

Seahaven C.H. Ltd

# Seahaven Care Home







## Inspection report

146-148 Beach Road  
South Shields  
Tyne and Wear  
NE33 2NN

Date of inspection visit:  
30 March 2016  
31 March 2016

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24 May 2016

### Ratings

|                                 |  |
|---------------------------------|--|
| Overall rating for this service | Requires Improvement  |
| Is the service safe?            | Inadequate            |
| Is the service effective?       | Requires Improvement  |
| Is the service caring?          | Good                  |
| Is the service responsive?      | Requires Improvement  |
| Is the service well-led?        | Requires Improvement  |

# Summary of findings

## Overall summary

The inspection took place on 30 and 31 March 2016. The first visit on 30 March 2016 was unannounced. The second visit on 31 March 2016 was announced. The last inspection of this service was carried out in September 2014. The service met the regulations we inspected against at that time.

Seahaven Care Home is a residential home which provides personal care for up to 28 people, with dementia or general care needs. There were 20 people living there at the time of our inspection; six of whom were receiving short term care. The accommodation is over three floors.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records and procedures to support and evidence the safe administration of controlled drugs, when required medicines and prescribed creams. We found people were not always protected from the risk of infection. Thorough background checks were not always carried out before staff started working at the service, which left people vulnerable to the risk of the provider employing unsuitable staff. The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure people received appropriate care and support.

We have made a recommendation about meal times.

People received their medicines when they needed them. Records of prescribed daily medicines were completed accurately.

People, their relatives and staff felt the service was safe. One person said, "I feel safe here." A relative told us, "[Family member] is safe and very happy here." Staff told us if they had any concerns about safeguarding issues they would report it immediately. Staff told us they had confidence in the management team to follow up safeguarding concerns properly.

People told us they were happy with the food which looked healthy and appetising. People's health needs were assessed and monitored, and staff contacted relevant health care professionals when necessary. A visiting health care professional told us, "Staff come with me to observe and my recommendations are followed well by the staff."

People and relatives spoke positively about the staff. One person told us, "The staff are good, they look after me well." A relative said, "I can't fault the staff here. They are all brilliant from the manager to the cleaners."

They know how to look after [family member], much better than I could." People were treated with respect and their independence was promoted. There were positive interactions between staff and the people who lived at the service.

Care plans we viewed were well written and contained specific guidance on how staff could care for a person in the way they needed and wanted. Care plans were reviewed regularly and when people's needs changed. People had access to a range of activities and the opportunity to go on outings in the local area.

People, relatives and staff gave us positive feedback about the registered manager. They told us the registered manager was approachable and always willing to listen and help. One staff member told us, "They're brilliant, so approachable." Staff told us Seahaven was a nice place to work and there was a good atmosphere.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. The provider's procedures did not support the safe administration of controlled drugs, when required medicines and prescribed creams.

People were not always protected from the risk of infection.

Thorough background checks were not always carried out before staff started working at the service.

People told us they were happy at the service.

Staff told us they felt confident safeguarding concerns would be dealt with appropriately by the management team.

**Inadequate** ●

### Is the service effective?

The service was not always effective. Staff handovers did not involve all care staff and lacked detail.

The meal time experience was inconsistent as some staff rushed people when supporting them to eat.

Food was varied and healthy. People told us they were happy with the food.

People were supported to access appointments with healthcare professionals.

Staff training, supervisions and appraisals were up to date.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

There were positive relationships between staff and people who used the service.

Staff knew people's needs and preferences well, particularly those who were not always able to express their wishes fully because of their dementia.

**Good** ●

Visitors to the service told us how staff promoted people's independence.  
Staff held people's hands and reassured them if they were anxious.

### **Is the service responsive?**

The service was not always responsive.

Care was not always person-centred as some record keeping focused on tasks rather than the person.

People and relatives were not always involved in care planning.

Most care plans were well written and specific to the needs of the individual.

People knew how to make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The provider's quality assurance system had not identified our concerns in relation to medicines.

A recent audit identified several areas for improvement but there were no timescales for completion.

People, relatives and staff told us the registered manager was approachable and always willing to help.

Staff told us Seahaven was a nice place to work and they worked well as a team.

**Requires Improvement** ●

# Seahaven Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. The first visit on 30 March 2016 was unannounced which meant the provider and staff did not know we were coming. The second visit on 31 March 2016 was announced.

Day one of the inspection was carried out by one adult social care inspector and one specialist professional advisor with a background in nursing. One adult social care inspector visited on the second day.

Before the inspection we reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with five people who used the service and four visitors. We also spoke with the deputy manager, two senior carers, six care assistants, the chef, two domestic staff and one visiting health care professional. The registered manager was absent at the time of our visit, but one of the two deputy managers at the service assisted us for the duration of the inspection.

We looked at a range of care records which included the care records for three people who used the service, medicine records for 11 people, records for four staff, and other documents related to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

Medicines were not always managed in the right way. Medicines that are liable to misuse, called controlled drugs were not stored appropriately. Controlled drugs that were not used regularly were kept in a locked metal safe in the locked treatment room, but the safe was not fixed to a wall. Controlled drugs that were used regularly were kept in a small locked safe within the medicines trolley. This meant controlled drugs were not being stored safely in line with current guidance.

Guidance from the Royal Pharmaceutical Society on 'The handling of medicines in social care' states the following: 'In care homes, controlled drugs must be stored in cupboards that meet the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended unless the resident is keeping and looking after the controlled drugs prescribed and dispensed for themselves. The regulations specify the quality, construction, method of fixing and lock and key for the cupboard.' When we discussed this with the deputy manager they said they would refer to the relevant guidance and rectify this immediately.

Records relating to controlled drugs were inaccurate. Two people had been prescribed controlled drugs for injection by the community nursing team, but these were not recorded in the controlled drugs register. The controlled drugs for these two people had been entered on their respective medicine administration record (MAR) charts, but it did not match the information on the controlled drugs register. The provider's medicines policy stated, 'details should be recorded not only on the MAR chart but in the controlled medication book'. For another person the name of the controlled drug had not been recorded in the controlled drugs register, and the person's date of birth was entered in the space where the drug name should have been recorded.

The balance of controlled drugs remaining was checked against the amount in the pack or bottle at each administration, but regular checks of stock balances did not happen. This meant we could not be sure the balance of controlled drugs documented matched the actual quantity of controlled drugs available.

There were no specific instructions in people's MARs in relation to 'when required' medicines such as paracetamol. This meant there was no guidance for staff to follow in relation to dosage, time between doses and indications that a person may need their medicine. It is important staff have this information for people who may not be able to communicate their needs fully. This meant we could not be sure 'when required' medicines were administered safely.

MAR charts did not always contain up to date photographs of people. Four people's photographs were over four years old, and four people had no photograph on their MAR chart. This meant there was a risk of mistaken identity when administering medicines.

When people do not take their medicines, a coding system should be used to indicate why the person has not taken their medicine. For example, code N had been used but there was no information to explain what code N meant on the MAR, and code F had been used to signify 'other' but the reason had not been recorded. There was no information on why people had not taken their medicines, this meant staff were unable to analyse the reasons for non-administration of medicines and respond appropriately to ensure

people received the care and treatment they needed.

Seven medicine records we viewed contained handwritten instructions signed by one staff member instead of two and there was no record of who had authorised the changes. This meant there was the risk of error as there was no clear line of accountability for changes which put people at risk of not receiving the correct medicines. Handwritten entries should be checked and signed by a second trained staff member in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Prescribed creams were not recorded as administered on topical medicines application records (TMARs), and body maps to highlight where staff should apply the creams and ointments were not in place. This meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions.

Prescribed creams were not dated on opening, so we could not be sure they were in date and safe to use. This meant that creams and ointments may not be disposed of at the appropriate times and thus the creams and ointments may not be in an acceptable condition to be considered effective. The medicines trolley was left unlocked and unattended at various times when we observed the medicines round. The provider's medicines policy stated, 'never leave the medication trolley unattended or unlocked when not in use.'

People were not always protected from the risk of infection. On the first day of our inspection a communal toilet on the ground floor was dirty, the waste bin was not pedal operated, and the light pull cord was not plastic coated so it could be wiped clean. Also, a person who used the service required additional infection prevention measures due to a medical condition, but this was not clearly documented in their care plan. Staff described in detail the infection control measures they took but there was no clear guidance for them to refer to.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Thorough background checks were not always carried out before staff started working at the service. All four staff files we viewed had gaps in records such as an incomplete employment history, no dates of qualifications, a lack of appropriate references and no proof of identification. This meant we could not be sure robust recruitment procedures had been followed to ensure staff had the relevant skills and experience to work with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service employed 24 staff. There was one deputy manager, one senior, three care assistants, and one activities co-ordinator on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed a chef, a housekeeper and one domestic. Night staffing levels were one senior and one care assistant. Whilst call bells were responded to promptly staff were sometimes hard to locate on the first and second floors, and people who preferred to stay in their rooms were unsupervised for long periods.

One staff member said, "It's sometimes very busy at night if lots of buzzers are going. Then we could do with another pair of hands." Four staff members told us they didn't have enough quality time with people, which they felt was important particularly for those people living with dementia.



The deputy manager told us staffing levels had increased slightly in recent months due to an increase in people receiving short term care. They told us they didn't use agency staff but they employed some staff on zero hours contracts to provide additional cover if needed. At the time of our inspection six people at the service were receiving short term care.

Aside from a communal toilet, the rest of the premises were clean, comfortable and free of odours. Although some communal areas of the service had recently been redecorated to a good standard, other areas of the service looked worn and needed renovating.

A room on the ground floor was used as a smoking lounge which was a potential fire risk if cigarettes weren't extinguished properly. We viewed the service's fire risk assessment which had not been updated recently. We also viewed people's personal emergency evacuation plans (PEEPs), which had some detail about the physical requirements that people had. These lacked detail should people need to be evacuated safely in the event of a fire, according to their individual needs. When we mentioned this to the deputy manager they said they would complete an up to date fire risk assessment and include more detail in PEEPs immediately.

The home operated a monitored dosage system (MDS) for administering prescribed medicines, with medicines supplied on a 28 day cycle. A MDS is where medicines are pre-packaged for each person, according to the time of day. We saw people received their medicines at the time they needed them. We found staff checked people's medicines on the MAR chart and medicine label, before administration, to ensure they were getting the correct medicines.

Medicines were given from the container they were supplied in and staff explained to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks to ensure they were comfortable in taking their medicines. Staff remained with each person to ensure they had swallowed their medicines and signed the MAR after each administration.

The medicines ordering system worked well and a local pharmacy delivered medicines promptly. This meant staff had the opportunity to check the medicines stock so people received their medicines on time. The temperature of the fridge, used for medicines such as insulin or eye drops, and the treatment room where medicines were kept, was checked regularly and was within recommended limits. This meant the quality of medicines had not been compromised, as they had been stored under required conditions.

Safeguarding incidents were recorded, responded to in a timely way and dealt with effectively. No safeguarding incidents had occurred since July 2015, but records showed action had been taken where appropriate prior to this. For example, a risk assessment was completed and put in place, and staff were given guidance.

At the last residents' meeting on 16 March 2016 all six people who attended said they had no safeguarding concerns, but if they had they would report them to the registered manager or a senior.

People and their relatives told us people were safe at the service. One person said, "I feel safe here." A relative told us, "[Family member] is safe and very happy here." Staff told us people at the service were safe. Every staff member we spoke with said if they had any concerns about safeguarding issues they would report the matter to senior carers, the deputy managers or the registered manager. Staff told us they had confidence in the management team to follow up safeguarding concerns properly.

Risks to people's health and safety were recorded in people's care files. These included risk assessments about falls, pressure damage and nutrition. Regular planned and preventative maintenance checks and

repairs were carried out by a maintenance person employed by the service. These included regular checks of the premises and equipment such as fire extinguishers, water temperatures, emergency lights, pressure mats and call bells. Other maintenance checks such as electrical and gas safety checks were carried out by external contractors. The records of these checks were up to date.

## Is the service effective?

### Our findings

Staff handovers took place at each shift changeover. These give staff the opportunity to discuss people's care and treatment, communicate problems and concerns and ensure everyone knows what is going on. Handovers at the service were ineffective as not all care staff attended; the senior going off shift handed over to the senior coming on shift. This meant communication amongst staff was not always effective. Records of handovers lacked detail and people were sometimes referred to by their room number rather than by name.

The service did not have features which supported people living with dementia, such as reminiscence material, items of visual or tactile interest, or dementia friendly signage.

We observed lunchtime in the dining room. There were 16 people in the dining room with two staff members supporting them; some of these people needed support to eat. A third staff member was taking meals to people who preferred to eat in their rooms. Tables in the dining room were set with tablecloths but these were removed before the meal was served. Cutlery and condiments were on the table for people to use, and hot and cold drinks were available depending on people's preferences. Some people had aprons on but staff asked if they wanted one first.

The meal time experience was inconsistent. People were supported to eat while their food was still hot, but some staff were seen to rush people as they had several people to support. Other staff prompted people to eat in a gentle and encouraging manner and said things like, "Let me help you, there you go try some of this."

We recommend that the service reviews the arrangements for meal times so each person can be supported to have an enjoyable meal time experience.

Food was varied, nutritious and looked appetising. People told us they were happy with the food. Written feedback from a relative stated, 'The food provided is of a good quality and varied. It is tailored to meet the needs of [relative]'.

The chef knew about people's dietary and cultural needs and told us how they tried to make fork mashable food more appetising for people by offering them more variety. They had only worked at the service for a short period but they said they had already spoken to people about what food they liked. The chef also told us how they provided smaller portions for some people as this is what they preferred. Staff asked people what they wanted for lunch during the morning, and what they wanted for tea during the afternoon. When people provided feedback that they didn't like pizza this was responded to and taken off the menu.

Staff supervisions and annual appraisals were up to date. The provider's policy was for staff to receive supervisions every two months. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to agree training needs. Staff completed a self-assessment questionnaire as part of the supervision process which meant they gave regular feedback on

their job role to supervisors. One staff member wrote, 'Yes I get support. I can ask for help when needed.' A staff member told us, "Yes I feel supported. If I'm unsure about anything I'll ask."

Information about staff training was disorganised and it wasn't clear when staff needed to receive updated training. We spoke to the deputy manager about this and they produced a more accurate record. This showed staff training in areas the provider deemed mandatory were up to date, such as safeguarding, fire awareness, moving and positioning and health and safety. Records confirmed staff received regular training in other areas such as food hygiene and the mental capacity act. Staff we spoke with told us they had received enough training for their job role. Staff told us they would like more training in end of life care to increase their existing knowledge. Staff said if they needed more training they asked the registered manager and it was organised.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw 10 DoLS applications had been authorised by the relevant local authority. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests. Staff said they would arrange an assessment for people if there was doubt over someone's capacity to make certain decisions.

People's food and fluid intake was monitored where appropriate, although fluid intake goals and totals were not recorded. People's weight was monitored and any issues were referred to other professionals. People were supported to access appointments with healthcare professionals such as the GP, podiatrist and optician. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals. The registered manager had contacted each person's GP for their medical history and allergies which had been received. This demonstrated that staff worked with various healthcare agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People and relatives spoke positively to us about the staff. One person told us, "The staff are good, they look after me well." A relative said, "I can't fault the staff here. They are all brilliant from the manager to the cleaners. They know how to look after [family member], much better than I could." Another relative told us, "I visit most days so I know the staff well and get on with them well."

Some people were unable to fully communicate their opinions about the care they received, but we observed positive relationships between staff and people living at the service. Throughout our visit staff spoke to people in a kind and considerate manner. Staff knew people's preferences well, particularly those who were not always able to express their wishes clearly. Staff reassured people who were anxious or upset in a kind and gentle way. Staff dealt with people whose behaviour may challenge others in a compassionate way.

People were supported to maintain their independence. One person we spoke with said, "When I first came here I could hardly walk and needed help all the time. Now I can use my walking frame and do more for myself." Staff told us, "[Person] had lost their confidence so we reassured them and helped them regain their independence." The person's visitors said, "We can't believe how well they are doing since they came here, we're so pleased."

Staff described how they promoted people's dignity and respect when providing care and support. For example, one staff member told us how they maintained people's dignity by reassuring them and explaining what they were doing when providing personal care. One staff member said, "We always respect people's choices and give them privacy."

Staff told us how important it was to respect people's choices and rights. We saw this in practice when staff asked people where they wanted to eat their meals, and where they wanted to sit when they were reliant on staff support for mobility. Staff explained things to people and talked to them while carrying out care tasks. Staff used appropriate touch and showed affection to meet people's emotional needs.

Staff told us they enjoyed working at the service because "the residents are great." A staff member said, "We are like people's families so we do what residents want." All of the staff members we spoke with felt that staff were caring in their approach to people. A staff member told us, "We care about residents' wellbeing and we have a good rapport with them." Another staff member said, "We respect our residents and want them to maintain their dignity. This is so important."

The service had received several written compliments from relatives. One person wrote, 'All the staff are friendly and welcoming. They provide excellent care for [family member]. Nothing is a problem for them.'

A member of the community nursing team who visited the service during our visit told us, "The staff here are really approachable and know people well. The residents appear happy and staff have a good rapport with them. Staff come with me to observe and my recommendations are followed well by the staff. There's good

communication between the care staff and I. Staff are excellent with people and their families especially when there are residents receiving palliative care. It's a happy and pleasant place."

Information about advocacy support from external agencies was readily available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. The deputy manager told us two people who used the service had an advocate.

## Is the service responsive?

### Our findings

We looked at care records to assess if staff were provided with the information they needed to provide appropriate care and support for people. We saw one care plan which lacked specific detail around a person's catheter care and their need for additional infection prevention measures due to a medical condition. This meant we could not be sure staff had access to appropriate guidance about how to care for this person in the way they needed.

Some care plans we viewed did not record how a person or their representative had been involved in the care planning process. This meant we could not be sure whether people and their representatives had been involved. When we asked the deputy manager about this they said this was an area for improvement they were aware of (records confirmed this).

Staff recorded tasks relating to people's personal hygiene in separate books such as a bath book and a toilet book. This was not person centred and focused on the task rather than the person. When we mentioned this to the deputy manager they acknowledged this was not person centred and said they would implement individual hygiene records for each person immediately.

People's needs were assessed before admission to the service. For example, people's medical needs, psychological needs, mobility needs and food preferences were taken into account. These were set out appropriately in care plans and reviewed regularly. We viewed three people's care plans during our visit. These were well written, detailed and contained information about people's life history, family background, daily routine and specific care and support needs. This information was person centred and there was precise detail around daily tasks. For example one care plan stated, 'When I am eating and drinking I normally like to sit on the table by the piano. I eat slowly' and 'In order to feel safe I normally need a lot of reassurance daily as I can get weepy.'

Care plans contained risk assessments which were specific to the needs of the individual, such as the risk of skin damage, risk of dehydration and risk of falls. This meant staff had access to guidance about how to support people in the way they wanted and needed.

Care plans were reviewed whenever a person's needs changed. Records of reviews identified where changes were required and care plans were updated accordingly. For example, one person had a fall which resulted in a referral to the falls team and specialist equipment being put in place to reduce the risk of future falls. The care plans had been updated to reflect this. Also, another person had lost weight so they were referred to the dietician. The dietician's recommendations were included in the care plan and carried out by staff.

The service employed an activities co-ordinator who organised a range of social events, activities and social entertainment. Each person had an activities file which contained a 'This is your life' booklet. This contained detailed information about people's family life, school years, work history and favourite things. Activities at the service included chair aerobics, board games, art and crafts, reminiscing, dominoes, pamper sessions and trips to local coffee shops. Events included charity coffee mornings, entertainment from a singer, and

pie and pea suppers.

The complaints policy and procedure was given to people when they first moved into Seahaven and was kept in their care records. This was also clearly displayed in a communal area on the ground floor. At a residents' meeting in November 2015 all residents present said they would speak to the registered manager if they had a complaint, they would be happy doing so, and were confident any issues would be dealt with appropriately. A relative told us, "I've never had to make a complaint about anything here."

We viewed the complaints log and noted all complaints were accurately recorded and dealt with appropriately. For example, staff had been spoken to and feedback about menu choices had been acted upon. No complaints had been received since April 2015.



## Is the service well-led?

### Our findings

We looked at the quality assurance systems used by the provider to ensure systems and processes were effective in monitoring and improving the quality of the service provided. The systems used to monitor the quality of the administration of medicines were ineffective, and did not support the safe management of controlled drugs, when required medicines and prescribed creams. The last medicines audit was completed in June 2014 so there had been no quality checks completed for over 18 months. The issues we identified with medicines had not been identified or investigated prior to our inspection.

A health and safety audit had not been carried out at the service since July 2014. Accidents and incidents were audited monthly, but follow up action was not evident in the analysis of the period from October to December 2015. The provider and registered manager carried out a service audit on 23 November 2015 which identified several areas for improvement, but there were no timescales for completion. This meant we were unable to assess if the noted improvements had been completed. The provider visited the service nearly every month to carry out quality assessments, but notes of these visits lacked detail. The quality assurance systems used were not effective in monitoring and improving the quality of the service.

Feedback from people and their relatives was not sought regularly. The last survey for people and their relatives had been completed in February 2015. There was a suggestion box near the entrance which the provider emptied every month, but there were no records available relating to this.

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

The service had a registered manager who had worked there for more than 20 years. The registered manager was absent at the time of our visit, but one of the two deputy managers at the service assisted us for the duration of the inspection.

People, relatives and staff gave us positive feedback about the registered manager. They told us the registered manager was approachable and always willing to listen and help. One staff member told us, "They're brilliant, so approachable." Another staff member said, "They always listen to staff suggestions." Staff we spoke with said Seahaven was a nice place to work and there was a good atmosphere. One staff member told us, "We work together as a team and we do things well."

The service held regular residents and relatives meetings which were led by the activities co-ordinator. We noted the minutes for the most recent meeting held on 16 March 2016 were available in communal areas, and dates for the remainder of the year were clearly advertised. Minutes of the most recent residents and relatives meetings stated that topics for discussion included safeguarding, activities and food choices. Relatives and residents satisfaction surveys were last conducted in January and February 2015. The feedback was positive in all areas.

There were opportunities for staff to give their views about the service. Staff said team meetings were held

every two months, and dates for staff meetings for the rest of the year were advertised. Staff told us they felt they could raise concerns with the management team any time, and they didn't need to wait for a staff meeting. At a recent staff meeting staffing levels had been discussed. This resulted in extra staff being put on the rota.

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 did not take formal enforcement action at this stage. 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<br><br>The provider did not have effective systems in place to monitor and manage the governance of the service. Regulation 17 (2) (a) (e)   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitment procedures did not ensure that persons employed were of good character and had the necessary skills, qualifications and experience. Regulation 19 (1) (a) (b) |