aid and mental capacity act awareness. Additional courses which related to the specific needs of people who lived at Seaview, such as dementia care and challenging behaviour had also been completed by staff. Training from external sources was also available to the staff. An external professional from the NHS palliative care team told us, "We have identified some palliative care training needs for both qualified and non-qualified staff and have set dates to provide training."

Staff continued to receive support in their roles from the registered manager, deputy manager and nursing team through team meetings, supervision, practical observations and an annual appraisal. They told us, "We are well supported by management", "[Deputy Manager] is very good, supportive" and, "Management is

supportive."

People we spoke with told us the food was good. One person said, "The food is five star. I'm on a diet to lose weight and the chef talks to me about meals and we agree together what I will have. I've no complaints about the food". Another person said, "The food is excellent, there's always a choice between two things and there's plenty of it." A third person told us, "There's always plenty of food and if you don't like what there is you just ask for something different. You can't fault the food." A relative also commented, "The meals are good and there is always a choice of two items with sandwiches or omelettes always on offer too."

The cook was very visible at the home and regularly came out of the kitchen to speak with people about the food. We heard the cook ask people what they would like before mealtimes and ask them if they enjoyed the meal afterwards. The food which was served during our visit appeared very appetising and smelled lovely. Everyone seemed to enjoy the food during our observation of a very positive dining experience.

All staff were aware of people's dietary requirements and they ensured the cook was informed of changes to this information. Staff supported some people to eat their meals and we saw this was done with dignity, patience and empathy. There were plenty staff available over mealtimes to assist those who needed it. Some people had their food and fluid intake supervised to monitor their well-being and staff reported any concerns to external professionals such as dieticians and speech and language therapists.

One person had complex needs around their nutrition. Their care plan was specific and clearly set out how staff were to support the person, for example, the person's one-to-one key worker was to remain with the person to ensure that they felt safe; after the person had been served their meal staff were to move away and observe the person from a distance as this had proved to be the best approach for the person to encourage them to accept and eat the meal. The person was to be praised after they had eaten their food no matter how much as this made them feel better about their food. We observed this care was provided as planned.

Care records showed that people continued to have access to external health and social care services to maintain their health and welfare. During the inspection we noted many professionals had recently visited people, including a GP, district nurses, palliative nurses and a community psychiatric nurse. Information about external healthcare reviews and appointments were clearly recorded in people's care records to ensure staff were aware of any changes in needs, such as end of life care, physiotherapy exercises and nutritional plans. An external professional told us, "I found the nurses and carers (care workers) to be knowledgeable regarding their residents. The staff were more than keen to implement anything that was suggested. The staff appear to communicate effectively with each other and have communicated all relevant information I require to myself. The staff made themselves available to me when I visited." Another external professional said, "We enjoy a good working relationship with the staff."

The premises were adapted to suit the needs of the people who lived there and were decorated to a very high standard in a pleasant and homely fashion. Each floor's corridors were decorated with a different colour scheme and the décor was themed around this to help people orientate themselves around the home. Aids, equipment and adaptations were in place to assist people with daily living and to make moving freely around the home safe for people.

## Is the service caring?

### Our findings

People told us they were looked after by a team of very caring and compassionate staff. We received nothing but positive comments about Seaview and we observed a strong person-centred culture where people looked happy and were engaged.

Comments from people included, "Things are good here, staff look after me well", "It's great here, I like it here, the staff are great and I'm well looked after. Everything is perfect, everyday my room is cleaned, I have a fantastic view, I never feel abandoned, staff talk to me and there is always plenty of staff", "My nephew and sister can come anytime to see me and they're always offered a cup of tea. Staff are lovely; I can't think of anything that could be changed to make things better", "The staff are all caring, all lovely, whether its day or night and they do their best" and, "This place is like coming home. On the first day that I came here [deputy manager] said 'Welcome Home' and that's stuck in my mind."

The relative we spoke with said, "I'm 100% happy with the care here and [my relative] is completely safe. Her room is great, the food is good, she is always nice and clean and the place smells lovely." An external professional told us, "I felt welcomed as a visiting professional."

The deputy manager spoke with pride about the staff team and how passionate, hard-working, caring and thoughtful they all were. We observed lots of positive interactions throughout the day between people, staff and visitors and we heard lots of singing and laughter. Staff interacted with people in a warm and friendly manner. People were treated with dignity and respect by all of the staff. We observed people had their privacy maintained and staff spoke to people in a polite and courteous way.

People told us they felt respected and had established nice friendships with the staff and other people. They told us they felt listened to by staff. One person said, "They treat you as a person here, not a number, it makes a difference." Another told us, "Staff are great, really great, they are so helpful and anything you need they will get and they've always got time to talk to you." A third person added, "If you need anything you just have to ask and if they see you struggling they always come over and ask if you need any help."

All of the staff we spoke with were knowledgeable about people's needs and could describe these to us, including those in non-care related roles. A care worker told us, "We read the files (care plans) which gives personal, medical and support needs and a history of the person, but we talk to people and by doing that you get to know more about them as a person so you can use this information to support them better."

Communication care plans were in place and were specific to people's needs and abilities. We saw detailed information for staff to follow in relation to how they should engage with people. This approach meant staff provided responsive care and recognised that people living with communication difficulties could still be engaged in decision making and interaction.

Everyone we spoke to including the relative told us about their involvement in devising care plans for people. The relative said, "I am kept informed of any medical concerns or changes in [my relative's] health or

behaviour." We saw in care records that people and their relatives (where appropriate) had been involved in providing the information contained in them and they had signed to give consent to their care and support.

Discussions with people and staff revealed there were people who used the service who had diverse needs in respect of some of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. The service was accommodating of people's different needs and staff responded well to the diversity within the home and they understood the importance of treating people individually, particularly around age and gender appropriate support. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Records showed positive plans were made to ensure people's needs were met in a way which reflected their individuality and identity. Staff had undertaken equality and diversity training, which had provided them with the knowledge to put into practice.

We reviewed a large amount of compliments and 'Thank You' cards. Recent comments in cards included, "Wonderful care shown to [person]", "It's good to know what a good time [person] is having while we are away and not having to worry", "You make all this visits such a pleasure" and, "Your care and support is very much appreciated."

## Is the service responsive?

### Our findings

We observed staff supporting people throughout the day and they were observant and responsive to people's needs. People and a relative told us they thought the service was responsive to their needs. An external professional told us, "We feel they provide person-centred care and are responsive to patients' needs."

Care plans were very person-centred and detailed people's individual needs and preferences. They contained a pre-admission assessment which included personal details, past and present medical history, medicines, a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) status, care needs, likes and dislikes. A photograph had been taken for identification purposes and people had consented to this.

Nursing staff had ensured each person had general care plans for daily living, which reflected their health, mental and social care needs. For example, all care records contained sections on personal care and hygiene, medicines, communication, mental capacity, nutrition, continence, skin integrity and end of life care. Other specific care plans to address specific needs included, epilepsy, diabetes, choking, behaviours that challenge and pain control. However sometimes these specific care plans weren't as comprehensive as they could have been.

We found the general care plans were in depth and reflected what support a person needed and how they wanted to be cared for. These plans were informative and clearly explained how care and support should be delivered for each person. The care plans also incorporated risk assessments. They reflected individual issues such as, weight loss, use of bedrails, use of equipment and falls. Care monitoring tools, such as MUST (Malnutrition Universal Screening Tool), body maps, food and fluid charts and a falls register were used to supplement the documentation.

One person's care plan set out how staff could support the person in reducing their level of anxiety when having their renal dialysis. For example, by making sure they had their radio left on all night and having the lights turned off. Another person's personal hygiene care plan set out that staff were to encourage the person to perform their part of the task and if they became anxious staff were to leave them until they became calm and return after an hour. This person preferred to sleep in until lunch time and staff were made aware that this would ensure the person was more calm and accepting of assistance.

The service ensured there was a holistic approach to providing appropriate care and treatment. All needs (not just physical ones) were met such as social, emotional, cultural and religious needs. This meant there was sufficient information available to staff to ensure they provided care and support in the way each person preferred. Care plans and assessments were kept under regular review and updated when changes occurred. This meant staff could respond to people's health and personal care needs in the way people wanted.

The service was providing end of life care and care to people with terminal and life limiting illnesses. We saw in care records that staff had asked people and their relatives (where appropriate) to consider sharing their



end of life wishes to ensure that the service could continue to care for people as they would prefer when they may no longer be able to communicate those wishes themselves. We saw the service had demonstrated empathy and compassion for a person they were supporting who had family living abroad. Staff facilitated 'Skype' sessions three times every week so that they could keep in touch with their family members. This person's emergency healthcare plan has been devised between their GP, a palliative care nurse and staff at the home during a best interest decision making meeting and then cascaded to the family members via 'Skype' to ensure everyone was in agreement that the plan was in the person's best interests. Skype is a computer program that allows users to have a voice or visual call using a computer or mobile device. An external professional from the NHS palliative care team told us, "For the palliative patients that we are involved with we find that the staff listen to the patients' individual needs and are responsive to each patient. We have seen them [staff] involving relatives in care planning and the care given is tailored to meet individual patients' needs."

Daily communication notes were kept for each person. These contained a summary of 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.

People who had consented to them, had 'hospital passports' and emergency healthcare plans in place. This ensured personal information about people including their needs, wishes and preferences in emergency situations such as resuscitation could be taken into account by staff and other external professionals such as paramedics and doctors who may be required to provide additional care and treatment. 'Hospital passports' are used when people move between the home and a hospital to ensure effective communication between services.

People were complimentary about the activities and social interaction they participated in. Some people told us they particularly enjoyed the coastal views from the large windows in the communal lounge and the observatory on the top floor. We saw staff had the time to provide an ample amount of one to one time with people, playing games such as scrabble and connect four. During our inspection, the communal lounge was occupied by many people watching films together. One person used a portable DVD player and chose to watch episodes of their favourite TV programmes whilst sitting in the large window area of the communal lounge. We heard them laughing for hours.

We saw staff had planned a wide range of meaningful activities recently and we were shown photographs of people (with their consent) enjoying trips out and communal events at the home such as a trip to the pantomime, carol singers visiting the home, baking festive shortbread and a Christmas Day lunch. We found that activities were planned around the characteristics of people. For example, there had been a gentleman's event, where staff had taken some of the men to a local social club and they had played dominoes. We also saw two of the younger care workers had taken a younger person out for the day to enjoy pampering and cocktails. We saw staff had supported this person to make a photo album of their days out with care staff, which also included York Dungeons, the cinema and festive nail art.

One person told us, "The staff are mainly young and they keep you young. I get the support I need but they make me do things too so I'm not dependent. Although I stay in my room a lot they are always coming in to see if everything is ok. Sometimes I never get any peace (Jokingly)! If you need to go to hospital they go with you. If you need the optician or doctor or the hairdresser then they get them for you." This showed the service actively promoted socialisation and inclusion for all of the people who lived there.

There was a robust complaints procedure in place. Four complaints had been received by the service since our last inspection. The registered manager had investigated and responded to each complaint efficiently



and effectively. Each record contained a formal record of complaint, a summary of the issues, investigation notes, witness statements if necessary and an outcome. Each complainant had been reassured by either the registered manager or the deputy manager that the matter was being investigated and advised of the outcome in a timely manner. An apology was offered where appropriate.

Everyone we spoke with was very complimentary about the service and could not provide any examples of when they had needed to make a complaint. All of the people and the relative we spoke with were very confident to raise any issues with the staff and felt they would be listened to and have their issues responded to.

# Is the service well-led?

## Our findings

At our last inspection of the service in November 2016, we found the governance of the service was not effective and record keeping required improvement. Following that inspection the registered manager sent us an action plan which described how they planned to address this and by when. At this inspection we found the registered manager and deputy manager had implemented changes to improve this area but further improvements were required to ensure compliance with Regulation 17, entitled 'Good governance'.

The registered manager and deputy manager had worked in partnership with the provider on the service improvement plan and they had worked with the local authority, the clinical commissioning group (CCG) and the NHS medicines optimisation team to develop and implement a focussed action plan following our last inspection. We found the service had achieved most of the objectives set out in their action plan, however the governance of the service was still not effective which meant some of the shortfalls we highlighted during this inspection had not been addressed by the management team prior to our visit.

The records we reviewed were not contemporaneous in respect of each person. We found gaps in the information kept about people which included specific in-depth risk assessments, which could have an impact on people's safety. Despite people's needs and care plans being reviewed on a regular basis, these omissions had not been identified and action had not been taken to ensure they contained comprehensive the information staff may require to assist them to care for people safely. Medicine administration records had not been completed to a satisfactory standard by staff which meant we were unable to be sure if people had received their medicines as prescribed. Where people had been identified as at risk of malnutrition, and therefore required close monitoring of their food and fluid intake, records which detailed what they had eaten and drank were not consistently completed. This meant it was not always possible to know if people had taken an adequate amount. There was evidence that these records had been reviewed by the management team, but action had not been taken to ensure charts were an accurate record of the care people received.

Audits and checks of the service had taken place, but audits were not always completed robustly. Where issues had been identified, actions were not always noted so we were unable to ascertain if they had been dealt with. The deputy manager and nurse on duty were able to explain what actions they had taken to address the issues but the records did not always reflect this. On the occasions where actions had been written down, they were not always accompanied by the name of the delegated member of staff who was dealing with the issue or specify a date at which the issue would be addressed. We found this had occurred in a large amount of medicine audits.

The management daily walk-around was not recorded and activity logs were also not always completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to display their current ratings from our last inspection of the service. The ratings

should have been on display at the home and on the company website to ensure people who used the service and their supporters were able to see how well the provider was performing against the regulations. We are dealing with this matter outside of the inspection process.

An established registered manager was in post although they were on annual leave during our inspection. They had managed the service for over a year and prior to the service closing temporarily in 2016, they had been in charge for five years. The deputy manager was in charge of the service when we visited, which was usual practice and they told us that the registered manager would usually visit the service between three and five times per week for oversight.

There was a clear staffing structure in place, which included the registered manager, a deputy manager (who had current registration to work as a qualified nurse), nursing staff, care staff and domestic staff. The whole team were aware of their responsibilities and what they were accountable for. All staff were reliable and worked regular shifts which provided consistency for the people who used the service. The staff we spoke with told us they had no issues at all with the management of the service. Policies and procedures were available and a system to review these was in place.

The deputy manager told us there were plans in place to give nursing staff supernumerary hours to enable them to concentrate on the care plans and other records and include the attention to detail which they required.

The culture of the service was open and transparent. During the inspection and afterwards during feedback, the management team displayed openness and transparency towards the evidence we presented to them and were proactive in their response to our findings.

The deputy manager attended a daily 'handover' meeting. Handover records showed that people's needs, daily care, treatment and professional interventions were communicated when the staff team changed at the beginning and end of each shift. The 'daily handover report' contained details of the person's dietary and fluid requirements, together with a brief overview of their clinical conditions and their care and support needs. However, on occasions abbreviations were used in the handover report. We spoke with the nurse regarding an example, which read, "End of tube sent to FRH." When we asked the nurse what this meant they acknowledged that they were unsure of what had happened to the person's tube and they reassured us they would speak to the deputy manager to find out.

Monthly management meetings had taken place to discuss the safety of the service and staff team meetings were conducted on a three monthly basis. This meant that staff had had a regular opportunity to meet formally with the management team and discuss aspects of the service, share best practice or be involved with the development of the service. The deputy manager told us staff had requested to attend a course in 'oral health' to meet the needs of one person. The deputy manager said, "Enabling this to happen makes them (staff) feel involved, they came up with some good ideas and it encouraged them to come forward with other ideas. We support them to try things."

Overall the opinions from people and a relative about the management of the service were positive. They all told us that they thought Seaview was well managed. Three people and a relative told us that they had been asked for feedback and had provided this via a questionnaire. We reviewed the results from the satisfaction survey conducted in 2017 and saw the responses were positive overall. The average score being 87%. Results included 100% of people feeling safe and welcomed, 100% of people recommending Seaview as a place to live and 100% of people feeling supported to do what they wanted to do. Some comments included, "Fab! Everything is alright", "Staff are amazing", "Always on hand, staff are approachable", "It does

not feel like a care home" and, "Supportive of families and relatives."

'Resident and Relatives' meetings had been held in the past but the deputy manager told us these were not well attended. The registered manager and deputy manager had spoken about this and decided to offer people individual appointments instead.

We asked staff if they enjoyed their job and they all told us that they did. One said, "I love it here and morale is good. We are well supported by management." Another told us, "Staff morale is good, we all work together as a team, there's more than enough staff which means we can spend quality time with residents."

The deputy manager told us that the registered manager was very supportive. They said, "[Registered manager] is an excellent manager." They also told us they had been given opportunity to try a new allocation system which they found had worked really well. They told us that instead of the care staff working where they preferred or with whom they preferred, the deputy manager had implemented a floor allocation schedule. This meant staff were delegated responsibility for caring for particular people and were responsible for their personal care, room cleanliness, activities, speaking with relatives and completing daily notes. The registered manager told us this had worked "fantastically well" and had enabled them to provide "a personal touch".

There were plans in place to introduce a staff reward scheme and team building sessions took place on a weekly basis to keep staff morale boosted. The deputy manager told us, "It's a lovely home to work in."

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Systems and processes were not always operated effectively to ensure compliance with the requirements.</p> <p>The provider had not ensured that complete and contemporaneous records were in place for each person who used the service. Care records did not describe in depth the risks which people faced due to specific health conditions.</p> <p>General record keeping in relation to the care and support given was not always thorough and completed.</p> <p>Although audits and checks on the service were in place they had not been robust enough to identify some of the issues we highlighted at this inspection. Action plans were not always completed to show how the issues would be addressed and prevented from re-occurring.</p> <p>Regulation 17(1)(2)(c)(f)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments
Treatment of disease, disorder or injury	The service has failed to display their previous performance ratings at the service and on the provider's company website.  Regulation 20A

### **The enforcement action we took:**

We issued the provider with a fixed penalty notice which was paid by the provider in March 2018.