

Seaview House Care Ltd

Seaview House Nursing Home

Inspection report

14-16 Colne Road
Clacton On Sea
Essex
CO15 1PY

Tel: 01255421480

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27 April 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seaview House Nursing Home provides care for up to 20 people with needs associated with their mental health. There were 19 people living at the service at the time of our inspection. The accommodation at Seaview House Nursing Home is provided across three floors, with one communal lounge and separate dining room. The service is near all facilities including the sea front.

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

People were protected from the risk of harm and risks to people had been considered and documented. There was enough suitably trained staff to meet people's needs. People received their medicines in a safe and appropriate way. Staff within the service were recruited safely and received suitable training to fulfil their role. The service had implemented good infection control practices, protecting people from the risk of infections and in line with current best practice guidance.

The management of the service maintained good oversight through regular reviews and audits, and included people and staff in the running and shaping of the service. Management had actively looked for ways to better the service, and had an ongoing plan for improvements. The service worked well with external professionals to monitor and maintain people's health, and improve the care they received.

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 and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 May 2021) 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 improvements had been made and the provider was no longer in breach of 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 and Well-led which contain those requirements.

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 changed from requires improvement to good. 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 Seaview House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Seaview House Nursing Home

Detailed findings

Background to this inspection

The 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

The inspection was carried out by 2 inspectors.

Service and service type

Seaview House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Seaview House Nursing Home is a care home with 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 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 registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Due to the nature of people's communication and mental health needs, many people were unable to talk or engage with us. We therefore used observations to gather evidence of people's experiences within the service. We spoke with 1 person to seek their views of the service. We spoke with 4 staff including nursing and care staff, housekeeping, and the service manager.

We reviewed a range of records. This included 4 people's care records and 1 person's medicine records. We looked at 3 personnel files in relation to staff recruitment. A variety of records relating to the management of the service, including quality audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was following current best practice guidance in relation to infection prevention and control (IPC). There was a current and up to date policy in place, and staff had received training in IPC and the use of Personal Protective Equipment (PPE). PPE was readily available throughout the service, and staff were observed using PPE where appropriate.
- The service had received external support with auditing areas of IPC, and had created an action plan to address concerns which had been identified. During the inspection, no areas of concern were identified. The manager kept the cleanliness of the service under constant review.
- The laundry room had been identified by the provider as an area requiring improvement, while the room was well maintained, the improvements identified from a full refurbishment would provide better use of the space, and an easier flow for the route of soiled laundry.
- Risks to people had been assessed and documented within their care plans. These were regularly reviewed and updated as people's needs had changed.
- People had detailed care plans in place, which were individualised and person centred. However, there was a lot of out of date information contained in the plans, such as older medical information, which was no longer relevant. The provider was in the process of moving to a new digital care planning system, which would remove this information.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, the provider had a safeguarding policy in place, and staff had received training in how to identify and raise concerns.
- The provider investigated allegations of abuse thoroughly, following appropriate processes, such as notifying the local authority, and where necessary, the police. The provider put measures in place to ensure people were safe.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- People received their medicines safely and as prescribed. Staff were trained in medicines administration, and had been observed and assessed as competent.
- Systems and processes were in place for the safe management of medicines, including regular audits and checks to identify if errors had occurred. Medicines Administration Records (MAR) were fully completed, and staff were observed administering medicines appropriately.
- The provider had implemented a new medicines dispensing system, staff were able to easily explain the processes in place for dispensing, monitoring, and ordering of medicines under this new system.
- Specific medicines required additional risk assessments and additional service user monitoring to watch for adverse effects. This was all documented and recorded. Staff who administer medicines had attended specific training on this medicine.

Staffing and recruitment

- Staff were recruited safely in line with best practice guidance. Checks were completed including obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide safe and meaningful care to people living in the service. There was a consistent staffing team, who were flexible in their approach to working, this provided people with continuity of care, from staff who knew them well.
- Staff had received adequate training, suitable for their roles, and the manager regularly observed staff in practice to ensure their skills were suitable.

Visiting in care homes

- There were no restrictions on visiting the service, relatives and friends were able to easily visit their loved ones, and the service encouraged this.

Learning lessons when things go wrong

- Incidents were reviewed, and any improvements identified were implemented. This information was easily shared with staff via meetings, or discussions with management.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider was working to current best practice guidance in relation to IPC and PPE. Policies and procedures surrounding PPE and IPC had been regularly reviewed, updated, and changed as guidance had changed or became obsolete.
- The registered manager was aware of their role and responsibilities, including submitting regulatory required notifications to the Care Quality Commission.
- The registered manager demonstrated a clear understanding of the importance of quality assurance and improvement. The registered manager had good oversight of the whole running of the service. They spoke about areas that had been identified for improvement and what actions were being taken. Regular reviews of the service drove improvements to care provided for people.
- Systems and processes in place to monitor the quality and safety of the service were effective in identifying areas for change and improvement. There were clear pathways between concerns being identified, how they would be addressed, what actions needed to be taken, and who was responsible for those actions.
- Staff had a clear understanding of their roles and responsibilities and worked well together to meet people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were regularly chatting with people, sitting with them and engaging with them. The atmosphere in the service was relaxed and calm. People were observed engaging well with each other, and were comfortable and confident to approach staff at any time.

- The environment had been tailored to meet people's needs, areas of the service had been recently refurbished, either to enhance people's ability to use facilities, or to ensure the environment was easier to maintain cleanliness.
- The management team were highly visible in the service, and engaged directly with the people who used the service. The manager's and staff created a relaxed atmosphere within the service, which made people comfortable and visibly happy.
- The registered manager was aware of their responsibilities under Duty of Candour, there were policies and systems in place to enable people and families to raise concerns, and ensure they were properly addressed.
- People's care plans were written in a person-centred way, detailing all aspects of people's needs with positive outcomes being the main focus, such as maintaining independence. This included supporting people's religious beliefs, as well as supporting them to maintain employment.
- Staff and people were regularly engaged in the running of the service and their concerns and comments were listened to and acted upon. Feedback was sought in a number of ways, including regular resident and staff meetings.

Continuous learning and improving care; Working in partnership with others

- The service regularly engaged with external professionals, such as Occupational Therapists, mental health specialists, and medical professionals to improve the care provided to people.
- The service worked with the local authority to investigate concerns raised and provide information about the service.