

Seahaven C.H. Ltd

# Seahaven Care Home






## Inspection report

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

Date of inspection visit:  
19 October 2016  
20 October 2016

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 19 October 2016 and was unannounced. A second day of inspection took place on 20 October 2016 and was announced.

Seahaven Care Home is a residential home which provides personal care for up to 28 people. There were 17 people living there at the time of our inspection, some of whom were living with dementia. The accommodation is over three floors.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the home on 30 and 31 March 2016 and found the provider had breached the regulations for safe care and treatment, good governance and recruitment. Following the inspection we issued a warning notice to the provider.

At the last inspection we found that the registered provider did not have accurate records and procedures to support and evidence the safe administration of controlled drugs, when required medicines and prescribed creams. We found people were not always protected from the risk of infection. Thorough background checks were not always carried out before staff started working at the service, which left people vulnerable to the risk of the provider employing unsuitable staff. The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure people received appropriate care and support.

During this inspection we found the provider had made improvements in some areas. However, we found the provider had breached Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not fully assessed the risks to the health and safety of people who used the service and taken reasonable steps to mitigate such risks. The provider's quality monitoring processes were not always effective in identifying improvements. Staff deployment at meal times was not managed appropriately. We have made a recommendation about the specialist needs of people living with dementia.

You can see what action we told the provider to take at the back of the full version of the report.

Infection prevention and control measures had improved although this area did not form part of the registered manager's quality assurance checks. There were adequate supplies of alcohol hand gel, hand wash, paper towels and disposable gloves and aprons and waste bins in bathrooms were pedal operated to reduce the risk of infection spreading. Additional infection control measures were detailed in people's care plans where appropriate.

Medicines management had improved. Medicines were stored securely and managed safely and effectively. People received their prescribed medicines when they needed them. Prescribed creams were administered in the right way and at the right frequency, in line with the instructions on people's prescriptions.

Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development.

People's meal time experience was inconsistent. Meals were served individually rather than by table which meant some people had their meals whilst others on the same table had to wait. Some staff had little interaction with people they supported to eat while others explained what they were doing.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been authorised for relevant people.

The registered manager told us all staff training had been reviewed after the last inspection to identify where further training was needed. All outstanding training was due to be completed by the end of 2016 and we saw arrangements had been made to achieve this. Staff had completed updated training in a number of key areas since the last inspection.

Most people gave us positive feedback about their care. They told us most staff were kind and caring. One person said, "Staff treat me nicely. They're very considerate." A relative told us, "Staff are very good with [family member] and me. I wouldn't have [family member] anywhere else. It suits our purpose. It's the right style of place for us. Staff make time to talk to [family member] even though they are not responsive."

A member of the community nursing team who visited the service during our visit told us, "The staff are very conscientious and are up to date with residents' needs. Staff know everything about the residents and have good communication with the families. Residents are clean and well looked after."

Care records had improved since the last inspection and contained detailed information and guidance about how to support people based on their individual health needs and preferences. Individual hygiene sheets had been introduced since the last inspection which was more person-centred. Care records were reviewed and updated regularly or when people's needs changed.

People we spoke with told us if they had a problem or concern they would speak to staff. Relatives we spoke with knew how to make a complaint.

Staff meetings were held regularly and staff told us they had enough opportunities to provide feedback about the service.

People, relatives and staff told us they felt the service was well-run by the registered manager. One person told us, "[Registered manager] is so good. She's really lovely and the deputy is." Staff told us the registered manager was approachable and they could speak to them at any time.

The provider's quality monitoring processes had led to some improvements since the last inspection, but there were still areas for improvement.

## 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.

Some areas of the service looked worn and needed renovating. In the smoking lounge on the ground floor the carpet was dirty, had several cigarette burns and was a trip hazard due to being uneven.

Medicines were managed safely and effectively. People received their medicines when they needed them.

There were enough staff on duty to meet people's needs.

Safeguarding referrals had been made and investigated appropriately. Staff understood their safeguarding responsibilities.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People did not always receive the dedicated support they needed. The meal time experience was inconsistent.

Staff training, supervisions and appraisals were up to date.

The provider was following the requirements of the Mental Capacity Act (2005).

People had input from external health care professionals where required.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People's independence was not always promoted and some staff were task-focused.

Most people gave us positive feedback about their care and told us most staff were kind and caring.

**Requires Improvement** ●

Relatives spoke positively about staff and the service.

The provider's contact details were prominently displayed in the main entrance which meant people and their families could contact the provider directly.

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

**Good** ●

The service was responsive.

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

Staff responded to and acted on changes in people's needs promptly.

People had opportunities to take part in a range of activities.

Complaints were recorded, investigated and resolved appropriately to the satisfaction of the individuals concerned.

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

**Requires Improvement** ●

The service was not always well-led.

The provider's quality monitoring processes had led to some improvements since the last inspection, but there were still areas for improvement in monitoring health and safety and people's meal time experience.

People, relatives and staff told us they felt the service was well-run by the registered manager.

Regular staff meetings identified actions to improve the service.

Staff told us they had enough opportunities to provide feedback about the service.

# Seahaven Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 19 October 2016 and was unannounced. A second day of inspection took place on 20 October 2016 and was announced. The inspection team consisted of two adult social care inspectors and an expert by experience on the first day, and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Before the inspection we also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eight people living at the service and two relatives. We also spoke with the registered manager, one senior care worker, eight care staff, the chef, domestic staff and one visiting healthcare professional.

We reviewed four people's care records and records for three staff. We also reviewed supervision and training information and records relating to the management of the service.

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.

# Is the service safe?

## Our findings

Bathrooms and communal areas were mostly clean although there was dust and cobwebs on some of the high ceilings. Some areas of the service looked worn and needed renovating. In the smoking lounge on the ground floor the carpet was dirty, had several cigarette burns and was a trip hazard due to being uneven. Whilst there was a risk assessment in place for this room combustible board games and other activity items were stored there which increased the risk of fire. When we asked the registered manager about this they said they were considering an alternative use for this room.

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

A toilet seat needed replacing in one of the bathrooms as it was loose and worn. When we mentioned this to the registered manager they arranged for the maintenance person to replace this immediately.

At the last inspection of this service in March 2016 we found the provider had breached regulations relating to the safe care and treatment of people who used the service and the safe recruitment of staff. We issued a warning notice about this. During this inspection we found some improvements had been made in these areas.

Infection prevention and control measures had improved although this area did not form part of the registered manager's quality assurance checks. When we asked the registered manager about this they said, "We can ring the infection control nurse any time we need to, but I'll make sure I audit this in future."

There were several wall mounted alcohol hand gel dispensers throughout the service and adequate supplies of hand wash, paper towels and disposable gloves and aprons. Waste bins in bathrooms were pedal operated which reduced the risk of spreading infection. Where additional infection control measures were needed to manage people's specific medical conditions these were included in people's care plans.

Eight staff had completed updated training on infection prevention and control since the last inspection. The remainder of the staff were due to complete this by the end of 2016. We saw evidence this training had been arranged.

No staff had been recruited since the last inspection so we were unable to check whether recruitment practices had improved.

Medicines were managed safely and effectively. Medicines that are liable to misuse, called controlled drugs were stored appropriately. Controlled drugs were kept in a locked metal safe which was fixed to the floor. This meant controlled drugs were stored safely in line with current guidance. Records relating to controlled drugs had been completed accurately.

Medicines were stored securely in a locked trolley in a locked treatment room. Medicine keys were signed in

and out at shift changeover which was good practice. The temperature of the treatment room and the clinical fridge were checked daily and were within recommended limits.

Medicine administration records (MARs) contained up to date photographs of people. This reduced the risk of mistaken identity when administering medicines. We viewed eight MARs and found they had been completed accurately. This meant people received their prescribed medicines when they needed them.

A coding system was used to record when a person had not taken their medicine. This meant staff could analyse the reasons for non-administration of medicines and respond appropriately to ensure people received the care and treatment they needed.

Medicine records which contained handwritten instructions had been checked and signed by a second trained member of staff. This provided a clear line of accountability and was in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Where people had been prescribed creams or ointments body maps were in place to highlight where staff should apply the creams. This was recorded on MARs which meant prescribed creams were administered in the right way and at the right frequency, in line with the instructions on people's prescriptions. Creams were also dated on opening so could be used when they were considered effective.

There were specific instructions in people's MARs in relation to 'when required' medicines such as paracetamol. This meant there was guidance for staff to follow in relation to dosage, time between doses and indications that a person may need their medicine.

Since the last inspection staff who administered medicines had completed up to date training. One staff member said, "We're definitely more on top of medicines now and we do regular audits of them." Records showed a local pharmacist had carried out a medicines audit in May 2016 and monthly audits had been carried out by the registered manager or deputy manager. Competency checks of staff who administered medicines were due to take place by the end of 2016.

The service employed approximately 23 staff. The registered manager, one senior, three care assistants, and one activities co-ordinator were on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed a chef, a housekeeper, two domestics and a maintenance person. Night staffing levels were one senior and one care assistant. People and relatives told us there were enough staff to attend to people's needs. Call bells were responded to promptly.

Safeguarding referrals had been made and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included electrical safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as referrals had



been made to the falls team and physiotherapist. Records of accidents and incidents were also held in people's care records so these could inform their individual risk assessments.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as using specialist equipment, pressure damage and nutrition. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained detail about their individual needs, should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

## Is the service effective?

### Our findings

At the last inspection in March 2016 we found the meal time experience for people who used the service was inconsistent. This was because some staff rushed people when supporting them to eat.

During this inspection we found this had not improved and the meal time experience remained inconsistent. We observed lunchtime in the dining room. There were 12 people in the dining room, four of whom needed support to eat. There were two staff members supporting them which meant people did not always receive the dedicated support they needed. A third staff member was serving meals in the dining room and taking meals to people who preferred to eat in their rooms. Meals were served individually rather than by table which meant some people had their meals whilst others on the same table had to wait. There were enough staff on duty but the deployment of staff at meal times was not managed appropriately.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff had little interaction with people they supported to eat while others explained what they were doing and asked, "Are you ready for some more?" before waiting an appropriate time and offering more.

The menu was written on a board in the dining room but was not available in picture format, so was not accessible to everybody who used the service.

Tables were nicely set with tablecloths, cutlery and serviettes which had been folded by a person who used the service, but two tables did not have any condiments. Lunch was corned beef pie, mash, peas and carrots followed by pineapple upside down cake and custard. Other options were available if people preferred sandwiches or something else. Hot and cold drinks were readily available depending on people's preferences.

Meals looked appetising and nutritious. Most people spoke positively about the quality and choice of meals. One person said, "I enjoyed my lunch. The corned beef pie was lovely and there was plenty of veg." Another person told us, "Lunch was lovely. I really enjoyed it and had plenty to eat." A third person said, "I've enjoyed all my meals today." However, one person said, "It wasn't nice and it was cold." Staff reheated this person's meal.

When we asked the registered manager about people's meal time experience they said they did regular checks but didn't record these.

The home provided care for several people who were living with dementia. However there were few design features in the home to support people who were living with dementia. For example, most bathroom and toilet doors had large picture signs to help people recognise these rooms and there were sensory items such as 'twiddle muffs' for people to use. But coloured crockery was not used to help people see their food and bedroom doors were difficult to distinguish. There were no themed areas to help people find their way

around and no objects of sensory or tactile interest for people as they walked around.

We recommend the service researches current best practice regarding the design of accommodation for the specialist needs of people living with dementia.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. A supervision and appraisal planner was in place so the registered manager could monitor and plan when these were due. Records relating to supervision and appraisal were not particularly detailed in terms of agreed actions to support staff with their professional development.

Since the last inspection staff had completed up to date training in a number of key areas such as moving and assisting, fire awareness, food hygiene and health and safety. The registered manager told us all staff training had been reviewed after the last inspection to identify where further training was needed. All outstanding training was due to be completed by the end of 2016 and we saw arrangements had been made to achieve this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw 10 DoLS applications had been authorised by the relevant local authority. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Care plans evidenced that where appropriate people had been supported to access external healthcare such as dieticians, speech and language therapy (SALT), district nurses, tissue viability nurses and GPs. A member of the community nursing team who visited the service during our visit told us, "Staff liaise with the falls nurse and the infection control nurse without me even suggesting it. The registered manager is very conscientious. Staff use other services appropriately for example when they suspect a resident has an infection."

## Is the service caring?

### Our findings

Staff were mainly supportive and respectful but there were occasions when some staff were task-focused rather than focusing on the individual being supported. For example, when supporting people to eat some staff hardly interacted with the person, whilst others offered encouragement and explained what they were doing.

One person told us they wanted to maintain their independence but had to ask staff on several occasions to allow them to do things for themselves.

Staff knocked on people's doors before entering and gave people choices about how to spend their day. For example, we heard staff saying things like, "Would you like to go back to your room or go downstairs now?"

Most people gave us positive feedback about their care. They told us most staff were kind and caring. One person commented, "Staff treat me nicely. They're very considerate."

Relatives also spoke positively about staff and the service. One relative told us, "Staff are very good with [family member] and me. I wouldn't have [family member] anywhere else. It suits our purpose. It's the right style of place for us. Staff make time to talk to [family member] even though they are not responsive."

The service had received several written compliments from relatives. One relative wrote, 'My [family member] has blossomed since coming here. I would recommend this home highly.' Another relative wrote, 'I cannot fault the care given at Seahaven Care Home. They are quick to diagnose any problems and deal with any outcomes timeously. All the staff are friendly and welcoming. They provide excellent care for our [family member]. Nothing is a problem for them.'

A member of the community nursing team who visited the service during our visit told us, "The staff are very conscientious and are up to date with residents' needs. Staff know everything about the residents and have good communication with the families. Residents are clean and well looked after."

Each person who used the service was given a residents' guide (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint. However we did note that this guide had not been reviewed since 2014 and contained out of date contact information for the Care Quality Commission.

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

The provider's contact details were prominently displayed in the main entrance which meant people and their families could contact the provider directly.

## Is the service responsive?

### Our findings

We looked at three people's care records to assess if staff were provided with the information they needed to provide appropriate care and support for people. Care records had improved since the last inspection and contained detailed information and guidance about how to support people based on their individual health needs and preferences about how they wished to receive their care. Individual hygiene sheets had been introduced since the last inspection which were more person-centred. Care records also contained risk assessments which were detailed and specific to the person.

Care records we viewed contained a one page 'all about me' profile which covered 'What is important to [person]? What those who know [person] best say they like and admire about them? How can we best support [person]?' Care records contained detailed information about a person's individual needs and their preferences in terms of food, drinks and activities. This meant staff had access to detailed personalised information about people's needs and preferences. Care records were reviewed regularly and when people's needs changed, and updated accordingly.

Staff responded to and acted on changes in people's needs promptly. For example, staff contacted a person's GP to request a referral to the physiotherapist as staff were concerned about lifting their leg and hurting them when supporting them to move. Also, staff displayed a person's room number prominently on a door which they could see from downstairs which helped the person's orientation.

The service employed an activities co-ordinator who organised a range of events, activities and entertainment. Each person had an activities record which contained details about what activities they preferred. A list of available activities was displayed on a poster in the entrance area which included arts and crafts, discussion/reminiscence group, board games and bingo. A pie and pea supper and a singer had been arranged for a forthcoming Halloween party. The activities co-ordinator told us they tried to take people out to the seafront, local park or pub as much as possible but would like to do this more often, so this was being explored.

A relative had provided the following feedback via a satisfaction survey, 'They have good activities throughout the day to keep residents occupied.'

The activities co-ordinator spoke positively about their role and told us, "I ask people what they want to do and try and encourage them to do things they used to do and to try new things. We always talk about activities in residents' meetings. We've already started making plans for Christmas such as having a party, a big raffle, a singer and bingo. We'll also make our own decorations and have a post box for Christmas cards."

We viewed complaints records and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly. Seven complaints had been received since the last inspection and had been resolved appropriately and to the satisfaction of the individuals who had complained.

People we spoke with told us if they had a problem or concern they would speak to staff. Relatives we spoke

with knew how to make a complaint.

## Is the service well-led?

### Our findings

At the last inspection of this service in March 2016 we found the provider had breached a regulation relating to the good governance of the service. Opportunities for people or family members to give their views had lapsed and audits and checks to ensure people received safe and appropriate care were overdue. During this inspection we found some improvements had been made in this area but it remained an area for improvement.

Infection prevention and control measures were not audited, despite the issues we identified in this area at the last inspection. The last time a health and safety audit had been completed was 2014 which we also identified at the last inspection. Quality checks of the dining experience were not recorded and improvements were not identified. Staff deployment at meal times was not managed appropriately. There was a suggestion box in the main entrance which the registered manager said the provider dealt with when they visited every month, but there were no records relating to this. This meant we could not be sure all aspects of the service were assessed and monitored to ensure the quality and safety of the service was maintained, and feedback was acted upon.

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

The registered manager told us they had caught up on quality monitoring checks (also known as audits) which were out of date at the last inspection. We noted that improvements had been made to medicines administration and care plans and regular checks of these areas were now in place.

Since the last inspection positive feedback had been obtained from 14 people who used the service and six relatives via a satisfaction survey. One relative wrote, 'Excellent service provided. I could not fault the care provided here for my [family member]. Staff are amazing.' Residents and relatives meetings happened every few months. At the last meeting how to report safeguarding concerns, menus and activities were discussed.

The service had a registered manager who had worked there for more than 20 years. The registered manager assisted us for the duration of the inspection. The CQC registration certificate was on display.

Staff meetings were held regularly. Dates of staff meetings for the rest of the year were advertised. Minutes of the last staff meeting showed that people's needs were reviewed and other items were discussed such as safeguarding and training needs. Minutes of staff meetings contained a good level of detail and were available to all staff so staff who did not attend could read them at a later date. Staff told us they had enough opportunities to provide feedback about the service.

People, relatives and staff told us they felt the service was well-run by the registered manager. One person told us, "[Registered manager] is so good. She's really lovely and the deputy is." Staff told us the registered manager was approachable and they could speak to me them at any time.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not fully assessed the risks to the health and safety of people who use the service. The provider failed to ensure that the premises were safe to use for their intended purpose.</p> <p>Regulation 12 (1) (2) (a) (b) (d)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>Regulation 17 (2) (a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not appropriately manage the deployment of staff at meal times to ensure people received dedicated support when they needed it.</p>