

# Mr Munundev Gunputh & Mrs Dhudrayne Gunputh

## Seacliff Care Home

### Inspection report

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### 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

This unannounced comprehensive inspection took place on 25 and 26 November 2015. At the last inspection completed in November 2013 we found the provider had met the regulations we reviewed.

At this inspection we identified a breach regarding the lack of appropriate information in relation to the care and treatment in people's care records. You can see what action we told the provider to take at the back of the full version of this report.

Seacliff Care Home provides accommodation, care and support for up to 24 older people. At the time of the inspection there were 20 people living at the home. There

was a registered manager at the home at the time of the inspection. 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.

People told us they liked living at the home, comments from people included, "I'm very happy here" and, "I have

# Summary of findings

everything I need". People told us they felt safe at the home. Staff spoke knowledgeably on how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed including areas of risk, and reviewed each month to ensure their safety. Staff supported people in accordance with their wishes, protecting people's privacy and maintaining their dignity. People and their relatives were involved in assessing and planning the care and support they received.

Appropriate arrangements were in place for the storage and disposal of medicines. People received their prescribed medicine when they needed it, however people's records did not always show when they had received their prescribed creams. Some people's Medication Administration Records had not been completed in respect of their prescribed creams and some people's daily notes were not fully completed.

Equipment such as electric stand aids, hoists and pressure relieving mattresses and cushions and mobility aids were readily available, well maintained and used safely by staff in accordance with people's risk assessments.

There was a system in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. The manager was in the process of recruiting a further two staff to replace two members of staff who were leaving. Staff felt well supported and said the training they received gave them good, practical skills and knowledge to carry out their role.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. People were supported to make decisions and where people did not have the capacity, decisions were made in their best interests.

People were supported and provided with a choice of healthy, home cooked food and drink which ensured their nutritional needs were met. People commented positively on the quality and quantity of the food.

The premises were undergoing decoration and some refurbishment. This included new carpeting in some of the communal corridors, new flooring, tiling and redecoration in the kitchen and redecoration of the walls on the ground floor. Overall, the home had a bright, airy feel.

People knew how to make a complaint although no one we spoke with told us they had felt the need to make a complaint. There was a system in place for people to raise concerns and complaints and records showed the manager followed the system when complaints were received.

People told us they felt the service was well led, with a clear management structure in place.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Generally, medicines were managed safely and stored securely. However, records relating to people's prescribed creams had not been completed and areas of some people's daily notes had not been completed.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Requires improvement



### Is the service effective?

The service was effective. Staff received ongoing support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a choice of home cooked food and drink. Menu's offered variety and choice and provided a balanced diet for people.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a calm, relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were regularly reviewed and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and were confident they would be listened to.

Observations and feedback from people and staff showed us the service had an open, friendly culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good



# Seacliff Care Home

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 25 and 26 November 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of and any complaints that had been received during the last year. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met all of the people living there and spoke with the majority of them and two of their relatives. We also spoke with the manager, deputy manager, four members of care staff, the cook, a visiting GP and a visiting district nurse.

We spent time observing how people were supported in the communal areas of the home and observed how staff interacted with people. We looked in depth at five people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, three staff recruitment, appraisal and training records, accident and incident records, a selection of the providers policies and procedures, menus, premises maintenance records, staff meeting minutes and every person's medicine administration records.

# Is the service safe?

## Our findings

We met and spoke with the majority of people who lived at Seacliff Care Home. People spoke positively about their experience of living at Seacliff Care Home. One person said, “They take good care of me, I’m very comfortable here”. Another person told us, “I have everything I need, I only have to ask and I get what I need”. Every one we spoke with told us they felt safe living at Seacliff Care Home.

We reviewed all of the medication administration records (MARs). We saw there was a photograph at the front of each person’s records to assist staff in correctly identifying people.

Generally, MARs were fully completed, however in relation to prescribed creams for people we saw some MARs records had not been completed. This meant there was no records to show whether a person had received their prescribed cream at the frequency prescribed by their GP. There were two systems where staff recorded when people had received their prescribed creams, one was in the MARs and the second system was in people’s daily notes.

There was a daily note system that, when correctly completed would give a good indication of what care and support a person had received each day. We reviewed a number of the daily notes records and found many of these records had not been fully completed, with omissions in the recording of application of prescribed creams. This meant there was no record to show if a person had received their prescribed cream. We discussed this with the manager who said they would address this issue and ensure staff received training on the correct completion of the daily notes.

We noted fluid amounts were included in the daily note report but there was nowhere for staff to record the target amount of fluids a person required each day or a total of how much fluid they had consumed each day. Although there were body maps in place to record any bruising or injuries sustained by a person, some of these had not been kept up to date.

The omissions in records of prescribed creams, incomplete daily notes and body maps are a breach of Regulation 17 (1) (2) (a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded but there was no plan in place for staff guidance on the use of ‘PRN’ as required medicines. Staff appeared knowledgeable about when people required their ‘PRN’ medicines and told us every person living in the home was able to tell staff when they needed pain relief. We discussed this with the manager who told us they would ensure suitable guidance would be written for staff on the use of ‘PRN’ medicines.

The manager told us all staff had responsibility for administering medication and had received medication training to ensure they could administer medicines safely.

We spoke with staff about their understanding of protecting vulnerable adults. Staff were able to demonstrate a good understanding of safeguarding adults. They spoke knowledgeably about the different types of potential abuse and knew how to report any form of abuse. The provider had a clear system in place for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities.

Accidents and incidents were recorded and monitored by the management team to ensure any trends or themes were identified and acted upon. The manager confirmed they reviewed the incidents and gave an example of how people were safeguarded to ensure risks to their health and safety were reduced. For example, the use of alarm mats to make sure people were supported to mobilise safely around the home. We reviewed the majority of the accidents and incidents the home had recorded in the previous twelve months which confirmed there had been no major incidents that would have required a notification to be sent to the Care Quality Commission. The manager understood when such notifications would be required.

There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of four people. This was so we could evaluate how people’s care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as extreme hot weather, fire, falls, medicines moving and handling, nutrition and the use of oil heaters.

## Is the service safe?

The provider had a system in place to ensure the premises were maintained safely. Regular checks were completed for fire safety equipment and fire panels, electrical testing and lighting systems. The manager told us the home had recently had new boilers and water systems but they could not locate the recent gas safety certificate. The manager arranged for an independent gas safety contractor to visit the home the next day and ensured an up to date gas safety inspection was completed. The resulting gas safety certificate was forwarded to us immediately which confirmed the premises were compliant with gas safety requirements. We saw the legionella certificate that stated the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

The provider had an up to date contingency plan in place, which provided staff with clear guidance on who to contact in the case of an emergency.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for a two week

period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were enough staff on each shift to manage the needs of the people living at Seacliff Care Home. We observed care was given in a friendly manner and staff were attentive to people's needs and were able to spend time with people. Throughout the inspection we saw staff checked people were comfortable and made sure they had drinks and snacks available if they wanted them.

We reviewed three staff recruitment records, one of whom had been recently recruited and spoke with two members of staff about their recruitment. Staff told us they had felt well supported during their induction period and throughout their time working at the home. We saw records that showed recruitment practices were robust and safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Seacliff Care Home.

# Is the service effective?

## Our findings

The manager showed us the training schedule they had in place. There was a clear programme of training that covered core areas of, safeguarding adults, first aid, health & safety, medication and moving and handling. All staff held a minimum of a level 2 National Vocational Qualification and some were progressing their training to a higher level with the support of an independent training provider. Staff told us they found the practical nature of the training useful and said they were encouraged and supported to take part in further types of training they may wish to complete such as, dementia care, palliative care and diabetes awareness. We reviewed the training schedule and noted a number of topics were due to be completed in December 2015. The manager confirmed, due to staff sickness some training courses had been postponed and they were now able to catch up with their training schedule.

Staff told us they received regular supervision meetings that were helpful. They said they felt supported to do their job and told us the supervision and annual appraisal process was useful and a good system to make sure they were doing their job effectively. One member of staff told us, "There's always someone to ask if I need help, everyone is very hands on and always happy to help".

During our inspection visit we observed good interactions with staff and people. Staff spoke knowledgeably about how people preferred their care to be given. One member of staff showed us the process of how the person liked to choose their clothes for each day and how they loved having fresh flowers in their bedroom.

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. The majority of people living at Seacliff Care Home had the mental capacity to make their own decisions and these decisions were respected. For example, one person wished to stay in bed and their wishes were respected.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager was aware of their responsibilities in regard to the DoLS and had completed DoLS applications for two people living at Seacliff Care Home.

Records showed staff had completed Mental Capacity Act 2005 training during their induction period and had refresher training each year. Staff told us if they needed further guidance they would refer to the manager or team leader.

We met and spoke with the cook who had recently been appointed to work at the home full time. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat. For example, if people needed a fortified diet to increase their weight, meals were planned for them with added cream and cheese. If people had difficulty swallowing, meals were made into a soft consistency or pureed. We observed biscuits and snacks were available throughout the day and staff encouraged people to drink regularly to reduce the risk of dehydration.

People's allergies were written on a board in the kitchen for all staff to view. The kitchen had recently been assessed by the local environmental authority and had been awarded a 4 star rating. The cook told us they had appropriate levels of kitchen equipment and fittings which were well maintained. There was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

We observed a lunchtime meal and saw people were supported to sit at tables in the dining area or in a chair on their own if they wished. People told us it was their choice to eat in the dining room or stay in their bedrooms. One person said, "It's up to me, sometimes I prefer to spend a bit of time on my own, but mostly I eat with everyone else in the dining room".

The meal choices and dessert was brought out on a trolley by the cook, who took time to go around to everyone letting them choose what they would prefer to eat and explaining what the meal options were. This meant people could see what meals were available and could make their own choices, choosing as much or as little as they liked.



## Is the service effective?

Menus were planned on a four weekly basis and included a selection of choices for each meal of the day. On the day of our visit the meal choices were roast beef, roast potatoes and vegetables or salmon and seasonal vegetables with a choice of desserts. We observed some of the lunchtime meal and saw the majority of people were able to eat independently. One person required adapted cutlery to help them eat independently and we observed this cutlery was ready for them to use. The dining room was attractively laid out with tablecloths, crudités, place mats and cutlery to give a pleasant meal time experience for people. Staff encouraged people to eat their meals, supporting them to eat as independently as possible.

There were systems in place to monitor people's on-going health needs. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist, speech and language therapist or GP.

During our inspection visit the home was undergoing some redecoration and refurbishment. Some downstairs corridors were being painted with a different colour scheme and carpets in communal areas and corridors were being replaced. The kitchen was being refurbished which included new flooring, new splashback wall coverings and wall surfaces painted throughout.

The home had some pictorial signage displayed on doors, such as the lounge and toilets, and some people had their own pictures on their bedroom doors to reduce the risk of them becoming disorientated while moving independently around the home. Handrails were placed along corridors and in bathrooms to assist people with their mobility and to encourage their independence. The garden was safely laid out to accommodate people so they could sit out in the garden if they wished.

# Is the service caring?

## Our findings

One person told us they found the staff, “Very kind and caring”. Another person said, “The staff are very good, kind and helpful”.

People told us they had visitors at any time and their visitors and relatives were always made to feel welcome by the staff. One visiting relative told us, “I’m popping in all the time; I’m always made to feel welcome”.

Relatives also told us they felt confident their family member received good individual care. They gave good examples of how staff treated people with kindness and how people were treated as individuals. A family member told us they were very happy with the care and support their relative received living at Seacliff Care Home. They said, “I can leave here and not have to worry, knowing he has everything he needs and is safe”.

We observed staff treating people with kindness and patience throughout our inspection visit. Staff took time to explain to people what their medicines were for and supported people to move around the home, gently and patiently. Staff ensured people were sitting comfortably and arranged for them to have blankets to cover their legs if they needed them.

There were written summaries in people’s bedrooms outlining what was important to them. The summaries outlined what people enjoyed doing, what their likes and dislikes were and gave staff an insight into what people would like to talk about when they spent time with them

on a one to one basis. We observed good interactions between staff and people during our inspection visit. Staff interacted with people in a caring and compassionate way. Staff spoke fondly of people and were able to describe what activities they liked to take part in; this showed staff knew the people well and provided support and care in an individualised manner.

Throughout our inspection visit we observed staff giving support to people with warmth and kindness, often stopping to check they had everything they needed. Staff treated people with dignity and respect, supporting them to do things at their own pace and explaining clearly if people needed further guidance. Staff gave good examples of how they ensured people’s dignity was respected, ensuring bedroom doors were closed when people were receiving personal care, using people’s preferred names and knocking on bedroom doors before entering them.

Staff were attentive to people’s needs. We observed staff encouraged people’s independence, offered assistance promptly when required and supported people discreetly when they needed help. People told us they were always treated with dignity and respect. One person said, “I can’t fault them at all, I’m very satisfied”.

People’s care records were kept securely in a lockable room and no personal information was on display. Records showed people and their relatives were involved in decisions about their care. Care plans were reviewed each month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

# Is the service responsive?

## Our findings

Each person we spoke with gave positive feedback about living at Seacliff Care Home. One person said, “I’ve everything I need, lovely room and the staff are there if I need them”. Relatives told us they were happy with the level of care and support given by the home and were kept informed of any health changes with their relative. We spoke with a visiting GP and district nurse. The GP said the service was much improved, staff made appropriate referrals to their practice and in their opinion people living at Seacliff Care home received a good level of care. The district nurse also gave positive feedback regarding the service.

We reviewed a number of assessments that the manager undertook on people before they moved into Seacliff Care Home. This ensured the home was able to meet the needs of people they were planning to admit. Assessments covered areas including; personal care needs, eating and drinking, communication and mobility. The assessments showed people and their relatives had been included and involved in the process wherever possible.

Records showed the information was then used to complete a person centered care plan which gave staff information and guidance on how to deliver appropriate care. The care plan also contained people’s life history and preferences to ensure staff were able to give personalised care and support. The provider used recognised risk assessment tools to assess the risk of skin integrity and malnutrition. Care plans were reviewed on a monthly basis or more frequently if people’s care needs changed. Staff signed each care plan to show they had read and understood the information it contained.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. The pressure mattresses had self-regulating pumps attached which meant they automatically adjusted to the weight of the person using them. Staff told us they had found them to be very effective and each unit gave an audible sound if it developed a fault so that staff would know and be able to replace the unit immediately. Where people required mobility aids these were left positioned so people could reach them easily.

We reviewed care plans for people with diabetes. These were detailed and gave clear guidance for staff about the person’s medication they were on what side effects they may experience and what trigger points to look for if the person should be at risk of a hypo or hyperglycaemic attack. The care plan gave guidance for staff on monitoring high risk areas such as checking the colour of people’s feet to ensure their circulation was not at risk. People with diabetes were booked in for six weekly chiropodist visits and diabetic eye screening to ensure their ongoing health needs were met.

Care plans gave clear individualised guidance for staff to follow. One care plan stated the person needed to wear support stockings and be able to raise their legs on a small footstool whenever possible. They also needed support with nutrition, for example, they needed food to be cut into bite size pieces and have a straw available for their drinks. We met and spoke with this person and saw they were dressed appropriately and had their feet raised on a small footstool. Their food had been cut into small pieces and their orange juice had a straw available, all actions which were in accordance with their care plan.

One person was being cared for in bed. We met and spoke with this person and saw they were comfortable, had their call bell alarm clipped to their bed covers so that they could reach it easily and had the television tuned to their favourite channel. We reviewed this person’s re-positioning records which showed they were re-positioned every two to three hours as stated in their care plan, this helped prevent pressure sores occurring.

Staff spoke knowledgeably about people’s specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people’s pain was managed effectively. People told us they could ask staff if they needed pain medicine.

People’s weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to appropriate health professionals when required.

The manager told us about the activities the home offered. They employed an activities organiser who worked Monday to Friday each week at the home. They organised a range of activities including accompanying people out to places of their choice, musical bingo, arts and crafts, painting,

## Is the service responsive?

quizzes and board games. The manager told us they also used independent entertainment companies that came to the home on a regular basis such as a music and movement company and were considering the use of an animal charity that would visit the home with a selection of animals people could meet. In the afternoons the staff spent time with people on a one to one basis supporting them to paint their nails or do hand massages on them and chatting to them about topics that interested them. The manager showed us the arrangements they had organised for a visiting pantomime to present a show at the home during the Christmas period.

People knew how to make a complaint if they needed to and a poster stating how to complain was on display in the entrance hall, some of the information contained in the poster was out of date. We brought this to the attention of the manager who said they would arrange for an updated poster to be displayed as soon as possible. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. We reviewed a complaint that had been received by the service and noted the manager had responded in accordance with the provider's complaint policy.

# Is the service well-led?

## Our findings

People and staff expressed confidence in the homes management and felt the home was well led by a management team that acted in an open and fair way.

Staff described the culture of the home as, “Relaxed, open and caring”. Staff told us they were happy to raise any concerns or issues at the staff meetings and felt they would be taken seriously. Staff said communication in the home was good. They showed us the handover book and gave good examples of how they were kept up to date with changes within the home.

Staff spoke positively about the management team and we observed the service was person centred with a positive, caring approach to people’s support and care.

The manager showed us the on line system the provider used to monitor feedback from relatives and people who used the home. We saw the had been seven completed on line questionnaires. The manager showed us the questionnaires that were available in the home for people to complete at the time of their visit. We did not see any records that showed these questionnaires had been reviewed and analysed by the management team. The manager told us they continually assessed the quality of the service through a variety of checks and audits and felt people would approach them if they had any concerns. They confirmed they would ensure questionnaires would be sent out to all interested parties including health professionals and GP’s in the near future.

Records showed resident and relative meetings were held on a quarterly basis. These provided an informal way for the management team to check people and their relatives were happy with the service provided by the home. Topics covered during these meetings included the summer fete arrangements, employment of a new cook, current social activities and people’s views on them, the new layout of the lounge and if people had any complaints or concerns they wished to raise.

Staff told us they attended the regular staff meetings which they found helpful. Records showed staff meetings were held regularly and a brief summary of the topics discussed was recorded for all staff to view.

Although the manager showed us a selection of audits they completed, such as medicines, care plans and infection control, they did not have a system in place to check when these audits were due. This meant some audits could be missed which could pose a risk to the health and safety of the people living in the home. We discussed this with the manager who told us they had always relied on themselves knowing when audits were due. They confirmed they would devise an appropriate system to show when audits were scheduled, analysed and action recorded if weaknesses were found.

The manager told us they kept up to date with changes in the regulations to adult social care by attending meetings and training events run by the local authority and networking with other registered managers.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not ensured people's records were complete and up to date.</p>