

# Greta Cottage Limited







## SeaView Care Home

### Inspection report

41 Marine Parade  
Saltburn By The Sea  
Cleveland  
TS12 1DY  
Tel: 01287625178  
Website:

Date of inspection visit: 21 May 2015  
Date of publication: 16/07/2015

### Ratings

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

### Overall summary

We inspected SeaView Care Home on 21 May 2015. This was unannounced which meant that the staff and registered provider did not know that we would be visiting.

SeaView Care Home provides care and accommodation to a maximum number of 25 older people and / or older people living with a dementia. Accommodation is provided over three floors. Communal lounge and dining facilities are available. There is an enclosed small patio area for people to use.

The service has 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.

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that

# Summary of findings

people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Staff told us that they felt supported. There was a regular programme of staff supervision in place. Records of supervision were detailed and showed that the registered manager had worked with staff to identify their personal and professional development goals. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

We asked people if they thought there were enough staff on duty to meet their needs. We received mixed comments in respect of this. Some people thought that there was enough staff but some people did not. We pointed this out to the registered manager who said that they would review staffing levels.

The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. We saw that medicines had been given as prescribed..

There were positive interactions between people and staff. We saw that people were supported by staff who respected their privacy and dignity. Staff were attentive, showed compassion, were encouraging and caring.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People visited their doctor, dentist and optician. Staff told us how they supported and accompanied people on hospital appointments to manage their physical and mental health needs. Staff at the service had good links with the district nursing service. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Assessments were undertaken to identify people's health and support needs. We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. The registered manager and staff that we spoke with during the inspection were able to describe how they kept people safe; however risk assessments were too generic and did not contain individual measures to reduce / prevent the highlighted risk.

People's independence was encouraged and there was a plentiful supply of activities. Staff encouraged and supported people on outings.

The provider had a system in place for responding to people's concerns and complaints. People and relatives that we spoke with during the inspection told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Improvements were required to ensure the service was safe.

People were protected by the service's approach to safeguarding, whistle blowing and arrangements for staff recruitment. Staff we spoke with could explain the different types of abuse and action they would take to ensure people's safety was maintained.

Suitable arrangements were in place to ensure that people received their medicines safely.

We received mixed comments from people about whether they thought there was enough staff on duty to meet their needs.

Staff had the knowledge to keep people safe, however, risk assessments were too generic and did not contain individual measure to help to reduce / prevent the highlighted risk.

Requires improvement



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to make choices with their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

The service was caring.

People were treated well by caring staff who respected their privacy, dignity and encouraged their independence.

People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff interacted well with people and provided them with the support they needed.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

Good



# Summary of findings

We saw people were encouraged and supported to take part in activities and outings.

We were told that staff were approachable and that people and relatives felt comfortable in talking to staff if they were concerned or had a complaint.

## Is the service well-led?

The service was well led.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People who used the service, relatives and staff had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided.

**Good**



# SeaView 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 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 SeaView Care Home on 21 May 2015. This was unannounced which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included notifications we had received from the service.

The provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection visit there were 25 people who used the service. We spent time talking with ten people. We also spoke with the relatives of two people who used the service.

During the visit, we spoke with the registered manager, the head of care and with two care staff.

We also contacted the local authority to seek their views on the service provided. They told us that they visited the service to undertake a full compliance visit in August 2014. They informed us that the service had good leadership, good policies and procedures, happy and well trained staff, good medication procedures and a plentiful supply of activities.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

We spoke with people who used the service who told us that they felt safe. One person said, "We're all locked up and nobody can come in." Another person said, "They [the staff] look out for us and make sure we are safe." A relative we spoke with told us how staff at the service ensured the safety of people they said, "It's like a big family home. We got a good feel about the place as soon as we came in." They went on to tell us that they felt that the person who used the service was left in safe hands when they went home.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to three people who used the service. We saw that risk assessments were in place for moving and handling, cross infection, choking and self neglect amongst others. The registered manager and staff that we spoke with during the inspection were able to describe how they kept people safe; however risk assessments were too generic and did not contain individual measures to reduce / prevent the highlighted risk. For example one person who used the service was highlighted as at risk of choking. The control measures were documented as reporting any excessive coughing and to be vigilant in observing people who may have difficulty in managing food into bite size pieces. Risk assessments did not detail if the person should be sat up when feeding or should have a certain consistency of food and there was no mention of what to do if the person choked. This was pointed out to the registered manager at the time of the inspection who told us that they would review all risk assessments for people who used the service.

We looked at the arrangements that were in place to protect people from bullying, harassment, avoidable harm and abuse. The registered manager was able to describe local safeguarding procedures and demonstrate an awareness of the types and signs of abuse. This included who to contact to make referrals to or to obtain advice from at their local safeguarding authority. Staff told us that safeguarding procedures were in place at the home, were regularly updated and that staff had access to them. This helped ensure staff had the necessary knowledge and information to make sure people were protected from

abuse. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing {telling someone} if they had any worries.

Records looked at during the visit confirmed that the handyman did a weekly health and safety check that included testing of water temperatures, checking of the lift alarm, making sure radiators were safely guarded and checking that fire doors and fire equipment was in good working order. We saw records of these checks. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, hoists, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We saw evidence of an emergency evacuation plan for people who used the service. The purpose of an emergency evacuation plan is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We looked at the arrangements in place for managing accidents and incidents. The registered manager told us that accidents and incidents were monitored. This helped staff to identify any trends and reduce the risk of reoccurrence.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We saw that staff had completed an application form, which included information about their qualifications, experience and employment history. There were two written references, copies of personal identification and evidence of a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and

## Is the service safe?

vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The recruitment records showed that safe recruitment procedures had been followed.

The registered manager told us that during the day there were four care staff on duty until 5pm one of whom was a senior care assistant. From 5pm until 10pm there were three care staff on duty (one senior) and on night duty there were two staff on duty. In addition the registered manager

of the service worked supernumerary hours Monday to Friday. During the day there was also a cook and domestic on duty. We asked people who used the service; relatives and staff if they thought there was enough staff on duty to ensure that needs were met. We received mixed comments in respect of this. One person said, "Yes I think so." Another person said, "I don't have anything to complain about they are there if I need them." Another person said, "Sometimes you have to wait. I need the hoist which means I need two people to help me." During the inspection this person asked for help. We saw that this person waited 10 minutes before two staff were available to help them. A relative we spoke with said, "Sometimes there seems to be enough but at other times there seems to be more staff needed. A

couple of people demand more time than others but they are certainly not neglected." During the inspection we spoke with the registered manager in respect of this. They said that they would review staffing levels to determine if there is enough staff on duty.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. Senior staff were responsible for the administration of medicines to people who used the service. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in medicine room and the storage area temperature was monitored daily. We looked at two people's medication administration records (MARs) and saw that medicines had been given as prescribed. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety.



# Is the service effective?

## Our findings

People and relatives we spoke with during the inspection told us that staff provided good quality care and support. They were complimentary of staff and confirmed that staff at the service met their needs. One person said, "I think it is very good they do very well looking after me." Another person said, "They [staff] are really good here and will do anything for you." A relative we spoke with said, "I think it's fantastic."

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

At the time of the inspection some people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Staff told us that they were up to date with their mandatory training and had completed training that was relevant to the service. They also told us that they were asked in supervision if they had any training needs and could request training they felt was needed. One staff member said, "The training is really good. I'm doing a three day first aid course in September and mental capacity training June 22nd."

The registered manager showed us the training records for the staff employed and the training that was planned for 2015. The training record showed that staff had undertaken training in food hygiene, safeguarding, fire safety, understanding dementia, challenging behaviour, person centred care, infection control, end of life and moving and handling. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. Induction processes were available to support newly recruited staff. We saw that induction was structured and included reviewing the service's policies and procedures and shadowing more experienced staff. The registered manager told us that induction packages had been reviewed to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as salads, a sandwich or soup. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition. We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "The food is very good. It's not the Ritz but I wouldn't have expected that. There is one dish I don't like and they know about it. The food is good wholesome food." Another person said, "The food is good and we always seem to be eating. We had breakfast then fish and chips and soon enough it will be tea time." Another person said, "It's fish and chips today you have come on the right day." A relative we spoke with said, "The food is fantastic. I have eaten at functions. My mother is a better eater since she came in here." We saw that people were offered a plentiful supply of hot and cold drinks throughout the day.



## Is the service effective?

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people visited their doctor, dentist and optician. Staff told us how they supported and

accompanied people on hospital appointments. The registered manager told us how they had good links with district nursing service. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

# Is the service caring?

## Our findings

People who used the service and relatives that we spoke with during the inspection told us that staff were kind, helpful and caring. One person who used the service said, “I wasn’t very well when I came in here but they have picked me up no end.” Another person said, “All of them [staff] couldn’t be kinder and more helpful.” A relative we spoke with said, “They [staff] are lovely there isn’t a bad one amongst them. They all seem to like their jobs and that shows.”

During the inspection we spent time observing staff and how they interacted with people who used the service. We saw that staff interacted well with people and provided them with the support and help that they needed. When one person who used the service became distressed and wanted to know what was behind a door staff supported them to have a look. This provided reassurance to the person and enabled them to relax. On another occasion we saw that staff were reassuring when providing assistance to one person when they were using the hoist. Staff clearly told the person what they were doing and what they should expect. Staff ensured that the person’s dignity was maintained when moving them from one place to another.

Staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff were aware of how best to support people. Staff were able to describe each individual person’s care in detail and what was important to them.

We saw that staff were affectionate and caring in the way that they supported people. We saw that staff provided people with reassuring touches whilst ensuring boundaries were maintained. We saw that one person who used the service became anxious the staff member responded by putting their arms around the person. This showed that staff were caring.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. We were told how people had been

supported to maintain relationships that were important to them. For example, a relative we spoke with during the inspection told us that their visits to the home were very important to them. They told us how staff were always friendly and made them feel welcome. Staff told us that people had regular visitors to the home, such as family and friends and always made them feel welcome by offering drinks and if they wanted could stay for a meal.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. People told us that they could spend time in their room if they wanted and that staff respected their privacy and treated them well. Staff were able to describe to us how they worked in a way that protected people’s privacy and dignity. For example, they described knocking on people’s doors and asking if they could come in before entering, asking permission before doing things and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. During our visit we observed the interactions between staff and people who used the service and saw that people’s privacy and dignity was maintained in the way staff had described.

The registered manager showed us an ‘activity pinny’ which had been especially made in an effort to promote dignity. This was bright and age appropriate. They told us that one person who used the service touched their dress which meant that their legs could be exposed. When the person wore the pinny they were distracted by the beads, ribbon and Velcro fasteners and as such this prevented the person from showing their legs and maintained their dignity.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information, explanations and advocacy to enable their involvement. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices. The registered manager told us that there wasn’t any person who used the service who required advocacy at the time of the inspection.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, “We do exercises and have a natter.” Another person said, “We always seem to be doing something.”

The registered manager and staff told us that people enjoyed sherry afternoons, dominoes, cards, jigsaws and the regular entertainers that came into the home. We were told about singers and a visiting pantomime. The visiting pantomime not only visited at Christmas but did other shows during the year. People had recently enjoyed a 50’s and 60s event.

Some people who used the service were living with a dementia. The registered manager and staff told us how they did reminiscence and quizzes to encourage people to talk and socialise with staff and each other. They told us that they had purchased some water paintings from a catalogue that specialised in providing activities to people living with a dementia. During the inspection we saw one person enjoying water painting. This involved the person using a paint brush and putting water onto what appeared to be a blank piece of paper. When water was added to the paper a picture would slowly appear the more the person painted. We spoke with this person during the inspection. They told us that they enjoyed painting and said, “You will have to see what the picture is when I’m finished.” The registered manager told us the importance of manipulative stimulus for those people living with a dementia. They showed us some activity cushions (age appropriate) that had been made for people. These were made of different fabrics and textures. This meant that people were provided with activities that were beneficial and therapeutic.

People who used the service told us that they went out on a regular basis on a bus that was owned by the provider. They told us that they had enjoyed trips to Whitby and Redcar. The registered manager said that people would often take a flask of coffee and a picnic. Two people who used the service told us that although they had enjoyed these trips nobody got off the bus when they arrived at their destination. They told us that the bus trip would be

much more enjoyable if when they reached their destination they could get off and have a look round. We pointed this out to the registered manager at the time of our inspection.

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. During the inspection we reviewed the care records of three people who used the service. We found that these were personalised and focused on the individual needs, wants and likes of each person. For example the care plan of one person who used the service in relation to personal care clearly described how they had limited movement in their right arm. The care plan detailed the importance of ensuring the person’s left arm was put into clothes first to avoid discomfort. This helped to ensure that care was delivered in a way that ensured the wellbeing of the person. We saw that care records were reviewed and updated on a regular basis.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn’t like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service. For example when one person who used the service didn’t want to go to the dining room at meal time we saw that staff brought their meal to them. This showed that staff at the service were responsive to the individual needs of people.

People and relatives we spoke with during the inspection told us that if they were unhappy they would complain to staff. We were told that staff were approachable and listened to them.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact.

Discussion with the registered manager during the inspection confirmed that any concerns or complaints would be taken seriously. There has been one complaint since in the last 12 months which was dealt with appropriately.

# Is the service well-led?

## Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager. They told us that they thought the home was well led. In our conversations with staff they told us how positive they felt about working in the service. One person who used the service said, “The manager, she’s good. She asks how we are. As she passes through she usually has some wise crack.”

Staff told us that they felt supported and were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “You can go to the manager with anything she is very approachable. I wouldn’t hesitate in telling her if I thought something was wrong.”

The registered manager told us about their values which were clearly communicated to staff. The registered manager told us about valuing the individual, the importance of working together, teamwork and honesty. Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. The registered manager said, “I’m very lucky I have a very good staff team.”

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks which were carried out on the environment and health and safety to ensure that the service was run in the best interest of people. We saw records of audits undertaken which included cleanliness of the kitchen, medicines, care records and health and safety. This helped to ensure that the

service was run in the best interest of people who used the service. The registered manager also spent time in communal areas of people who used the service. They spent time and observed the experiences, care and support that people received. The registered manager told us the importance of making sure that people were stimulated and that staff engaged with people. We were told that her findings were fed back to staff in order to improve the quality of the service people received. We saw records to confirm that this was the case.

Staff told us the morale was good and that they were kept up to date with information that affected the service. They told us that staff meetings took place regularly and that they were encouraged to share their views. We saw records to confirm that staff meetings had taken place in January, April and May 2015. We saw that the last meeting for people who used the service had taken place in February 2015. People had talked about activities, menus, bus trips and the fire alarm.

We asked about the arrangements for obtaining feedback from people who used the service and their relatives. The registered manager told us that a satisfaction survey had been used to gather feedback in June 2014. We saw the results of the survey which showed that people were satisfied with the care and service they received.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

We saw records to confirm that the provider visited the service on a regular basis to monitor the quality of care and service provided. The record of these visits was very brief and although we were aware the provider speaks to people on a regular basis this was not recorded within the visit notes. We pointed this out to the registered manager who said that they would speak to the provider in respect of this.