

Seaway Nursing Home Limited

# Seaway Nursing Home

## Inspection report

33 Vallance Gardens  
Hove  
East Sussex  
BN3 2DB

Tel: 01273730024

Date of inspection visit:  
22 February 2017

Date of publication:  
29 March 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Seaway Nursing Home on the 22 February 2017 in light of concerns we had received. We previously carried out a comprehensive inspection at Seaway Nursing Home on 10 February 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 10 February 2016. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. However, we identified further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to recruitment practices, the analysis of accidents and incidents and management oversight of the service. Additionally, areas of improvement were identified in relation to guidance for staff around PRN (as required) medication, and staff training.

The overall rating for Seaway Nursing Home remains as requires improvement. We will review the overall rating of requires improvement at the next comprehensive inspection, where we will look at all aspects of the service to ensure the improvements have been made and sustained.

Seaway Nursing Home is registered to provide accommodation and care, including nursing care for up to 20 people. They specialise in supporting older people, some of whom are living with dementia or chronic health conditions. On the day of our inspection there were 17 people living at the service, who required varying levels of support.

There was a manager in post, who had applied to become the registered manager. However at the time of our inspection, they were not registered with the CQC. 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.

The provider had safe recruitment procedures, however these had not always been followed. We looked at the staff files for all members of staff currently employed by the service, and found that several contained gaps and omission in relation to the pre-employment checks the provider is required to obtain for members of staff. This placed people at risk of receiving care from staff that were not safe to work with vulnerable people. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is an area of practice that requires improvement.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. However, we found the monitoring of accidents and incidents was not robust. Additionally, when we raised our concerns with the management of the service in relation to gaps in recruitment files and further evidence we found in respect to staff conduct and staff not engaging with training, we were told that the management of the service was aware of these issues, but had not acted upon them. Furthermore, accident and incident records identified that many people were at high risk of falls. The provider had recognised that falls prevention training was required and had included this on their training matrix. However, we saw that this training had not taken place for staff. People were placed at risk, as the provider did not have adequate systems and processes to monitor and mitigate any risks relating the health, safety and welfare of people using services and others. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is an area of practice that requires improvement.

Staff had received essential training and there had been opportunities for additional training specific to the needs of people. However, we saw that several members of staff had not received essential updated 'refresher' training in a timely manner, and further work was required in relation to the provision of training specific to the needs of people who used the service. This is an area of practice that needs improvement.

We have made a recommendation about the provision of training specific to the needs of people using the service.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. However, guidance for the use of 'as required' (PRN) medicines was not available. We have identified this as an area of practice that needs improvement.

We have made a recommendation about the management of medicines.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "Safe? Very much". Another said, "There doesn't seem to be a shortage [of staff]". Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

People chose how to spend their day and they took part in activities in the service and the community. Where appropriate, people were also encouraged to stay in touch with their families and receive visitors.

People were being supported to make decisions in their best interests. The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is very good". Special dietary requirements were met, and people's weights were monitored with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. A relative said, "I believe that [my relative] has only lived as long as he has, because of the

care he's got here". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. Staff had received both one-to-one and group supervision meetings with their manager. One member of staff told us, "I have supervision every few months. I have discussed issues in the past and they have been resolved".

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . You can see what action we have asked the 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?

The service was not consistently safe.

Safe recruitment practices had not been used when employing all members of staff.

Medicines were managed and administered safely, and people received their medicine on time, however, guidance was not consistently in place to ensure the appropriate use of 'as required' (PRN) medicines.

Staff understood their responsibilities in relation to protecting people from harm and abuse. There were enough skilled and experienced staff to ensure people were safe and cared for. Potential risks were identified, appropriately assessed and planned for.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

People were supported by staff who received appropriate training and supervision. However, some essential training had not been updated, and further work was required to identify training specific to the needs of people using the service.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

**Good** 

People's privacy and dignity were respected and their independence was promoted.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities.

Comments and compliments were monitored and complaints acted upon in a timely manner.

### Is the service well-led?

**Requires Improvement** ●

There were systems in place to assess quality and identify any potential improvements to the service being provided. However, identified areas of improvement had not routinely been acted upon. The analysis of accidents and incidents was not robust and some incidents had not been investigated appropriately.

People and staff spoke highly of the manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

Forums were in place to gain feedback from staff and people. Feedback was used to drive improvement.

# Seaway Nursing 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 checked 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.

We inspected Seaway Nursing Home on the 22 February 2017 in light of concerns we had received. We previously carried out a comprehensive inspection at Seaway Nursing Home on 10 February 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 10 February 2016. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, all of the staff files and other records relating to the management of the service, such as training records, accident/incident recording and audit documentation.

During our inspection, we spoke with six people living at the service, four visiting relatives, two care staff, the

manager, the regional manager and the chef. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.



# Is the service safe?

## Our findings

At the last inspection on 10 February 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, at this inspection, we identified a further breach of Regulations in respect to safe recruitment practices and areas of improvement need in relation to PRN (as required) medication guidance available to staff.

People said they felt safe and staff made them feel secure. One person told us, "Safe? Very much". Everybody we spoke with said that they had no concerns regarding safety.

The provider had safe recruitment procedures, however these had not always been followed. We looked at the staff files for all members of staff currently employed by the service. Five staff files contained documentation which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This included two references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history and proof of their eligibility to work in the UK. Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date. However, not all DBS (Disclosure and Barring Service) checks had been completed. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. In two staff files, we could not see evidence that DBS checks had been carried out for staff working at the service. Additionally, three files did not contain evidence of references being taken up from previous employers, including the most recent, and gaps in employment had not been explored or accounted for. Another file contained no identification. We raised this with the management of the service who told us that they were aware of this issue in one of the files, but that it had not been acted on. This The lack of appropriate pre-employment checks placed people at potential risk, as the provider could not be assured that these staff members were of suitable character to work with adults at risk. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and has been identified as an area of practice that requires improvement.

At the last inspection we found concerns in the way the service managed medication, this was because published guidance and good practice had not been followed in relation to the administering and recording of medication. At this inspection, we looked at the management of medicines. The regional manager told us that correct medication practices had been reiterated to all trained staff. They added that staff had access to published best practice guidance and that medication management has been highlighted in staff supervision. Furthermore, spot checks had taken place and medication audit training was implemented for the manager of the service. We saw this was the case. The registered nurses were trained in the administration of medicines, and a registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had

taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

However, some medicines were 'as required' (PRN) medicines. PRN medicine should only be offered when symptoms are exhibited, for example if somebody is in pain. Clear guidance and risk assessments must be available on when PRN medicine should be administered and the steps to take before administering it. PRN protocols were in place which considered the reason for the PRN medicine and how much could be administered in a 24 hour period. However, information was not available on the steps to take before administering the medicine. Additionally, where PRN medication had been administered, we could not see evidence of why and what the outcome had been. We raised this with the management of the service, who agreed that further guidance and recording was required. We have therefore identified this as an area of practice that needs improvement.

We recommend the provider should take into account the National Institute of Clinical Excellence (NICE) guidance on 'Managing Medicines in Care Homes'.

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For example we saw risk assessments for people to smoke and mobilise around the service, despite being at risk of falling. There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The manager told us, "We have enough staff to provide good safe care. We are using agency staff to cover gaps in permanent staff, but we are recruiting". We were told that regular agency staff were routinely used and that existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There doesn't seem to be a shortage [of staff]". A relative said, "They

[staff] are always available". Another relative added, "They work so hard the ones who are here". A member of staff said, "We need some more permanent staff, but we use agency staff to cover. We have regular agency staff and they know the residents". Another member of staff added, "We are always covered by agency staff, there are enough of us on shift". The manager told us that the use of agency staff will be reducing when they are successful in employing more permanent staff. Our own observations identified that care and support was delivered safely by adequate numbers of staff with appropriate skills and experience.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the service. They had a clear understanding of who to contact to report any safety concerns and all staff had received training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

## Is the service effective?

### Our findings

At the last inspection on 10 February 2016, we identified areas of practice that needed improvement. This was because we identified issues in respect to staff training and their knowledge of the mental capacity act (MCA). Some improvements had been made, however further areas requiring improvement in relation to staff training were identified.

People told us they received effective care and their individual needs were met. One person told us, "They [staff] are well trained as far as I know". A relative said, "I believe that [my relative] has only lived as long as he has, because of the care he's got here". A further person added, "The staff try to do their best".

At the last inspection we found that several areas of training identified by the provider as essential had not routinely gone ahead and staff required updates. Additionally, we found that staff had limited access to specific training around the needs of people who used the service. At this inspection staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed that essential training had gone ahead since the previous inspection. However, records showed that a number of staff had again not received updated 'refresher' training in a timely manner. We raised this with the manager who showed us evidence that they had booked staff onto the required training courses for their updates, which was taking place imminently. Staff spoke highly of the opportunities for training. One member of staff told us, "I have done a lot of training since I started". Another member of staff added, "Training is good and there is plenty of it". Staff had received some training that was specific to the needs of the people living at the service, such as dementia training and the care of people at the end of their life. However, the service provides care to people with complex and chronic health needs. Further training for staff in areas such as diabetes and falls prevention would enable staff to have a greater understanding of people's health conditions and support them in more specialist areas to provide better outcomes. We have identified the above issues in relation to training as an area of practice that needs improvement.

We recommend the provider should take into account ongoing learning and development guides in adult social care by Skills for Care.

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

We checked whether the service was working within the principles of the MCA. At the last inspection we found that care staff had not received formal training around the MCA and their knowledge of the MCA was limited. We saw that staff had now received formal training and had a good knowledge of the principles of

the MCA. They gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. One member of staff told us, "I always ask before I do anything. I ask and I give them a choice". Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People were complimentary about the food and drink. One person told us, "The food is very good". A relative said, "My [relative] likes it, she's never complained". A further relative added, "The food always looks good". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as vegetarian and low sodium diets. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef told us there was no restriction on the type of food people could request and that they were happy to shop individually for anybody to offer them an alternative meal if they wished.

We observed lunch. Only two people chose to eat in the communal lounge, and others chose to eat in their rooms. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. We observed some people being assisted by staff to eat their meal. They were supported in an unhurried, patient and good humoured manner.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Seaway Nursing Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction was good and gave me the right training". Another member of staff said, "The induction gave me all the information I needed. They explained everything really well". There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the supervision useful and felt able to approach the manager with any concerns or queries. One member of staff told us, "Supervision is good, we can discuss any issues". Another member of staff said, "I have supervision every few months. I have discussed issues in the past and they have been resolved".

Care records demonstrated that when required, referrals had been made to appropriate health professionals. People commented that their healthcare needs were effectively managed and met. One person told us, "They call the doctor, or whoever, when necessary, no problem". A relative said, "They call for the doctor when they're needed". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their wellbeing. One member of staff told us, "I see people almost every day. I would know if they were unwell, or happy or sad". Another member of staff said, "I call the nurse if I think anybody is ill. I've had to do that in the past". The manager added, "I trust my staff 100% to know if people were unwell".

## Is the service caring?

### Our findings

People were cared for by kind and caring staff. Staff had developed good relationships with people and knew them well. One person said, "The staff who are here are lovely". A relative told us, "They couldn't do more for people, they are really good. They are absolutely caring". Another relative said, "Everything is brilliant. The staff are so friendly, all the time. They are marvellous, they even look after me".

Our observations throughout the inspection were that staff were very caring in their approach. People's reactions and body language indicated that they were happy to see staff members and they clearly enjoyed the interactions. We saw people smiling and reaching out to staff members who responded positively. There was often laughter, and staff had a good understanding of how to communicate with the people they were caring for and were able to interact positively. For example, one person was sat in the communal lounge. The manager spent time talking with them about their family and it was clear that this person enjoyed talking about this subject. Further examples included, a member of staff recognising that a person did not have a blanket on their legs that they usually enjoyed and another member of staff engaging in a puzzle game with a person. A member of staff told us, "We get to know the residents well and the things that they like".

People, their relatives and staff told us that people were supported to be involved with decisions about their care. One member of staff told us, "I think choice is the most important thing, clothes, breakfast, where they want to sit. There are many, many choices to make". Another member of staff said, "We offer choice for many things, do you want a shower or a bath, or do you want a male or female carer". Staff respected and supported people's choices, and people were observed freely moving around the service and spending time where they wished. People's rooms were personalised with their belongings and memorabilia and other items that were important to them. People were supported to maintain their personal and physical appearance. They appeared to be dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand and were also seen wearing jewellery and makeup which represented their identity. Men were seen to be dressed either smartly or casually depending on their preference. The manager told us, "Staff are encouraged to respect people's choices and preferences".

People's personal information was kept securely and staff told us that they understood the importance of maintaining confidentiality. People, relatives and staff told us that staff tried to promote people's independence and preserve their dignity. One person said, "They would hear of it if I wasn't respected". A member of staff said, "I close the curtains and cover people with a towel. I make sure they are not cold and that they are treated with dignity". Staff informed us that they always encouraged people to be as independent as possible, and also carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff told us, "We always listen and give people a choice in what they want to do. I encourage people to do what they can". Another member of staff said, "Sometimes it is difficult to encourage people, because they don't want to do things themselves, but I always encourage them. I keep trying and I keep asking".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and

guests were welcome at any time. People could see their visitors in the communal areas or in their own room, and we saw several visitors arrive throughout the day of the inspection.

## Is the service responsive?

### Our findings

At the last inspection on 10 February 2016, we identified areas of practice that needed improvement. This was because we identified issues in respect to the provision of meaningful activities. We saw that the required improvements had been made.

At the last inspection, we could not find evidence that the provision of meaningful activities for people consistently took place, specifically when the activity co-ordinator was not working. We saw at this inspection, that improvements had been made. The area manager told us, "When the activity co-ordinator is on leave, they leave an activity plan and details of any booked entertainers. Another member of staff takes on the activities role and extra care staff are put on the rota to cover". We saw that this was the case. We saw evidence of people taking part in activities, which included arts and crafts, films and themed events, such as bowling at the service. On the day of our inspection people took part in an indoor bowling event. The activity appeared fun and people were seen to be enjoying themselves and engaged in friendly competition. People told us they enjoyed the activities on offer. One person told us, "I enjoy the activities, the bingo is good fun". Another person said, "The activities co-ordinator is fantastic. I like to get out of these four walls and she takes me out. I can go shopping and go to the bank and for a cup of tea". People were given the choice to join in activities, or to alternatively not take part should they not want to. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, we saw that one person had an interest in playing cards and this was encouraged. Additionally, this person had an interest in bikes and cars and staff ensured that they spent time discussing this topic with them. A member of staff told us, "We have plenty of activities. The other day one of my colleagues had a guitar, so we all played and sang".

People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Nobody we spoke with wished to talk with us about their care plan however, paperwork confirmed people were involved in the formation of the care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. For example, a member of staff told us how one person had a very specific routine around how and when they took a shower. Another member of staff told us detailed information about a person's life history and clearly demonstrated that they knew them well.

Each section of the care plan was relevant to the person and their needs. Areas covered included; medication, nutrition, mobility and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. The manager told us that staff ensured that they read people's care plans in order to know more about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in people's care plans. One member of staff told us, "I read the care plans. I have access to all the information". Another member of staff said, "I have



read the care plans and we are told of any changes".

The complaints procedure was displayed for people and records showed comments, compliments and complaints were monitored and acted upon. One person told us, "If anybody complains, I say talk to the manager, she helped me tremendously. I had a major problem, and the manager sorted it out". A relative added, "I did have to make a complaint. I emailed the area manager and it was dealt with very quickly". Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain.

## Is the service well-led?

### Our findings

At the last inspection on 10 February 2016, we identified areas of practice that needed improvement. This was because we identified issues in respect to the service having no formal systems of feedback for people, policies and procedures being out of date, audits and systems of quality monitoring not being robust, the service not engaging with other stakeholders and day to day support for the manager. At this inspection we saw that improvements had been made. However, we identified a breach of Regulations in respect to the analysis of accidents and incidents and in relation to management oversight and acting on known concerns.

At this inspection, we found the monitoring of accidents and incidents was not robust. Whilst accidents and incidents had been recorded and analysed to look for patterns and trends, for example liaising with the GP when a person had several falls, we found an example where a potentially serious incident had not been appropriately investigated. We raised this incident with the manager, who was aware of the incident, but could not provide us with any evidence that the incident had been investigated, what the outcome was and whether any plans had been put in place to prevent this type of incident reoccurring. Additionally, we found concerns in relation to management oversight and acting on known concerns. For example, when we raised our concerns with the management of the service in relation to gaps in recruitment files and further evidence we found in respect to staff conduct and staff not engaging with training, we were told that the management of the service was aware of these issues, but had not acted upon them. Additionally, it was evident that despite having adequate processes and a training matrix in place, essential updated 'refresher' training had not been made available in timely way. Furthermore, accident and incident records identified that many people were at high risk of falls. Despite some specific training around the needs of people using the service being implemented, the provider had recognised that falls prevention training was required and had included this on their training matrix. However, we saw that this training had not taken place for staff.

People were placed at risk, as the provider did not have adequate systems and processes to monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must have systems and processes to enable them to identify where quality and/or safety are being compromised and to respond appropriately and without delay. Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service. We have identified this as a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and this has been identified as an area of practice that requires improvement.

At the last inspection we found issues in respect to the service having no formal systems of feedback for people, policies and procedures being out of date, and audits and systems of quality monitoring not being robust. We saw at this inspection, that improvements had been made. The manager explained that policies and procedures had been updated and how they had implemented systems of audit and showed us documentation to support this. We saw audit activity which included medication, infection control and health and safety. The results of which were analysed in order to determine trends and introduce

preventative measures. We were told that people gave feedback about staff and the service and there were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys had been carried out, providing the manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions. For example, people had chosen the way their rooms had been decorated. One person told us, "My daughter filled in a questionnaire". The information gathered from these audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

At the last inspection we found issues in respect to the service not engaging with other stakeholders and day to day support for the manager. We saw at this inspection, that improvements had been made. The manager explained how they liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the manager received updates from the CQC and local advocacy services. Since the previous inspection, the manager of the service had changed. In respect to day to day support in their role, the current manager told us, "I have never had any issues in relation to support. I have enough hours to carry out my manager's role and I have all the support I need from [area manager]. Support has never been denied to me". We also saw that the area manager had based themselves at Seaway Nursing Home to ensure that day to day support for the manager could be offered.

People and staff told us that they were satisfied with the service provided at the home and the way it was managed. One person told us, "The staff are very happy. They are a nice gang. They all get on with each other which is good for them, and good for us". Another person said, "Everything is clean and tidy". A member of staff added, "I would put a relative here and come and live here myself when I get old". We discussed the culture and ethos of the service with the manager and staff. The manager told us, "We are a caring home and we make people feel at home. Some people have a particular sense of humour, we have fun and we make them happy". A member of staff said, "This is a good home that provides good care". A further member of staff added, "This is a small home. It is like family, as we all know each other well. It feels like home".

Staff said they felt well supported within their roles and described an 'open door' management approach, where they could approach the manager with any concerns or questions. One member of staff told us, "[The manager] is available all the time. She is really nice, she understands the carers". Another member of staff said, "[The manager] always listens". In respect to staff, the manager added, "If staff have a problem, they can come to me. I'm serious that work is work, but we can have fun. I'm friendly, but I take work seriously".

Management was visible within the service and the manager worked alongside staff which gave them insight into their role and the challenges they faced. The manager told us, "I work closely with the staff. They can liaise with me and that includes agency staff". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "Handover is really important. We discuss all the residents". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "It is a good team". Another member of staff added, "We are a good team, with good communication".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant

events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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
Diagnostic and screening procedures	The provider did not ensure they had effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider had not ensured that appropriate checks for employees had taken place. Information about candidates set out in Schedule 3 of the regulations had not been confirmed before they were employed.
Treatment of disease, disorder or injury	