

Hutchings & Hill Care Ltd

Seaview Haven

Inspection report

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Devon
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Seaview Haven is a residential care home providing personal care for up to 44 people. At the time of the inspection there were 33 people living there. The home accommodates people across three different floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

A new Director of Care and a new registered manager had been employed immediately following the previous inspection. They carried out regular audits to monitor the quality of care. The new Director of Care role provided a clinical and overall oversight of the whole service, including the registered manager on behalf of the provider. They and their staff team had worked hard to ensure that the breaches found at the previous inspection had been addressed and robust systems embedded into practice. The provider was supportive and there had been investment to further promote good quality care at Seaview Haven.

People were safe at the service. Staff had been trained to safeguard people from abuse and understood how to manage risks to people to keep them safe.

There were enough staff to support people and the staff worked well as a team. Recruitment checks had been undertaken on staff to make sure they were suitable to support people.

People had a choice of comfortable spaces to spend time in at the service. The provider had adapted the premises when needed to meet people's needs.

The premises were clean and tidy. Staff followed current hygiene practice to reduce the risk of infections with new effective systems in place. Visitors to the service were given information to help them reduce the risk of catching and spreading infection. Health and safety checks of the premises and equipment were carried out at regular intervals.

People's care and support needs were assessed prior to them using the service. Their care plans set out for staff how these needs should be met.

Staff understood people's needs and how they should be supported with these. They received relevant training to help them to do this. Staff were supported by the registered manager to continuously improve their working practices to help people achieve positive outcomes.

Staff were calm, kind and respectful of people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well. Staff helped people eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare conditions.

People and staff's feedback indicated that since the previous inspection there had been great improvement in the way the service was run. People and relatives generally were satisfied with the quality of care and support they received.

The registered manager reviewed accidents, incidents and complaints to identify how the service could improve.

People were encouraged to have their say about how the service could improve. The registered manager used their feedback along with regular audits and checks, to monitor, review and improve the quality and safety of the support provided.

The service worked with other agencies and healthcare professionals. The provider and management team acted on their recommendations to improve the quality and safety of the service for people.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seaview Haven on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was inadequate (published 11 March 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations relating to safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance. This service has been in Special Measures since 11 March 2021. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. We also looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Seaview Haven

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 was carried out by two inspectors, a medicines 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 Haven 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 the Care Quality Commission. 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

This inspection was unannounced.

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and ten relatives about their experience of the care provided. We spoke with eleven members of staff including the Director of Care, registered manager, deputy manager, senior care workers, care workers, housekeeping staff and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 looked at training data and quality assurance records. We spoke with a professional who regularly visits the service.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, due to poor safeguarding systems, processes and practices at the service, people were placed at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. One person told us, "I feel safe here because there are plenty of staff and I don't have any worries at all." Another person said, "The staff are nice and the managers make sure the staff look after people properly." Relatives comments included, "I have absolutely no concerns about mum's safety. If they have concerns, they [staff] ring me up. Communication is very good", "I absolutely love the home 100%. Mum hasn't had any falls and they [staff] sorted out her medication" and "I have no concerns; mum falls a lot and they have managed that well."
- The new registered manager and Director of Care reviewed safeguarding issues daily and discussed them with staff during the morning meetings. Robust systems and auditing had been put in place by the new management team after the previous inspection and there was evidence of staff advocating for people and working in their best interests to keep them safe. The registered manager was clear about their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them. We saw a recent example where the registered manager had worked with the relevant agencies to ensure the safety of a person and others. Appropriate responses and notifications had been made.
- Staff had been trained to safeguard people from abuse and there was a new training matrix to ensure all staff had the skills to identify and act in relation to safeguarding issues. Staff told us if they witnessed or suspected abuse they would report this to the registered manager. For example, staff had noticed incidents arising during one person's family visiting. The complex issue, raised by the service, had been worked through in partnership with the local authority safeguarding team resulting in clear guidance about how to manage the situation but also giving the person boundaries and information on what was expected of them to keep everyone safe. The incidents had significantly reduced.

At our last inspection, due to lack of robust infection prevention and control measures in place at the service, people were placed at risk of harm. The lack of risk assessments and safety monitoring systems in place, put people at risk of harm. Poor medicine management put people at risk of harm from cross infection and not receiving their medicines as prescribed. These were breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Robust infection control and prevention measures had been put in place immediately since the last inspection. Risks associated with infection control and hygiene were now well managed and embedded into practice with regular checks. Staff had all been trained by external health professionals and followed current guidance, using personal protective equipment (PPE) safely and effectively. There were PPE stations throughout the home. The provider had asked health professionals to visit to ensure safe processes were in place and staff were clear about what needed to happen and understood why improvements had been made to move forward from previous poor practice.
- Visitors were given clear and detailed information to help reduce the risk of them catching and spreading infections.
- The premises were clean and cleaning took place at regular intervals throughout the day to prevent the spread of infection, including the staff room and touch points. Areas that required maintenance had been noted on the maintenance plan. For example, fire doors were being reviewed and communal carpets and stairwells had been identified as needing cleaning or replacing when the weather improved. The Director of Care was ensuring that waste bins were foot operated where possible.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service and had sought appropriate advice during outbreaks.
- Staff followed current food hygiene practice to help reduce risks to people of acquiring foodborne illnesses when preparing, serving and storing food.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- Immediately following the last inspection, the new management team had ensured people had clear and detailed records about their needs and risks. Staff knowledge checks were carried out to make sure they understood these and needs and risks were discussed thoroughly in each handover meeting. Training in record keeping and a new guide to recording ensured robust and current knowledge. For example, named staff allocated to support people also reviewed their care plans using a clear system for auditing to ensure consistency.
- People's records contained information about identified risks to their safety and wellbeing. There were measures in place to manage these risks to reduce the risk of harm or injury to people and others. Changes in risk were highlighted as alerts on the electronic system to inform staff.
- The management team had met with and developed a closer relationship with the community nurses and records included clear plans and reviews around community nurses' input. For example, people had body maps and regular pressure care checks using a nationally recognised scoring tool. Evaluations were timed

with community nurse visits to ensure a collaborative approach. We saw prompt referrals were made to community nurses. The registered manager completed a weekly pressure sore report using the documentation and new pressure relieving mattresses had been purchased to enable prompt use if required to minimise skin damage.

- One staff member explained to us in detail how they moved and transferred a person using appropriate equipment to make sure this was done safely. Falls management was good and new policies and guidance embedded into practice. One person had been experiencing frequent falls leading to medical intervention. The falls had been monitored using the falls analysis system and picked up via the accident/incident audit. Pressure devices and increased staff observation to minimise falls were put in place. GP and occupational therapist referrals resulted in a medical review and use of appropriate equipment. The person's falls had decreased significantly as staff were able to follow a clear falls management process.
- Staff had been trained to support people living with dementia and told us what steps they would take when people became anxious or distressed to reduce the risk of harm to people and others. Those people living with dementia were monitored to ensure they were safe. For example, we saw one staff member kindly chat with a person appearing confused until they were distracted and calmer.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them. There was a robust medicines policy and a dedicated medication email to communicate with the surgery, pharmacy and community nurses in regards to any medication issues. All staff had access to this email so they were aware of any changes as soon as possible.
- If medicines were prescribed to be given 'when required' there were protocols in place to guide staff as to when it would be appropriate to give a dose.
- When handwritten changes or additions were made to people's medicines charts these were usually signed and checked by two members of staff. However, there were a few entries we saw which had not been checked by a second staff member. This was raised and addressed immediately.
- Staff received training and were checked to make sure they gave medicines safely. Extra staff were being trained and assessed in order to increase the number of staff authorised to administer medicines, especially at night.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines. However, for the upstairs refrigerator there were a few occasions where the maximum was recorded as being just outside of the required range with no action recorded. We were told staff would be reminded of the need to reset the thermometer on each occasion and report this promptly and so that action could be taken if necessary.
- Monthly medicine audits, and weekly 'spot checks' took place and areas for improvement and action identified. Any medicines incidents or errors were followed up and reported.

At our last inspection, due to the lack of sufficient numbers of suitable staff on each shift at the service, people were put at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- Despite the national staffing shortages, the management team had ensured that staffing levels were adequate to meet people's needs. Staff had covered last minute shifts due to sickness and worked well as a team. A team leader was available on each floor every day if possible and more were being recruited. The Director of Care kept in touch with the local authority and sought appropriate support. People and relatives said staff were available when they needed their support. We saw staff supporting each other and using walkie talkies to summon assistance. Call bells were not ringing for long periods of time. One person told us, "Staff come straight away."
- We observed staff were present and accessible to people and responded promptly when people required their support. One person sat in the middle of the lounge had no access to a call-bell, so we had to call for assistance. The Director of Care confirmed they would assess call bell access in that area.
- There were enough staff to support people. We saw staff spending time with people, although during the inspection activities were limited as the service was recruiting a new activity assistant. One staff member said, "A lot has changed, we have more staff on duty now and management have been amazing with listening to any concerns we may have." Another staff member told us, "I love working at Seaview Haven because we work as a team and also the staff and managers are so helpful, we all work together. I have not worked here for long but I can see staff are so caring through this pandemic and we have all worked very hard to keep everyone safe."
- New staffing rotas allocated staff into two groups so that they got to know people well. A staff member said, "The new rota works amazingly well. We know who needs re-positioning etc, it's 100% better."
- The provider carried out the relevant checks required on staff that applied to work at the service to make sure only those suitable were employed to support people. Staff records contained evidence of the checks made by the provider.

Learning lessons when things go wrong

- There were clear systems in place for staff to report and record accidents and incidents.
- The provider reviewed accident and incident reports and took appropriate action when needed to reduce the risks of these events reoccurring.
- Accidents and incidents were discussed with staff to help them learn from these and improve the quality and safety of the support provided to people.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection, due to the lack of skills, training and supervision of staff at the service, people were put at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff were able to meet the range of people's needs. They received relevant training to do this, including specific training to support people living with dementia. Training was now refreshed at regular intervals, so staff stayed up to date with current practice and knowledge.
- New staff had to successfully complete a newly devised period of comprehensive induction to demonstrate they had the appropriate skills to support people at the service. New staff we spoke to were very complimentary about the training and support they had received.
- Staff told us training helped them understand people's needs and how these should be met. One staff member said, "All the staff have worked so hard to get where we are today and can now blossom again and deliver the care we have always wanted to give." Another new staff member said, "Seaview Haven is a calming place which provides the residents with a person-centred approach."
- Staff were supported to learn and improve in their role. They had regular supervision (a one to one meeting) with the registered manager at which they were encouraged to discuss their working practices, concerns they had about their role and any further training or learning they needed to help them provide effective support to people. Staff all commented on how they felt listened to and well supported by the management team. One staff member who had returned to work at the home said, "In my opinion, Seaview Haven is a much better home [since the last inspection], a much better environment and importantly employs the right people, as we are all one big family."

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

- People's care and support needs had been assessed prior to them using the service. Covid-19 guidelines on admission were followed. A new admissions assessment document has been developed so the appropriate equipment could be sourced, questions asked of health professionals and to ensure the service could meet the person's needs. A checklist on the day of admission also ensured consistency and that all actions had been completed for an effective admission. This was being followed and had prevented some admissions that may not have been appropriate for people.

- Staff obtained information from people, their relatives and the relevant agencies involved in their lives, about people's care and support needs. This helped the management team plan and deliver care and support to people in line with standards, guidance and the law.
- People's care plans had all been re-written since the last inspection using the electronic system. Comprehensive care plans contained information about peoples' lives and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided. Their care plans detailed for staff the support they required to have their needs met and included information about their choices about how, when and from whom this was provided. A rolling care plan review system by staff who knew people well ensured care plans stayed up to date. Daily records reflected peoples' care had been provided and their content was regularly reviewed with staff receiving training and guidance on effective record keeping.

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

- Staff prepared meals that people liked, to help them eat well. There were home cooked meals and cakes and pastries. One person said, "The food here is good." Another person said, "I enjoy my food." Relatives said, "I have seen the food, it's home cooked and made on site" and "[Named person] always has a drink next to them". There was now a hot option for the evening meal and another week was being added to the menu rota to increase variety. Another kitchen assistant was being employed. A recent food hygiene inspection had achieved a five star rating.
- Peoples' preferences were listened to, to ensure mealtimes were a positive experience. A housekeeping co-ordinator also assisted the kitchen and we saw how they knew people well, making their favourite drinks. One relative said staff asked if their loved one would like a particular cake put on their 'like list' so they could get them.
- Staff understood people's specific dietary needs and prepared meals that reflected these.
- We observed the lunchtime meal service and people were unhurried and able to eat at their own pace. Staff were calm and respectful when providing support to people who needed help to eat their lunch. The communal areas had been refurbished resulting in plenty of space and a homely feel.
- People's wellbeing and weight was monitored with appropriate actions taken to manage weight loss. Robust systems were now embedded into practice. For example, a base line weight for people was taken and a nationally recognised malnutrition screening tool used, (MUST). MUST scores of 2 or above result in food recording and weekly weights. When there was a MUST of 3 or above the GP was contacted for supplements. The nutrition audit reviewed all MUST scores, food intake and actions were taken accordingly. Outcomes for people were good. For example, staff reported for one person, a decrease in food intake and frequent refusal to eat. They were started on food intake recording and supplements with extra staff support at meal times. Within one month the MUST score had decreased to 2. Staff had recognised this issue ahead of the system and used the system to clarify their concerns and actions.

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

- People's records contained current information about the support they needed to manage their healthcare needs. Staff understood how to support people with these needs and obtained support for people when they became unwell. Staff were knowledgeable and identified changes in peoples' needs.
- Staff worked with healthcare professionals involved in people's care and followed their recommendations to help people achieve positive outcomes in relation to their healthcare needs.
- Information about people's current health and wellbeing was shared and discussed by the staff team each day. This helped keep all staff well informed and updated about any specific concerns about a person and how these were being managed.

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

- The layout of the premises gave people flexibility about how they spent their time at the service. In addition to their own bedrooms, people also had use of various communal lounges with lovely views and a large secure balcony for when the weather improved.
- The provider had made changes to the premises since our last inspection to meet people's needs. There had been the addition of many homely touches, attractive furniture and items to promote discussion and interest for people.

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.

- Assessments of people's capacity to make and consent to decisions about specific aspects of their care and support had been undertaken and recorded in people's records.
- Where people lacked capacity to make specific decisions, staff involved people's representatives and healthcare professionals to ensure decisions were made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were reviewed by the registered manager to check they remained appropriate.

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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, due to the lack of governance and oversight of the service, people were placed at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had acted immediately following the previous inspection to make changes at the service and at provider level to ensure the safety and wellbeing of people using the service. A new Director of Care and registered manager were employed and co-operated well with our ongoing monitoring with the local authority. Steady progress was made with good communication. Due to the prompt action by the provider, systems and processes were now embedded into practice with these processes included in staff induction.
- Staff communication had significantly improved to ensure the staff worked well as a team providing appropriate care and support for people. There were monthly whole home meetings and monthly team lead meetings as well as 'ad hoc' meetings if anything needed to be discussed such as a person's more complex needs. Important information such as COVID updates and guideline changes were communicated via the homes private online group and via email to staff. There were notice boards for staff in the staff room and an up to date COVID-19 information folder. Each floor now had a communication and handover booklet and a dedicated folder for information such as peoples' weight sheets and risk scores. When new or changes in policy were made the policy was placed in the staff room and on each floor and a signature list attached for staff to sign that they had read the policy. Alerts on any changes were also sent using the electronic care planning system.
- The provider had ensured they had robust oversight and received a weekly report provided by heads of department. A weekly report has been devised in order for heads of departments to provide a weekly update, this was shared with the provider and Director of Care. The Director of Care was a new role. They had day to day oversight of the registered manager and regular audits. The provider told us how this role had been created as a result of the previous inspection to ensure there was clear oversight of management at Seaview Haven. As a director of the company, the Director of Care acted as the provider representative and ensured there was clear clinical care knowledge. For example, in the high winds the cabin doors had blown off, the buildings director was contacted and actioned within 24hrs to make the cabin safe and sliding

doors were being installed to prevent the issue happening again. The provider listened to a staff request for the need for a hairdressing salon and work was commenced. Staff recruitment was being addressed with the service gaining sponsorship status to enable staff from abroad to be sourced.

- Feedback from people and staff indicated there had been good improvements since the change in management. People told us, "I couldn't complain, staff are all nice and kind. They are polite, it's very nice." All staff commented on how well they felt supported. One staff member said, "I find it rewarding. Each day is not the same. I get on really well with all the staff and management. If I have an issue or problem, I know I can talk to anybody." Another staff member said, "I feel the management team listen to each of the staff and the residents and have our best interests first, I can honestly say it's a wonderful care home." Staff said they received thank you texts for doing a good job, so they felt appreciated. Staff meetings were held regularly.
- There was also a new deputy manager whose role included resident co-ordinator. This involved information technology (IT), Infection, Prevention and Control (IPC) champion, maintenance, activities and relative visits as well as staff supervisions. We discussed ensuring that peoples' wellbeing and social activities were monitored in a more individualised way.
- The registered manager understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.

Continuous learning and improving care

- There was a new comprehensive quality assurance system devised immediately after the previous inspection with consistent oversight by the Director of Care who worked on site. Staff were all aware of what was expected of them and knew about the processes to follow and had been fully involved in the improvement strategy. The registered manager undertook regular audits and checks to monitor and review the quality and safety of the service. Action was taken to address issues identified through these checks including supporting and encouraging staff to learn and improve their working practices. For example, staff wore their own clothes in line with good dementia care practices. It had been noted that not all staff were following the Seaview Haven staff dress code, which we also observed. The Director of Care was addressing this issue to promote professional staff appearance in particular relating to overly casual wear, make up, nail polish and excess skin showing.
- The registered manager reviewed accidents, incidents and complaints to identify how the service could improve. Recent complaints had been responded to with detailed investigations promptly and showed that they were keen to learn and continue improving.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People spoke positively about staff and their experiences of using the service. One person said, "The staff are very good, very caring, I am well looked after." Relative's comments included, "Mum is happy so I'm happy", "I would recommend this home to anyone" and "The new management make everyone feel more valued. It definitely has a different feel. I totally trust the management and believe they will deliver; they are all open and can have a laugh too."
- The registered manager acted on people's views and suggestions to make improvements people wanted. They used surveys and resident's meetings to obtain people's feedback and we saw changes had been made in response, for example, to food menus and activities. A new newsletter, the 'Haven Herald' shared information with people and relatives including baking, music, special days and general updates on the home. The deputy manager told us how people had been involved in choosing the names of the floors and how they supported families when someone died. Staff were involved in sharing stories about a person

which were read out at their funeral, which was comforting for their relatives. A welcoming notice board showed photographs of events in the home- 'This is Us- Our Story, Our Life, Our Home' showing the ethos of Seaview Haven.

- Staff knew people well and their interactions with people were focussed on meeting their needs. They were calm, kind and respectful when supporting people.
- Staff were encouraged by the registered manager to work well together to meet people's needs. One staff member said, "Teamwork is good. Staff morale is good now." Another staff member said, "The [registered manager] and [Director of Care] made me feel very welcome so have the rest of the staff and the residents are well cared for here."
- The Director of Care worked with a range of healthcare professionals involved in peoples' care and had developed effective relationships. They made sure recommendations and advice from healthcare professionals were used to design and deliver care and support that met people's needs and were keen that any issues were raised with them at the time. There was a weekly ward round with either a GP or pharmacist.