

Greta Cottage Limited

# SeaView Care Home

## Inspection report

41 Marine Parade  
Saltburn By The Sea  
Cleveland  
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Tel: 01287625178

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

SeaView Care Home is a residential care home providing personal care to up to 25 older people, some of whom are living with dementia. At the time of the inspection, 25 people lived at the service.

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

People had complete confidence in the care that was provided and told us they felt safe. The service was exceptionally responsive to people's health and social needs. People received extremely person-centred care and support and remained actively involved in the local community. Life goals and wishes were made achievable by a dedicated team of staff. Activities, events and simulation was led by people.

The registered manager and staff went above and beyond to ensure people experience dignified care at the end of their lives. Relationships and collaborative working with other professionals meant people's last wishes were achieved.

The registered manager operated safe recruitment processes to ensure only suitable staff were employed. Staff were provided with a high level of training to ensure they had the skills and knowledge to carry out their roles. Staff told us they felt valued, listened to and respected by a proactive registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the last restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were clearly at the heart of the service and fully involved in any decisions made.

A variety of nutritious meals were provided, and consideration given to the support people required with meals to ensure this was managed in a dignified way. Feedback on all areas of the service was regularly requested from people, relatives, staff and professionals. The feedback was used to continuously improve the service.

Robust systems were in place to monitor the safety and quality of the service provided. The registered manager was passionate about ensuring people received the best possible care whilst living fulfilled lives. They were an active part of the local community and participated in ongoing work to improve health and social care throughout the borough.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# SeaView Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

We gave a short period notice of the inspection. This was to ensure risks in relation to COVID 19 were assessed prior to the inspection taking place.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided and four relatives. We spoke with five members of staff including the register manager, head of care and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service and gathered written feedback from a further three care workers.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse or avoidable harm.
- Staff had been trained to recognise and respond to safeguarding concerns. Safeguarding concerns were reported to and investigated by the local authority safeguarding team.
- People told us they felt safe. Comments included, "I feel safe because I have people around me." A relative said, "[Person's name] couldn't be in a safer place. I know they are in safe hands."

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

- Systems were in place to identify and reduce risks. Staff completed detailed assessments, which identified any risks and the measures needed to minimise risk.
- Risk assessments were regularly reviewed and updated when changes occurred.
- The environment and equipment were safe and maintained as required. Regular checks were completed to ensure all equipment was in good working order.
- Accidents or incidents were recorded. A thorough analysis was completed to identify any trends and reduce the risk of reoccurrence. Any lessons learnt were shared with staff.

Staffing and recruitment

- People were supported by safely recruited staff; interviews and recruitment checks helped to make sure new staff were suitable to work with adults who may be vulnerable.
- People received the level of support they were assessed as needing. Systems were in place to monitor and make sure enough staff were deployed to meet people's needs.

Using medicines safely

- Medicines were stored, recorded and administered safely.
- A thorough system was in place to ensure staff followed best practice guidance. Regular medicines training was provided, and staff had their competencies in medicine management assessed.
- People told us they received their medicines as prescribed. Comments included, "I take medication. Staff help me with these and they are always given on time."

Preventing and controlling infection

- Good infection prevention and control measures were in place. Regular cleaning schedules were followed, and audits were completed by management to ensure best practice was being followed.
- The service was clean, tidy and had no malodours. One person said, "The service is very clean. The cleaning staff are very professional."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed prior to them moving to the service.
- Detailed care plans were then put in place which supported staff to provide care in line with people's needs, personal routines and preferences.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the appropriate skills and knowledge to support people. The registered manager encouraged staff to attend additional specialist training to further develop their skills.
- Staff attended supervisions and appraisal sessions, and had regular support from the management team. One staff member said, "[Registered manager] is brilliant. We have a really good relationship. I have been encouraged and supported from day one."
- Induction processes were in place to ensure staff had a high level of knowledge when starting work at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to ensure they ate and drank enough. A variety of meals and snacks tailored to people's needs, were available throughout the day.
- Meal times were arranged to ensure people who required assistance with meals received this support in a dignified way.
- People enjoyed the meals on offer. Comments included, "The food is lovely – I certainly enjoy it anyway."

Adapting service, design, decoration to meet people's needs

- The environment was suitable and met people's needs.
- Refurbishment work had been completed to ensure the service offered a dementia friendly environment. Patterned carpets had been replaced and appropriate signage was in place.
- People had been encouraged to choose how they wished for the service to be decorated.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. The service had excellent links with other professionals who praised the approach of staff. Comments included, "I have always found staff to be professional and prompt in requesting advice and support when it is needed."
- Details of other professionals involved in people's care and support was clearly recorded in people's care

plans.

- People had been supported to attend regular health reviews with other professionals such as GP's and dentists. Outcomes of these visits were recorded to ensure all staff were kept up to date.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The principles of the MCA had been followed. DoLS were in place where required and reviewed appropriately.
- Where people lacked capacity, decisions made in their best interests were thoroughly recorded and relevant people had been involved in decisions.
- Staff had relevant knowledge and training; they knew the process to follow if they suspected a person lacked capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by attentive and caring staff. A person told us, "Staff are very caring. When I come to the lounge on a morning I am always asked how I am."
- People shared meaningful relationships with the staff who supported them. Interactions were relaxed and friendly and people clearly enjoyed staff's company. A relative told us, "This is not just a care home, it is a home. Everyone seems to have a lot of laughs and in general there is just a great atmosphere."
- Staff showed an interest in people and treated them with kindness. A professional told us, "Staff are very attentive to people and I have observed extremely positive interactions." Another professional said, "I have told my family this is a home I would want to live at."

Supporting people to express their views and be involved in making decisions about their care

- People were clearly at the heart of the service and fully involved in decision making. A professional said, "From observations I can see that people are clearly at the centre of everything here at Seaview."
- People and relatives were included in care plans reviews. Consideration was given to people's cognitive abilities as well as their life history when decisions were being made.
- Staff signposted people to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members to do so.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were supported in private to meet their personal care needs; staff helped people to take pride in their appearance and dress according to their preferences.
- Staff supported and encouraged people to develop their independence. A relative said, "[Person's name] was not able to walk when they came here. They now manage to walk to the bathroom thanks to the support and persistence of staff. They are very patient."
- Dignity and respect was actively promoted. People and relatives had been asked to contribute to a 'dignity tree' that was displayed in the reception area of the service. It focused on what dignity meant to people and how staff could ensure this happened in practice.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service truly enriched people's lives by helping people to remain engaged and stimulated and fulfil their wishes. Everything staff did focused on people's well-being and preferred activities and as a result people's well-being had greatly improved.
- Staff fully recognised and valued people, their life histories and what was important to them. People were encouraged to participate in tasks that were associated with their previous occupations to give people a sense of purpose. One staff member said, "We want people to feel valued. We overcome barriers to enable people to do things they want to. If someone used to be a joiner and expresses a wish to help the handyman then why not let them. You can see from the enjoyment on their faces how much of an impact it has."
- There was an extensive programme of individual, group activities and engagement with the community to promote social interaction. The registered manager believed strongly in the benefits to people and children socialising together to promote wellbeing. There were various projects taking place with people and school children and this was done with great success. For example, one person struggled to interact or join in with activities due to their medical condition. They thoroughly enjoyed children visiting from the local nursery which helped them gain confidence, build relationships and improved their communication skills. This had a positive impact on their medical condition.
- People's religious and cultural needs were discussed and respected. Arrangements had been made for religious classes to take place each week for people who had made the decision not to attend a church service. Adjustments were also made if people wished to have a service in private.

End of life care and support

- Staff delivered extremely dignified, caring, person-centred end of life care. People experienced a comfortable, dignified, pain-free death. People's last wishes were explored, captured in detail and regularly reviewed to ensure they remained relevant. Specific requests, such as leaving their body to medical science were actioned to ensure people's last wishes were fully respected.
- Staff worked collaboratively to ensure any obstacles were overcome and people's last wishes could be achieved. For example, charity events took place to allow the service to purchase equipment to aid dignified deaths and collaboration with other professionals meant people's last wishes could be accomplished.
- The service had achieved an accredited Gold Standard Framework for their commitment to providing the best possible end of life care. A professional said, "Staff really do go above and beyond. The love and care that is provided is outstanding."
- Staff recognised the importance of relatives being able to spend time with people in their final days. Overnight boxes had been created which included items such as toiletries, snacks and information leaflets.

Staff also supported relatives to make memory boxes to help remember their loved ones.

- The impact death had on other people living at the service was fully understood. Staff were skilled in providing emotional support with empathy and ensured people were given the opportunity to pay their respects to people who had passed away. Memory trees and a memorial wall were also in place. One comment from a relative received by the service was, "Words cannot explain how grateful I am to the staff for the exceptional support I received during Mum's final days. You are all angels."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support that was provided was extremely person-centred. The service recognised people as individuals. There was a strong ethos of meeting people's needs in a personalised way. Records in place demonstrated this.
- The service was innovative in ways they included and encouraged people to participate in care planning, events and being involved in the local community. For example, when a dancing world record attempt was taking place in the local community, not all people had the mobility to be able to participate. Staff encouraged people to teach them how to dance in preparation for the event to ensure they felt included and had a sense of purpose.
- People lived fulfilled lives and were empowered. Staff were skilled in suggesting ideas that would improve their quality of life, whilst ensuring people still had full control.
- Life goals, however big or small were made achievable due to the commitment of staff. For example, arranging a hen party for one person who had never experienced one and a visit to a specific pub for a person who expressed this as a wish. A relative said, "They are doing more now than I ever thought was imaginable. They have a new lease of life here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The consistency of staff providing support meant people's communication needs were fully understood. People's communication needs were assessed, and information was recorded in care plans.
- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the AIS.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and followed by the registered manager.
- People and relatives told us they knew how to raise any concerns. Management listened and promptly acted on minor concerns raised.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a positive culture that was person-centred, open and inclusive.
- Staff told us they were encouraged to share their views and contribute to decisions about changes within the service. Comments included, "Our feedback is always welcomed" and "We are always asked what we think and what ideas we have. We are very much a team."
- People, relatives and staff held the registered manager in high regard; they spoke positively about their approach and commitment to the service.
- The provider was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a comprehensive quality assurance process in place which was effective in highlighting any shortfalls. Audits were completed on a regular basis. Timely action was taken when shortfalls were found.
- The provider visited the service on a regular basis to offer support and guidance and to ensure the service continued to provide good quality, safe care and support.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Staff were held to account for their performance and continuously encouraged to improve their knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. Feedback was analysed, and improvements made where needed.
- Robust systems were in place to ensure lessons were learnt when things went wrong. Continuous learning was promoted by the registered manager. Any learning was shared with the staff team during staff meetings.
- The registered manager was keen to identify and implement improvements that would benefit people. For

example, they had identified that a higher number of falls were occurring between the hours of 8pm and 10pm. They took swift action to deploy and increased the number of staff during these times. The number of falls occurring had during these times had significantly reduced.

#### Working in partnership with others

- The registered manager was committed to working in partnership with others to further develop the service.
- The service worked in collaboration with the local authority to develop and test new framework which contributed to wider improvements of services in the local area.
- The service was committed to contributing to the local community. Staff, relatives and people had participated in a number of charitable events which members of the public had also participated in.