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Seacliff Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Seacliff Care Home is a 'care home' registered to accommodate up to 24 people. At the time of our inspection there were 17 older people living in one adapted building in a residential area of Bournemouth.

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

Improvements were needed to the governance systems within the home. Improvements that had been introduced following our last inspection were not robust and had not been sustained. The systems for monitoring and checking the home operates in a safe way were not effective.

Medicines were not always managed in a safe way, records of medicines that required stricter controls were not completed in accordance with the providers policy. Risk assessments were in place for people and detailed. However, they had not been updated and reviewed as planned.

Staffing levels were not always stable. Although no impact on people was identified staff shortages due to sickness had an effect on staff morale and the registered manager and provider was working to improve this. Staff understood how to recognise the signs of abuse and who to report to. People, relatives and staff felt confident any concerns would be followed up. Staff were recruited safely.

Infection prevention and control measures in place were robust and this contributed to keeping people from avoidable harm. One relative told us they follow all safety procedures within the home and said, "There has never been a drop in cleanliness."

Staff were proud to work for Seacliff Care Home and external professionals were complimentary about their working relationship with the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 December 2020) and there were two breaches of regulation. We had since followed up through targeted inspections and found the provider was no longer in breach of the regulations. At this inspection we found the improvements made had not been sustained and this has resulted in a new breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the management and providers oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Seacliff Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. An expert by experience made calls to relatives of the people living at Seacliff Care Home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Seacliff is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, management consultant, senior care workers, housekeeper, care workers and the chef. We 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, procedures and quality assurance data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Medicines that required stricter controls by law were stored securely but were not recorded in accordance with the providers policy. We raised this with the registered manager who arranged for retraining of staff.
- Guidance was not in place for staff to follow when administering medicines that people needed to take on an occasional basis. This was not in accordance with the providers policy.

We recommend the provider ensures staff practice adheres to their policy and good practice guidance for the safe handling of medicines.

- There were arrangements in place for the safe ordering, storage and disposal of medicines within the home. There was a dedicated medicines room where temperature checks had taken place regularly to ensure safe storage.
- Medicine administration records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for their care and support needs. However, reviews had not always taken place as planned. This meant that people were at an increased risk of harm.
- Risk assessments gave clear instructions for staff. The assessments were arranged to show the care the person needed and what the risks were. Clear instructions for staff of safe ways to work supported them to reduce or eliminate risks.
- Behaviour support plans were detailed and supported staff to give person centred support to people at times of emotional distress.
- Staff had a good knowledge of people's risks. Records showed that care was delivered in line with people's risk assessments.
- Accidents and incidents were recorded, and the registered manager analysed the result monthly. They told us they did this to identify themes and trends in order to reduce the occurrence of accidents such as falls.
- Maintenance, equipment and safety checks took place regularly. This included fire safety, equipment, electrical and gas safety checks. People had personal emergency evacuation plans in place which documented the support they required in the event of an emergency.

Staffing and recruitment

- There were enough staff on duty. However, staff sickness, rota changes and recruitment meant that at times the home had experienced difficulties with staffing. Although we had not identified an impact on people, feedback we received was that staffing levels were not always stable. We discussed this with the registered manager and provider, and they told us increasing staffing was their priority.
- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills, knowledge and character needed to care for people. Staff files contained records of appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Seacliff Care Home was a safe place to be. Some comments were: "I feel that my loved one [name] is safe as the care staff look after the residents well", "It seems a safe place, the home is very, very homely and the staff are friendly and attentive", "I think my relative [name] is safe there. They feel comfortable and they sound comfortable", "My loved one [name] feel safe, they get on well with the staff, really well, they chat to her and are friendly."
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. Staff told us they were confident their report would be followed up on.
- Staff had received training in safeguarding adults and posters reminded them of how to report and the telephone numbers to do so. Safeguarding training was updated every year with reminders throughout the year during team meetings.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. Audits that were introduced following our last inspection were not always completed or robust. These systems had not identified the shortfalls found during the inspection. For example, with medicines and risk assessments.
- Oversight from a provider level had not identified the shortfalls within the home found during the inspection. The provider told us they did not have a formal audit and measurable system for checking how the home operated.

We found no evidence that people had been harmed however, the provider had failed to ensure quality assurance and governance systems were operating effectively to ensure people were protected from harm and the service improved. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by reviewing the governance of the home and planning how they will ensure their systems are robust.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service did not actively seek formal feedback on the service they provide from people or their relatives. This meant they did not use their views to drive improvements and make changes to the way the home operated. We raised this with the registered manager who told us they were due to send out a survey to people and their relatives within the coming weeks.
- Seacliff Care Home worked well in partnership with health and social care professionals. They had recently received praise from a health professional who works closely with the home. They said, "The management team and staff were well organised, responsive to the needs of their residents and the patients reviewed were clearly looked after very well by caring and friendly staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff morale had been affected by staff shortages and the pressures associated with the COVID-19 pandemic. The registered manager told us they worked hard to ensure staff felt appreciated by sending

thank you messages and through small gifts. They said, "Anything we get is because of them [staff]."

- Staff felt proud to work at Seacliff Care Home. One staff member said, "It's a lovely home, we are a big family. Relatives were proud of the staff especially how they had worked through the COVID-19 pandemic. A relative said, "The service and care my loved one [name] received at such a difficult time has been very good. I cannot fault them."
- We received positive feedback about the management and senior staff of the home. Some comments were: "I have had a couple of letters from the registered manager, one of the letters was to introduce themselves", "The deputy manager [name] is always very helpful", "[name] is the registered manager. If I contact them with a problem and they don't know the specifics they will find out and always come back to me", "The registered manager [name] will phone me regularly with any updates."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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 The providers quality assurance systems were not operating effectively.