

Gungah Care Limited

# Seathorne Court Residential Home

## Inspection report

Winthorpe Avenue  
Winthorpe  
Skegness  
Lincolnshire  
PE25 1RW

Tel: 01754 765225


Website: [www.seathornecourt.co.uk](http://www.seathornecourt.co.uk)

Date of inspection visit: 8 December 2015

Date of publication: 15/01/2016

### 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 

### Overall summary

Seathorne Court Residential Home is owned by Gungah Care Limited and is situated in the Winthorpe area of Skegness in Lincolnshire. It provides accommodation and personal care for up to 18 older people some of whom experience memory loss associated with conditions such as dementia.

We inspected the home on 8 December 2015. The last inspection took place on 11 October 2013 and we found the registered provider was compliant with all of the outcomes we inspected.

There was a registered manager in place who was also the registered provider of the home. A registered manager is a person who has registered with the Care

# Summary of findings

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.

People were involved in making decisions about how they wanted to be supported and how they spent their time. The registered manager had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of this inspection two people had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act 2005 (MCA).

Staff knew how to recognise and report any concerns they had regarding people's safety so that people were kept safe from harm.

The registered manager had safe recruitment process in place and background checks had been completed before new staff were appointed to ensure they were safe to work at the home.

Staff understood people's needs, wishes and preferences and they had received training in order to enable them to provide care in a way which met people's individual

needs. Positive working relationships had been developed between staff and people who used the service and their relatives and were being maintained. Staff were caring in their approach and people's privacy and dignity were maintained.

People had been consulted about the care they needed and were offered the opportunity to undertake person-centred activities on a regular planned basis in order to keep them stimulated and maintain and further develop their interests and hobbies.

Staff provided the care described in each person's care record and had access to a range of healthcare professionals when they required both routine and more specialist help. Clear arrangements were also in place for ordering, storing, administering and disposing of medicines.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

The registered manager had systems in place to enable them to continually assess and monitor the quality of the services they provided.

The home was run in an open and inclusive way. Staff were encouraged to speak out if they had any concerns and there were systems in place for handling and resolving complaints.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe living in the home and that they were well cared for.

Staff knew how to recognise and report any signs of abuse. They also knew the correct procedures to follow if they thought someone was at risk.

There were sufficient numbers of suitably qualified staff available to keep people safe and meet their needs.

Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had a good knowledge of each person's needs and how to meet them.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed and were helped to eat and drink enough to keep well.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

There was a homely and welcoming atmosphere in the home.

Staff respected people's wishes and provided care and support in line with those wishes.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



### Is the service responsive?

The service was responsive.

People were supported to pursue their interests and hobbies and there was a range of meaningful activities available to all of the people who live at the home.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

People were able to raise any issues or complaints about the service and the registered provider had a system in place which enabled them to take action to address any concerns raised.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

Staff were well supported and aware of their responsibility to share any concerns they had about the care provided at the service.

The registered manager completed quality checks which ensured that people received consistent levels of appropriate and safe care.

Good



# Seathorne Court Residential 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 was 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.

We inspected Seathorne Court Residential Home on 08 November 2015. The inspection was unannounced and the inspection team consisted of a single inspector. We last inspected the service on 11 October 2013.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also spoke with the local authority who commissioned services from the registered provider in order to obtain their view on the quality of care provided by the service.

The provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we spoke with seven people who lived at the service and a relative who visited. We also spoke with the registered provider, who was also the registered manager of the home, five care staff, the cook, the maintenance lead and one of the domestic staff employed at the home.

As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We reviewed the information available in three care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at included; four staff recruitment files, staff duty rotas, training, supervision and appraisal arrangements, information and records about the activities provided, systems in place for supporting people with their day to day finances and those in place for managing complaints and monitoring and assessing the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I feel extremely safe here. The manager and staff are always about and it feels like home from home.” A relative we spoke with said, “I visit here weekly and it feels very safe. I think the staff are consistent as is the home owner who manages the home. They are easy to approach which for me is an indicator people are safe.”

Records showed and staff we spoke with described a range of potential risks to people’s wellbeing and how they worked to minimise risks they had identified. Actions undertaken by staff to protect and support people to be safe included arrangements in place to support people when they chose to go out on their own, support in recognising and managing the risks linked to alcohol misuse and physical support in relation to risks associated with people’s mobility and assisting them to turn when they needed caring for when they were in bed. Care plans showed the specific arrangements in place to assist people who had reduced mobility, or if they needed help to manage any personal care issues. When it was given, this support included the use of special equipment such as hoists.

Risks identified were regularly reviewed by the registered manager and staff, with records updated to show actions taken to respond to any increase or decrease in the risks identified. When any accidents had occurred they had been checked, recorded and analysed so that steps could be taken to help prevent or reduce the risk of them from happening again.

The registered manager showed us records and staff told us they had received training about how to keep people safe from harm. Staff we spoke with demonstrated their understanding of how to recognise when people may be unsafe and if they may be a risk of abuse. Staff understood the policy and procedure they would follow in order to quickly report any concerns they might identify. We knew from our records that the registered manager and staff had worked well with other agencies, such as the local authority safeguarding team to address any concerns that had been raised with them.

The registered manager had safe systems in place in order to recruit new staff. During our inspection we looked at four staff recruitment files. The information they contained

demonstrated staff had been recruited using checks undertaken by the registered provider with the Disclosure and Barring Service (DBS). These checks had been completed to ensure new staff would be suitable and safe to work in the home. The checks also included confirmation of identity, previous employment, and references from previous employers.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people’s support needs and we saw staff took time to give care in a way which wasn’t rushed. Staff noticed and responded quickly when people needed assistance and people were not left waiting for staff to provide any care needed.

Staff rotas we looked at showed the registered manager had established how many staff needed to be on duty and that this had been decided by assessing each person’s level of need. Advanced planning of shifts and rotas by the registered manager and their deputy manager had ensured routine shift arrangements were being filled consistently and any changes in staff at short notice were being covered from within the staff team. The registered manager and staff we spoke with said they had never needed to use agency staff as cover had always been provided from within the staff team. However, the registered manager confirmed if they ever found themselves in a position where they needed to use agency staff to ensure people received safe care they would not hesitate to use them. The registered manager also confirmed that during the evenings and at weekends they and the deputy manager could be contacted at all times if staff needed advice.

The registered manager had a range of information to show relevant safety and maintenance checks, including those related to gas and electrical safety, had been carried out at regular intervals to ensure the building was safe to live in.

The registered manager and staff confirmed there was a fire risk assessment in place and fire alarm checks and safety drills were undertaken regularly to ensure people and staff would know the action to take in the event of a fire. We also saw that the registered manager kept the risks associated with fire safety under review and had recently undertaken action to ensure each person had a personal evacuation plan in place as part of their overall care plan.

The registered manager had a business continuity plan in place in order to make sure staff and people would be safe

## Is the service safe?

and know what to do if, for example they could not live in the home due to a fire or flood. This information included details about alternative temporary local accommodation people could move to if required in an emergency.

People's care records showed how they were supported to take their prescribed medicines and that these were given at the times they need to be taken. We observed staff carried out medicines administration in line with good practice. Staff told us, and records confirmed, the staff who had this responsibility had received training about how to manage medicines safely. The registered manager also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance, this included medicines which required special control measures for storage and recording. This meant that medicine was always available for people when needed.

The registered manager told us people received support in managing their overall finances either individually or through the arrangements they had in place through their families. The registered manager did however confirm they supported some people in holding day to day money for them so that it was safe. Where this was the case consent had been given by people and records maintained to show how much money was being held for each person. We undertook a random check of the arrangements in place for two people and found the amount being held matched that contained in the records. We also saw the records had been counter signed to show they had been witnessed and were accurate.

# Is the service effective?

## Our findings

People told us they knew the staff team well and had confidence in their ability to care for them. One person said, “Each of the staff are great. They know us and how our health is doing well. Our home has a family feel here which makes me feel I’m home. This is my home.” A relative said, “[My family member] goes to hospital for appointments each month and we work really well together with the manager to make sure the travel arrangements are co-ordinated.” The relative also highlighted, “When [my family member] got an infection they picked it up straight away and responded quickly so it could be diagnosed and treated.”

Staff completed induction training when they commenced employment. Staff told us they received a varied package of training to help them meet people’s needs. Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, training focussed on subjects such as helping people to move around safely, falls prevention and risk assessments, nutrition and hydration, and dementia care. The registered manager and staff we spoke with also confirmed all of the care staff team had obtained or were working toward achieving nationally recognised care qualifications, including the care certificate.

Staff told us and records confirmed staff received regular supervision and that an annual appraisal had either been completed or had been scheduled with them. Staff also said supervision sessions helped identify any specific issues regarding their ongoing training needs and that their skills were being continuously developed as a result of the support given.

We observed that staff asked people for their consent before they provided any kind of support. Staff explained the support they were going to give in a way that people understood and we saw that people responded positively to this approach. People and their relatives told us they were involved in decision making about care needs and that staff always respected their views.

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. The registered manager and staff understood the principles of the legal framework. People’s care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so. Decisions taken in people’s best interests were recorded and showed that everyone involved with the person’s care had been consulted. We saw staff encouraged people to make decisions that they were able to, such as what they wanted to eat and drink and how and where they wanted to spend their time.

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 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. At the time of our inspection two people had their freedom restricted and the registered manager confirmed they had submitted 21 further applications for people to have their freedom restricted. The provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People’s healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians. Records showed the registered manager had regular contact with the local community health care professional team. The registered manager told us they had developed strong working relationships with the local GP surgeries and attended regular monthly meetings with professionals from the local health centre. They confirmed these meetings had helped the way information about people’s needs was being shared together and closer working arrangements were being developed to enable greater continuity of care.

People told us they had access to food and drink whenever they wanted it and that they enjoyed the foods that were available to them. People told us they enjoyed all the meals provided at the home. One person said, “The food here is always fresh. We have a cooked breakfast every Saturday which we all look forward to and a roast dinner on a Sunday. If there is anything we fancy in between meals or



## Is the service effective?

on the day we get it.” We saw records to confirm people were asked for their choice from the menu each day in advance of the meal. During lunch we saw that where people changed their choice this was respected.

The registered manager confirmed that where people were at risk of poor nutritional intake, their weight was checked regularly. Staff demonstrated their knowledge and understanding of people’s nutritional needs. They followed care plans for issues such as encouraging people to drink enough. Staff told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

We spoke with the head cook who demonstrated a clear understanding of people’s individual nutritional needs. They showed us records which confirmed they catered for a range of individual tastes and how they had established a varied menu. This had been developed through asking people about their preferred meals. We also saw the menus were adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes and those who required nutritional supplements.

# Is the service caring?

## Our findings

People told us that staff were kind and attentive to their needs. One person said, "It feels cosy here because the staff care in the way they do." A relative commented that, "The staff are discreet. They are just about and take action to provide care only when needed, thus giving people the independence they want. When I visit I sometimes stay and have a meal. They are very welcoming."

We observed staff interacted well with people and responded to requests for help in a personal and professional way. For example, they knew peoples' first names and spoke with people in a way which showed they knew them and their needs very well. Care was given with staff explaining what they were planning to do before giving the care. We saw this helped people to be more relaxed and reassured people and their relatives said they felt the staff were very caring.

We saw people had access to their own rooms whenever they wanted to be in them. People also spent time in the home's two main communal areas and the dining room area. Staff were friendly, patient and discreet when supporting people with their personal care needs. We observed staff asked people where they would like to be and if they required assistance to move from one room to another. Staff recognised the importance of not intruding into people's private space. For example, at lunch time we observed one person making a telephone call on their personal mobile telephone. Staff did not interrupt the person and respected their right to independence and privacy while they made and completed the call. When people had chosen to be in their rooms staff knocked on

the doors to the rooms before entering them and we saw they ensured the doors to rooms and communal toilets were closed when people were needed any additional help with their personal care.

We observed staff assumed that people had the ability to make their own decisions about their daily lives and when staff gave people choices they listened for the response people gave before carrying out individual requests and wishes. For example, during lunch time staff gave people the time to express their view and about the meals they had chosen and were served with. When they changed their minds at short notice about their meal choice this was respected. We also saw people were supported to access and use condiments and cutlery and regularly offered a choice of drinks. People had access to a range of adapted utensils and plate guards in order to help them eat their food as independently as possible.

The registered manager and staff told us about the importance of respecting personal information that people had shared with them in confidence. We saw peoples' care records were stored securely in the registered manager's office so only the registered manager and staff could access them. The registered manager confirmed information was only shared with other professionals on a need to know basis. This meant people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. The registered manager and staff confirmed they knew how to access the information people may need in order to make contact with advocacy services and the details were available for people to access.

# Is the service responsive?

## Our findings

People we spoke with said they enjoyed the activities which took place at the home and that they were supported to maintain and develop any individual interests they had.

The registered manager employed an activity co-ordinator to undertake some of the key activities which took place in and outside the home but that all of the staff team worked together in assisting people to maintain their hobbies and interests.

We spoke with the activity co-ordinator who showed us records to confirm they had developed a range of flexible and planned activities for people to take part in. These ranged from, games, quizzes, visiting entertainers, music mornings or afternoons and bingo games. We sat with people while they played a game of bingo together with the activity co-ordinator and saw this was an interactive social experience for all those who chose to take part. A range of prizes were on show in the room where the game was being played. Prizes were available for those who called a line or full house to choose from and people told us they really enjoyed playing the game.

The activity co-ordinator showed us they maintained a record of activities undertaken by each person. The information showed all of the people who live in the home had access to activities suited to their interests including those living with dementia. People were also supported to maintain their beliefs and religious services were held regularly at the home for people who chose to attend and take part in them.

Staff told us they knew each person and their needs very well. We spoke with three staff who were updating care plan information in care records. The staff told us the care plan records were informative and gave them the guidance they needed to care for people. The records were up to date and showed that identified risks to people's wellbeing had been recorded as part of a risk assessment. Staff told us they understood the risk assessments and how they used this information on a day to day basis to keep people safe.

Care records were kept up to date through regular reviews of people's care. We spoke with the local authority who sent us information to confirm they had recently visited the service to review the arrangements in place to support people. The social care professional who undertook the visit told us reviews of the care records and any risks identified were completed by staff on a monthly basis or sooner if required and that the records were clear.

The registered manager had a complaints policy in place and we saw that it was available for people to access in the home. People we spoke with told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken to address any issues at the time they arose. Records showed that where concerns or complaints had been raised with the provider they had been responded to, and when needed investigated. This was in line with the registered provider's policy and procedures. Records were maintained by the registered manager regarding any resulting actions and at the time we undertook our inspection there were no complaints outstanding.

# Is the service well-led?

## Our findings

There was an established registered manager in post who was also the registered provider of the service. The registered manager told us they had the support of a deputy manager and that they worked at the home together and across the shifts to ensure all of the people who lived at the home and staff had access to them when it was needed.

People and their relatives said that the registered manager and their deputy were consistently available and that the home was well led. One person told us, “The manager is always about and I really feel they are responsive to any areas I need to bring up and discuss. I find he is always ready to listen and respond to any worries and living here is the first time in a long time I feel as if I have a life.”

Throughout our inspection we observed that staff were provided with the leadership they needed to develop good team working practices and that they were supported by the registered manager. Staff said that they were happy working at the home and felt supported by the registered manager. Staff demonstrated they fully understood their job roles and their levels of responsibility. During our inspection we observed staff making clear and timely reports to the registered manager regarding any areas they needed to check on in relation to care for people and sought guidance regarding any changes in people’s needs.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed us of significant events in a timely way. This meant we could review and if needed check that appropriate actions had been taken.

Staff meetings were in place so staff were aware of any changes or improvements in care that were needed. Records showed meetings were held regularly and staff said they found them useful. Staff we spoke with also told us hand over meetings were held daily between shifts. These were used to share information about each person’s needs and any details regarding changes that staff starting the shift needed to be aware of.

The registered manager told us they had an open door approach that enabled people and staff to talk with them at any time. We observed this was the case during our inspection and staff and people had access to the registered manager when they needed to. We also saw that when needed the registered manager made time to close their door when people wanted to speak with them in private.

The registered manager had a policy, information and guidance about whistle-blowing which was available for staff. Staff described the actions they would take in order to escalate any concern they may have and said they would not hesitate to refer to the policy and use the procedures if they needed to raise any of these types of concerns, including the contact details for The Care Quality Commission.

The registered manager showed us they had developed a quality assurance and audit framework to enable them to routinely monitor and audit all aspects of care and general maintenance within the home. Regular audits were carried out by the registered manager and outcomes recorded for areas such as fire safety, food safety, accidents and incidents, infection control, medicines management and the environment. As a result of this framework we saw environmental decorative and structural improvements had been made to the home further work was planned.

The registered manager confirmed and people told us that they and their relatives were asked for their opinion on the services provided at the home. For example, residents meetings were held on a regular basis with records of each meeting retained. We looked at the last meeting record which showed any actions needed from the topics discussed were highlighted and a record kept showing when they had been completed. For example, two people had mentioned that they wanted to have brown bread in future with their meals and immediate action was taken to ensure the person had their request met. People had also said they enjoyed a specific singer who had recently visited and the record showed the singer had been re-booked at people’s request.