

# Hutchings & Hill Care Ltd

# Seaview Haven

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Seaview Haven is a care home providing accommodation for up to 44 older people, including those living with dementia. At the time of our inspection, there were 38 people living at the home, with one person in hospital.

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

There was a calm and organised atmosphere when we visited. People were happy and comfortable. There were good interactions between people and the staff who supported them.

Risks to people's safety had not always been assessed, monitored and recorded. This related to the management of people's pressure sores and the use of a specific type of chair which restricts a person's mobility. The management team were open, honest and transparent in relation to these safety incidents. They had taken action to find out what went wrong and learn from this. One incident of a person with a serious pressure sore is currently being investigated by the local authority safeguarding team at the time of this report.

Communication issues had been identified by health and social care professionals not being able to get in touch with the home by telephone. As a result, the home had increased the use of more telephone lines and mobile phones.

Further improvements were also identified by both professionals and the management at the home to improve their partnership working to ensure positive outcomes for people. This would ensure health information is passed over quickly between both parties as soon as possible. This is work in progress with some changes already made.

The registered manager was aware of their role, was visible and had an oversight of the service. They were supported by other senior staff with delegated responsibilities. When required, they worked with the local safeguarding team to provide information.

People were supported by adequate numbers of staff on duty to fully meet their needs. Staff had picked up extra shifts and agency staff were used when necessary. People told us their needs were met in a timely way. The management team were in the process of recruiting more staff to supplement and increase the staff team.

People were protected by living in a home which had suitable arrangements in place for the prevention and control of infection.

### Rating at last inspection

The last rating for this service was good (published July 2019).

### Why we inspected

We undertook the targeted inspection to check on specific concerns we had which related to the safe care and treatment of people, specifically the numbers of staff on duty, communication issues, the numbers of people with a pressure sore and the oversight of the service.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found the provider needs to make improvements in some areas. The provider had already taken action to mitigate the risks to prevent a reoccurrence

We made two recommendations to improve practice in relation to pressure sores and partnership working.

Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seaview Haven on our website at [cqc.org.uk](http://cqc.org.uk).

### 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?**

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Seaview Haven

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had received. These related to the safe care and treatment of people and the management of the service.

We also looked at infection prevention and control measures. 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.

#### Inspection team

The inspection was undertaken by two inspectors.

#### 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 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

This inspection was unannounced. However, we spoke with the deputy manager before we entered the home to ensure the service had no active Covid. We discussed how and where they wished us to enter and that we would be wearing suitable personal protective equipment (PPE). This was to ensure the safety of people, staff and the inspection team.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding concerns and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We sought and received feedback from the local authority and other health and social care professionals who work with the service.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with the deputy manager, administrator, care team leader, care co-ordinator and four care staff. Later in the inspection we spoke with the registered manager and the nominated individual (a nominated individual is responsible for supervising the management of the service on behalf of the provider).

We spent a short time touring the building as soon as we arrived at the service, observing staff to check they were wearing and using PPE correctly.

We spoke with five people who lived at the service and one relative.

We reviewed a range of records. In order to minimise our time at the service, we requested electronic records where possible. Records included two people's care records, staff rotas, risk assessments, Deprivation of Liberty Safeguards applications, accident and incident forms, safeguarding information and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further records from the registered manager which were received in a timely way. These included falls risk assessments, monthly falls analysis, re-positioning charts, staff rotas and one person's care records.

We also spoke with one of the providers and sent feedback from the inspection.

We spoke with the local authority and the safeguarding team on our findings.

# 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. We have not changed the rating of this key question, as we have only looked at part of the key question we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had received about:

- The number of people with pressure sores (damage to skin from immobility)
- The use of 'tipper' reclining chairs
- Staffing levels

We will assess all the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The community nursing team had voiced concerns about the number and frequency of people with pressure sores (damage caused to skin from immobility).
- At this inspection, we found that some improvements were needed to improve the care of people at risk of pressures sores.
- Senior staff told us there were only three people living at the service who they considered were to have a pressure sore. Of these, two people had reddened skin areas and one person had a high level of skin damage.
- From discussions with staff and from records, there were other people at the home who were receiving creams to prevent any deterioration or breakdown to their skin from moisture (These types of treatment are not regarded as pressure sores).
- We looked at the care pathway of the person with the most severe pressure sore. We reviewed their care records and spoke with management and staff about the incident.
- From the daily care records and from talking with staff, we saw this person had had a specific dressing applied to their elbow. This had masked the fact a pressure sore had developed underneath. There were no records to state when, where, who or why this dressing had been applied.
- As soon as the registered manager was aware of the pressure sore, a referral was made to the local community nursing team who arranged to visit two days later. The registered manager also reported the incident to CQC at the same time.
- The registered manager was very upset that this incident had happened. They were committed to finding out how this incident had occurred, and any lessons learnt to prevent it happening again. They had begun an investigation into the event and had already spoken to staff.
- As part of the investigation, the nominated individual had organised for refresher practical training for all staff on 'Pressure wound prevention' the following week. Two senior staff were already booked to attend further training on 'Tissue Viability' at the local hospital in November.
- Following on from this incident, the local authority safeguarding team are carrying out an investigation

into this incident. This is separate to this inspection and the outcome of which is not known at the time of writing this report.

We recommend the service follows the latest guidance on pressure sores from the National Institute for Health and Care Excellence (NICE)

#### Assessing risk, safety monitoring and management

- The community nursing team had voiced concerns about the use of 'tipper' chairs (a specific type of chair that can be used as a reclining chair but also fully tipped back horizontally with a lap belt to secure people in the chair) without the necessary records in place for its use.
- At this inspection, we found improvements were needed in how these specific chairs should be used safely and appropriately.
- One person had recently been seen seated in this specific type of chair. This meant they were being restrained and could not get out of the chair unaided or without hurting themselves. It was not clear at the time if there was a suitable Deprivation of Liberty Safeguards (DoLS) application for this person to support the safe use of this type of chair. However, the DoLS was now in place.
- During the inspection, we saw a second person sat in this specific type of chair. Staff told us there was no DoLS completed for this person.
- We discussed this with the registered manager who said the person did not require a DoLS as they should not have been 'tipped' in the chair. It should have been used as a reclining chair only. The registered manager said they would review the use of this type of chair and which people were suitable to use them. If any other person needed this type of chair, they confirmed they would apply for a DoLS in support of this. They also said they would ensure staff were updated on how to use this type of chair and which people living at the service needed one.
- There had been four recent unexpected deaths in the home. CQC had received statutory notifications for these. We reviewed the incidence of these deaths and found them to be no cause for concern.

#### Staffing and recruitment

- The community nursing team had voiced concerns there was not always an adequate number of suitable staff on duty.
- At this inspection, there were enough staff on duty to meet people's needs. This considered the number and dependency levels of people's needs.
- We looked at the staff rotas which confirmed the amount of staff on duty. We had a tour of the building and looked at the staffing levels on each floor. We saw that whilst staff were busy, people's needs were being met promptly. The call bell was answered in a timely way.
- The atmosphere in the home was calm and organised.
- People were comfortable and chatty. They told us they did not have to wait long for staff. There were examples of positive and caring interactions seen between people and the staff who supported them. For example, one person bent down and talked quietly with one person to ask if they needed the toilet.
- The administrator told us there had recently been several staff who had unfortunately all left at the same time. This had left the service short of staff, but the gaps were being met by other staff or by agency staff in the interim period. The registered manager had also covered short notice gaps in the rota when needed.
- Due to a lack of suitable staff in the local area, the providers had looked further afield to recruit appropriate care workers. They had recently appointed four staff who were shortly to move to the area and begin working at the home. The providers had provided accommodation in the area for the staff to live in to facilitate the move.
- Whilst the service had enough staff on duty currently, they had identified that when they reach full capacity, they will require more staff. As a result, they were actively recruiting to fill staff vacancies and



develop a 'bank' of staff to draw on when needed.

- People's dependency needs were regularly assessed; this was then reflected in the staff rota with the appropriate amount of staff on duty each shift.
- The service used agency staff for planned shortfalls in staffing levels. They tried to use three named agency care workers for consistency, so people had no disruptions in their care and support.

#### Preventing and controlling infection

- At this inspection we were assured the provider was using PPE effectively and safely. Staff followed guidance in relation to Covid-19 infection control processes.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff, although they acknowledged there were national shortages of tests and some delays in getting results back to the service.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. Additional cleaning schedules had been implemented to ensure high touch areas such as doors, handrails and lift buttons were cleaned frequently throughout the day. However, these were not always recorded. We discussed this with the administrator who immediately took action to put check records in place.
- Regular staff meetings were held to communicate any updates on infection prevention and control guidance which were available for staff to refer to.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to explore the specific concerns we had received about:

- Communication and partnership working
- Management oversight

We will assess all the key question at the next comprehensive inspection of the service.

### Working in partnership with others

- Some health and social care professionals voiced concerns the service was not always working in partnership with them.
- At this inspection we found improvements should be made in relation to achieving effective working relationships with health and social care professionals in order to achieve best outcomes for people.
- There had been an issue recently whereby professionals were unable to get through on the telephone to speak with staff at the service. There was no response on the telephone and the voicemail was full.
- When the service had been made aware of this, they took action to prevent a reoccurrence. They introduced handsets to use on each floor, introduced two more mobile phones for senior staff and ensured any voicemail messages were responded to. Feedback so far confirmed the changes were working well and the communication issue had resolved.
- There had been concerns that the multi-disciplinary team felt unable to enter the home to carry out health care treatment for people. They reported they had been refused entry to the home to carry out people's individual treatment. They also reported they were restricted to certain areas of the home when entering.
- We discussed this with the management team. They told us they felt this was a misunderstanding between both parties. The service was following recent guidance to reduce footfall into the home and had applied this to visiting healthcare professionals. For example, they had a treatment room available by the main entrance to prevent staff having to visit people's bedrooms.
- Senior care staff said they had never refused entry to health care professionals but asked them if it was an 'emergency' visit. In most cases these visits would not be classed as an 'emergency', such as a physiotherapy or an occupational therapy appointment. However, these visits were very necessary for people's care and rehabilitation.

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

- Health care professionals voiced concerns that there was not always a member of the management team available to speak with them at the times of people's health care visits. This meant it was difficult to hand

over any changes or updates in people's treatments or care.

At this inspection, we found improvements were 'work in progress' in order to improve how people's information was handed over from health or social care professionals.

- The registered manager was supported by a deputy manager, a care co-ordinator and team leaders. The service currently had a vacancy for a second deputy manager which was out for recruitment.
- The 'care co-ordinator' formed part of the management team. Their role was to work alongside the care staff to manage the day to day running of the home and monitor the workload. They had oversight of all the three floors and moved staff resources if required.
- Part of their role was also to deal with any GP or community nurse visits and assist them if required. When information had been passed over to the care co-ordinator, they then handed it over to the office. However, the care co-ordinator said that on occasions, they may be dealing with a person, relative or staff member and could not always leave to support a community nurse visit. This meant the nurses had to find another member of staff to help them.
- The community nursing team had already identified this as an issue. As a result, to ensure important information was passed over regarding people's care, community nurses had begun completing a visit form before they left the service. This was placed in the office if they could not find a senior member to hand it over to. Further improvements were still needed to make this fully effective and workable. For example, a nursing update had been left on a desk in the office where other documentation had been placed over the top. It was therefore not seen in a timely way. Both the service and professionals were committed to making this work to improve communication between them.

We recommend the service ensures a systematic approach to working with other professionals to ensure the best care outcomes for people.