Seaview Residential Home Limited

# Seaview Residential Home Limited

## Inspection report

67-69 Festing Grove
Southsea
Hampshire
PO4 9QE

Tel: 02392825097
Website: www.seaviewresthome.co.uk

Date of inspection visit:
15 August 2016
16 August 2016

Date of publication:
04 November 2016

## Ratings

| Overall rating for this service | Good |
|---|---|

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on 15 and 16 August 2016 and was unannounced.

Seaview Residential Home provides care and accommodation for up to 18 older people including those living with dementia. At the time of the inspection 17 people were living at the home. These people were all aged over 65 years and some were living with dementia.

The service had two double bedrooms and 14 single bedrooms over three floors. There was a passenger lift so people could access each floor. Ten bedrooms had an en suite toilet with a wash hand basin. At the time of the inspection there was only one bathroom available with bathing facilities for people located on the ground floor. A bathroom on the first floor had been decommissioned and the provider had plans to refurbish it but there were no dates for this to be completed by. The home had two lounges and a separate dining room.

The service had 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.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had a good understanding and awareness of the MCA. Capacity assessments were carried out where people were unable to consent to their care or treatment and DoLS applications were made when needed.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People received their medicines safely.

Staff were motivated and skilled to provide a good standard of care. Staff were supervised in their work and had access to a range of relevant training courses.

People said there was a choice of food and that they liked the food. People were supported to receive

adequate nutrition and fluids.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff demonstrated a caring attitude to people who they treated with kindness and respect. People were able to exercise choice in how they spent their time. Care plans included details about people's social and emotional needs so staff had guidance on how to support people with issues such as risks of becoming socially isolated.

People and their relatives were satisfied with the standard of care. Each person's needs were assessed and this included obtaining a background history of people. Care plans showed how people's needs were to be met and how staff should support people. Care was individualised to reflect people's preferences.

There were a number of activities for people although the registered manager had identified this needed to improve and was actively recruiting a staff member to provide and facilitate activities. Areas of the environment had been adapted to provide stimulation and interest for people who were living with dementia. These included specialist signage to help people orientate themselves and a garden area with recreations of a shop, bus stop and train station to provide interest to people.

The complaints procedure was provided to people and their relatives. People said they had opportunities to express their views or concerns, which were listened to and acted on.

The management of the service demonstrated a commitment to learning and implementing current practice developments in residential social care. Relatives commented that the staff and registered manager communicated well with them.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service which the provider used to make any improvements. This included obtaining the views of people and their relatives regarding the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

### Is the service effective?

Requires Improvement

The service was not always effective.

The service did not have sufficient bathrooms and a bedroom lacked natural light and ventilation.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff were supported by regular supervision and appraisal.

Staff were trained in the Mental Capacity Act 2005 and assessments were carried out where people did not have capacity to consent to their care and treatment.

People were supported to have a balanced and nutritious diet and there was a choice of food.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

### Is the service caring?

Good

The service was caring.
Staff had good working relationships with people who they

treated with kindness.  Staff demonstrated they had a caring attitude.

Care was individualised and based each person's preferences. Religious needs were addressed.

People's end of life care needs was assessed.

## Is the service responsive?

Good

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

Activities were provided for people and the registered manager was taking action to improve this.

People knew what to do if they wished to raise a concern.

## Is the service well-led?

Good

The service was well-led.

The provider sought the views of people, staff, relatives and health care professional to check if improvements needed to be made.

Staff demonstrated they were aware of their responsibilities regarding the well- being and safety of people. People and their relatives had good communication with the staff and registered manager.

There were a number of systems for checking and auditing the safety and quality of the service.

# Seaview Residential Home Limited

**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 was unannounced and took place on 15 and 16 August 2016 and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with three people who lived at the home and to two relatives. We also spoke with four care staff, the registered manager, the chef and the provider of the service.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for four staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 19 May 2014 when no concerns were identified.

Good

# Is the service safe?

## Our findings

People told us they received safe care. For example, one person told us how staff helped them with their mobility needs so they were supported to be independent at the same time as staff ensured they were safe. Relatives said people received safe care, although one relative said on occasions staff could be slow to respond when people asked for help when using the call points. This was in contrast to one person we spoke to who said staff responded promptly when they used the call point to ask for help.

People said there were enough staff to meet their needs although one relative expressed concern that they had observed the staffing levels were sometimes less at the weekends whereas another relative said, "Staff are always around."

The service had policies and procedures regarding the protection of people from harm and what to do in the event of someone experiencing neglect or harm as well as local authority guidance on how to report concerns of this nature. Staff were aware of their responsibilities to report any concerns of a safeguarding nature to their manager and knew they could also make contact with the local authority safeguarding team. Staff confirmed they received training in safeguarding procedures and that this was part of the training considered mandatory to their role.

People's care records identified where there were risks to people's safety which were assessed using a risk assessment tool which gave a score of the impact of the risk to each person for specific needs and the likelihood of it occurring. These covered needs and activities such as accessing the community, risks to people's finances, the risk of falls and moving and handling needs. We noted one risk assessment regarding someone using the stairs needed to be updated as it stated the person was independent in this but was observed to need guidance from staff. This was brought to the attention of the registered manager who agreed to document needed to be updated. There were corresponding care plans of the action staff needed to take to minimise these risks to keep people safe. For example, there was a risk assessment for one person who liked to go into the kitchen to prepare snacks. Where people were at risk of developing pressure injuries to their skin from prolonged immobility this was assessed and records showed this was monitored. There were charts to show how people were given regular support from staff to reduce the likelihood of pressure areas developing and as set out in the respective person's care plan. Risk assessments were reviewed and updated each month.

The service provided sufficient staffing levels to meet people's needs. We based this judgement on observations of staff with people and what people and relatives told us. Staff said there were enough staff on duty to meet people's needs but one staff member said there were times when staff were "rushed off their feet" trying to get everything done and for this reason felt additional staff were needed at these times.

The registered manager used a dependency assessment tool to determine the levels of staff needed to meet people's needs. This included an assessment to determine whether each person's needs were low, medium, high or very high. Staffing levels were also determined by an assessment of the physical environment and the skill mix of the staff. The assessment indicated the following care staff levels were needed: from 8am to

2pm each day there should be three care staff and from 2pm to 8pm two care staff. In addition to this, the service needed to provide care and management hours of 9am to 5pm by the registered manager and the deputy manager. Night time staffing consisted of two staff on 'waking' duty. Observations and the staff rota showed these hours were being provided. The service also provided a cook each day as well as cleaning staff five days a week and a maintenance person. This ensured that care staff could focus their time on support people and their needs.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There were records to show staff were interviewed to check their suitability to work in a care setting. These checks ensured staff were safe to work with people.

We looked at how the service managed people's medicines. There were policies and procedures for the safe handling of medicines. Only those staff who were trained, assessed and observed as competent to handle and administer medicines did so. Staff completed a record each time they administered medicines to people. Stocks of medicines showed people received their medicines as prescribed. Where people had variable doses of medicines, records showed this followed the correct guidance.

Checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical wiring, hoists, wheelchairs, fire safety equipment and alarms and electrical appliances. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. First floor windows had restrictors on them to prevent people from falling out. Temperature controls were in place to prevent any possible scalding from hot water. Checks were made that water supplied in the service complied with guidance regarding the prevention of Legionella. Radiators had covers on them to prevent any possible burns to people. Call points were installed in each person's room so they could summon help from staff.

Requires Improvement

# Is the service effective?

## Our findings

People resided on three floors of the home. Although there were communal and en suite toilet facilities on all three floors, there was no bathing facilities available to people on the first or second floor. The bathroom on the first had been decommissioned and could not be used. There was only one bathroom, located on the ground floor, for up to 18 people to share. This bathroom was stark with a rusting toilet frame and a damaged bath panel which would make it difficult to keep clean. Staff commented that the lack of bathrooms had an impact of the care people received. For example, one staff member said this limited the number and frequency of bathing for people. Another staff member said there was no shower facility for people and that improvements were needed to the facilities in the home. Another staff member said the home previously had three bathrooms. The provider supplied us with a quote for a refurbishment of the decommissioned bathroom but at the time of this report there were no dates of when the work would start or be completed.

We noted one bedroom did not have a window and was poorly ventilated with an unpleasant odour related to a person's incontinence. The registered manager could not confirm if there were any plans to address the lack of natural light and ventilation in this room.

The provider had not ensured the premises were clean, fit for purpose and properly maintained to meet people's needs and ensure their safety. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives described the service as 'homely' and comfortable. This included people's bedrooms, which a relative said was, "A nice comfortable room with personal belongings."

The registered manager showed us the improvements which had been made to the environment. These included the creation of a mock fruit and vegetable shop, bus stop and train station in the garden based on historical designs. These were installed to assist those with dementia by providing a stimulating environment based on people's memory. Signage and colour schemes was also used to help people orientate themselves in the home. Bedroom doors had the person's name, their photograph and a colour scheme they recognised so those living with dementia could find their room.

Staff said they were trained to a good standard and described the staff as having the right skills to look after people well. For example, a staff member said, "The care is good," and another said, "The care is amazing." Another person said, "The staff are superb. They go over and above the call of duty." Staff said the training gave them the right knowledge to care for those people who lived with dementia.

Newly appointed staff received an induction to prepare them for their role. This included a period of shadowing another staff member for a week, an orientation of the service and enrolment to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. The registered manager maintained a spreadsheet of training completed by staff which

was considered mandatory to their role. These included moving and handling, health and safety, food hygiene, first aid and fire safety. A record of more specialist training was maintained which showed staff attended courses in skin integrity awareness, end of life care, mental health, dementia care, diabetes awareness and equality and diversity.

Eight of the 16 care staff were trained to National Vocational Qualification (NVQ) level 2 in care or the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The head of care was trained to NVQ level 5 in care and the registered manager was trained to level 3 and was completing the level 5.

Staff said they felt supported in their work and said they felt able to approach the management with any issues they had. Supervision was provided to staff and the registered manager maintained a record of staff supervision sessions. Records also showed staff received additional support where this was needed such as staff performance issues. Staff performance appraisals were carried out. The registered manager was supervised by the provider.

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

We observed staff asked people how they wanted to be supported. People said they were consulted about how they wished to be supported. Care plans included details about whether people could agree to their care as well as details of how people had chosen how to receive care such as from either a male of female staff member.

The service had policies and procedures regarding the MCA. Training in the MCA and DoLS was provided to staff who were aware of the principles of the legislation. The registered manager had a good knowledge of the MCA and DoLS. Where people lacked capacity to consent to their care and treatment this was assessed. Applications were made to the local authority where people did not have capacity and were not free to leave for safety reasons. At the time of the inspection 13 people were subject a DoLS authorisation and an application for a DoLS had been made for another person.

The service had a menu plan which showed varied, nutritious and balanced meals. People were offered a choice of food and were asked in advance what they wanted to eat which was recorded for the kitchen staff to follow. We observed the lunch: people had different meals according to their choice. Where people wanted something different staff supplied this and people were offered additional portions if they wanted. The cook showed us the food stocks which included fresh produce including fresh fruit and vegetables.

People's nutritional needs were assessed using a malnutrition universal screening tool (MUST). This is an assessment tool which identifies if people are at risk of malnutrition and if a referral is needed for specialist assessment by a GP, dietician or speech and language therapist (SALT). Care records showed referrals were made where people had nutritional or swallowing needs and the advice of the SALT was recorded. The cook was aware which people needed soft or pureed food. We saw people had access to drinks including in their rooms and in their communal areas. A relative commented that the staff provided good support to ensure

people received enough fluids and said the food was of a good standard. This relative said, "The food is very good. I've eaten with X. X is fed very well and eats well. There's a good variety and a soft diet." Food and fluid intake was monitored where this was needed and people's weight was monitored so any action could be taken regarding weight loss or gain.

Care records showed people's health care needs were monitored by staff and arrangements made for health care checks and treatment. Records showed people had appointments with their GP, chiropody services, the optician and continence services. A relative said the staff monitored health care needs and were prompt in contacting the GP when this was needed.

Good

# Is the service caring?

## Our findings

People and staff had positive working relationships. People described the staff as friendly and kind. For example, one person said, "I get on well with the staff. They're friendly. They treat me with respect." People said they enjoyed chatting and joking with staff. We observed staff taking time to socialise with people.

People confirmed they were able to make choices in their daily lives such as in the food they ate and how they spent their time. For example, one person said, "The meals fit in with my preferences and when I'm ready." Another person said they were able to get up when they wanted and that staff brought them a cup of tea adding, "Anytime I ask I can have a cup of tea." Staff said people were offered a wide range of choices and options such as with activities and food. People's preferred daily routines were included in their care plan.

We spent time observing staff with people in the lounge and dining room. Staff were observed to treat people politely and with respect. Staff offered support to people and were aware of their needs and preferences.

Staff demonstrated values of caring and compassion. For example, one staff member said of the people who lived in the home, "They're number one. Everything is for their best interest." Staff said they treated people as they would a member of their family.

Staff were observed to respond to people who were experiencing emotional distress. For example, a staff member took time to respond to someone who was upset by giving them reassurance, asking them why they were upset and asking them if they wanted to go somewhere private to discuss why they were upset which the person responded to. Care plans showed people's emotional and psychological needs were assessed such as the risk of social isolation.

People said staff supported them to exercise independence. Care plans were individualised and showed how those activities where people liked to maintain their independence and how staff should support them with this. Care plans also showed how people were able to say if they preferred a male or female care worker for personal care and the name they preferred to be called by. There was a good evidence people's views were considered and that they were consulted about their care.

People said how their privacy was promoted by the staff, who always knocked on their bedroom door before entering. Staff were aware of the need to ensure people's privacy and we observed staff providing people with privacy.

People's end of life care needs and preferences were assessed and recorded including where people did not wish to discuss them.

Good

# Is the service responsive?

## Our findings

People and their relatives told us staff provided a generally good standard of care which was responsive to people's needs. For example, one relative said, "There are occasional lapses but the care is very good." People said they got the care they needed. For example, one person said, "I am quite satisfied. If I want anything, they will get it."

People said they were consulted about their care and that any issues they raised were dealt with. Relatives said they knew about the complaints procedure and what to do if they needed to raise a concern.

Each person's needs were comprehensively assessed including prior to being admitted to the service so it could be ascertained if the person's needs could be met. The assessments and corresponding care plans covered each person's physical, mental health and social care needs. People's physical and family histories were included to give staff a background of the person.

Care plans gave staff instructions on how to provide support to people ranging from personal care tasks to assisting people with their mobility and ensuring people received adequate nutrition. Monitoring charts and daily records showed staff provided care to people as set out in their care plans. Staff felt that people received a good standard of care. For example, staff told us of the importance of providing personal care which ensured people were, "clean, tidy and nice and neat," which was our observation of people.

Staff were observed interacting with people and people said they could take part in art and exercise classes. The provider informed us of how people were supported by staff to make use of local facilities, such as walks and shopping trips. We observed people taking part in an activity about the life in the 1960s. Staff commented that activities were provided but also said these needed to improve. A staff member said there were music and exercise session but "not much else." Care plans included details of people's hobbies and interests but their daily records showed activities were limited. For example, one person had a record of last taking part in an activity in May 2016 and for another person the last recorded activity was March 2016. The registered manager recognised this as an area which needed to improve and confirmed the service was recruiting an activities coordinator to work for two hours a day over seven days a week.

People and their relatives knew about the complaints procedures and what to do if they were dissatisfied with the standard of service. The complaints procedure was displayed in the hallway and was also in the Resident's Handbook. The provider confirmed no complaints had been made in the 12 month period before the inspection.

Good

# Is the service well-led?

## Our findings

Registered persons are required to notify the Commission in writing where there has been a change in the nominated individual for the service. This is the person who acts on behalf of the provider, such as a director, manager or secretary of the provider and is responsible for supervising the management of the service. The nominated individual had left the service and the Commission was not notified of this until we carried out the inspection.

People and their relatives said the registered manager was approachable and communicated well with them. For example, a relative told us that the registered manager asked them on a regular basis for their views on the care. People were informed of residents' meetings where they could raise any issues or give feedback about the service. There were notices of forthcoming resident's meeting meetings. The registered manager said the meetings allowed people to discuss any issues they had. For example, the meetings were also used to discuss and plan the menus and the provision of facilities. The registered manager also said people were consulted about redecoration and were involved in the design of the garden; one person and their relative took part in painting a train in the themed train station in the garden.

People and relatives told us their views were sought about the standard of care either by being asked at care reviews or via satisfaction survey questionnaire. Survey questionnaires had been completed by relatives, staff and professionals and formed part of the provider's quality assurance process. The results of the quality assurance questionnaires showed people and their relatives were satisfied with the standard of care. Feedback from professionals included positive remarks from GPs regarding communication and the care records.

Staff were aware of their responsibilities regarding the safety and rights of people and demonstrated they were committed to promoting people's welfare. The provider informed us that the values of compassion, dignity, equality, independence and respect for people were revisited with staff at the staff meetings. Staff said people were looked after well although one staff member who was positive about the care people received said they did not feel it was of a standard that they would wish for one of their close relatives; we call this the 'mum test.' The staff member did not provide any more information to qualify this remark.

There was a registered manager who was open to suggestions about how the service could improve and had updated their knowledge and understanding of current care practices such as in the MCA and making adaptations to the environment to assist people who lived with dementia. Staff said they were able to approach the registered manager with any issues or concerns and said there was frequent contact with the provider too. Regular staff meetings were held, which staff said allowed them to discuss people's care needs and any other issues they had.

The registered manager used a number of audits to check the quality and safety of the service. These included a six monthly audit using the Care quality Commission key lines of enquiry (KLOE). A monthly health and safety audit was carried out which was raised issues with the environment. The provider had not rectified these or put into place an action plan of when this work would be completed. We have explored

this issue in more detail in the Effective section of this report. A medicines audit was carried out which included checks on stocks and records of medicines administered to people as well as looking into any errors or omissions in records of medicines.

The provider was present during part of the inspection and the registered manager and staff said the provider regularly visited the service. There was no audit by the provider or by anyone external although we were informed the service had an annual development plan. The provider information return confirmed the service worked with the local authority regarding any concerns raised.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>The provider had not ensured the environment was clean, hygienic and suitable for the purposes they are being used.<br><br>Regulation 15(1) (a) (c) (e) (2) |