

Seaswift House

# Seaswift House Residential Home

## Inspection report

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Seaton  
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Date of inspection visit:  
17 January 2022  
20 January 2022

Date of publication:  
03 March 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Seaswift House is a residential care home in the town of Seaton in walking distance of the town and seafront. The home is three converted town houses linked together and provides personal care for up to 15 people aged 65 and over. At the time of our inspection there were 14 people using the service, one of these people was staying at the hospital.

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

There was a lack of robust oversight from the provider to ensure the quality and safety of care being provided to people. The provider had systems in place to audit the service. This included a computerised care plan system which enabled them to have an overview of people's care. However, because information was not recorded on this system the oversight was not accurate.

Systems in place were not always effective in order to identify and manage risks associated with people's care. Some key risks which people faced were not being adequately assessed and checked by the management team to ensure information was up to date and effective in directing staff to keep people safe.

People were at risk of poor nutrition and hydration as there was poor oversight of people's fluid and diet intake. There was no clear oversight about whether people had lost weight and whether appropriate referrals to health care professionals had been made.

Opportunities to make improvements to people's care and support were missed as there was no robust analysis of accidents and incidents undertaken.

Poor oversight and management of medicines put people at risk of not receiving their prescribed medicines.

The provider did not have a robust system to ensure relevant checks were made to ensure staff were of good character and suitable for their role prior to employment.

People had had access to health care professionals. Improvements were needed in the recording of contacts and visits from health professional's which the registered manager said they would implement.

Staff had received formal supervisions in 2021 but these had lapsed due to a Covid-19 outbreak at the home. However, the registered manager was undertaking shifts and working alongside staff, so had the opportunity to observe staff practice and discuss concerns.

Staffing levels met people's needs, although the registered manager and care coordinator had needed to undertake numerous shifts when there were shortfalls, taking them away from their managerial roles and responsibilities. People said there were usually enough staff and that their requests for assistance were usually dealt with promptly. We observed requests for assistance were promptly responded to. Comments

from people included, "They (staff) can't always come immediately but I don't wait too long". However, care staff were responsible for other duties, which impacted on the sociable time they had to spend with people.

People said they liked the food. Comments included, "No complaints on that front. There is always a choice and enough to eat. I am never hungry". However, improvements were needed in ensuring practice and people's records met people's nutritional needs. The provider had introduced an external catering company, who delivered frozen food which was reheated in special ovens. They said people had found the transition difficult but were now relatively happy with the food. They told us they always ensured there was fresh fruit and vegetables available and homemade cakes.

We were assured that Infection prevention and control measures at Seaswift House were in place. Staff wore PPE effectively and safely and in accordance with current government guidelines. We discussed with the registered manager that there was no housekeeping staff at the home, so staff undertook cleaning in the morning and the night staff had cleaning duties they completed. There was no additional cleaning of touch points. The registered manager implemented this straight away and additional cleaning was started during our inspection.

People said they felt safe and were happy living at Seaswift Residential Home. We found there was a calm, warm welcoming and relaxed atmosphere. Comments from people included, "Life here is very good. I haven't come across any upset or things I do not like. I feel safe".

External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stairlift maintenance.

Staff confirmed they had received training in relation to safeguarding issues and had an understanding of the types of abuse. The provider said they would improve their recording of concerns raised with them and the actions they had taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and provider were working with staff to complete the required training to support people safely. New staff shadowed experienced staff to learn the role and completed an induction sheet. Staff new to care had been enrolled on the care certificate, training for staff new to care.

The registered manager registered with CQC in September 2021, this was their first role as a registered manager. They had completed a level five qualification in leadership. The registered manager had implemented changes which included a new electronic care plan system. They were open and honest and responsive to areas of concern we identified during our visits.

The provider had engaged with people, relatives and healthcare professionals about the running of the service. Although they had not shared their findings.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Seaswift House Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors. An Expert by Experience undertook phone calls ringing relatives of people at Seaswift House. 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

Seaswift House Residential 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 the Care Quality Commission in September 2021. 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

The first day of 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We met most of the people who lived at the home and spoke with eight of them about their experience of the care provided. The Expert by Experience spoke with nine relatives on the telephone.

We spoke with eight members of staff including the registered manager, the care coordinator, the kitchen assistant, senior carers and care workers. We also spoke with one of the providers. We also spoke with a healthcare professional visiting the service to ask about their views.

As most people were living with dementia, 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 observed people and staff in the main lounge area during both days.

We reviewed a range of records. This included five people's care records on the providers electronic care system. We reviewed the medicines policy and the management of medicines end to end process. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, cleaning schedules, fire documents and external servicing records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing staff rota's, supervision records, training matrix, quality assurance results and infection control policy.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Poor oversight of the delivery of care meant people were at risk. Risks associated with people's care were not always managed in a safe way. Risk assessments were not always updated or complete. For example, one person had recommendations from the speech and language therapist (SALT) to keep them safe when eating. There was contradictory information in the care plan and risk assessment. The SALT recommended level five diet minced and moist. However, in part of the care plan staff were instructed to offer level six soft and bite sized. The registered manager said they would review the records and ensure accurate information was available to staff.
- Risks to people at risk of weight loss were not always well managed. People's weights had not been consistently recorded to ensure staff were aware of any concerns of weight loss. Where people had food and fluids records on the provider's computerised system to monitor intake, these were poorly completed or not completed at all. This meant, we could not be assured people were getting the support they required to maintain their weight. These factors could put these people at risk of harm.
- People's daily records on the provider's computerised system were poorly completed; some had gaps of several days where only night staff had recorded the care and support provided. This meant that we could not be assured people had received the care they required.
- Part of the property did not have central heating and had electric radiators behind covers to protect people from the risk of burns. However, several people also had free standing heaters in their rooms as they had expressed, they were cold. Free standing heaters could pose a risk of burns; however, no risk assessments had been completed to ensure risks were reduced as much as possible. Following the inspection, the registered manager completed risk assessments for each free-standing radiator.
- There was no clear process for reporting and assessing accidents and incidents. Staff had recorded some accidents/incidents on a paper system and others on the providers electronic system. This meant opportunities to learn and assess action taken by staff could be missed.
- There was a lack of analysis of accidents and incidents to identify trends and learn lessons to prevent reoccurrence.
- People's personal emergency evacuation procedures (PEEPs) were recorded on a quick access reference sheet. This detailed the support individuals needed in the event of an emergency to keep them safe. This had not been reviewed since November 2020 and did not reflect who was in the home and that people's needs had changed. This meant that in the event of an emergency the emergency services would not have a clear plan of who was in the home and what support they required. The registered manager took action and updated the reference sheet and put in place a system to regularly review the PEEPs.

We found these issues placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some environmental risks had been reduced. For example, hot water was controlled to avoid scalds; central heating radiators were covered to avoid burns and windows were restricted to avoid falls from a height.
- The provider did not have available documents to show that the electric and gas had been certified as safe. After the inspection a gas certificate dated the 28 January 2022 was sent to CQC to demonstrate that gas safety had been inspected. The electric was in the process of being inspected and they would forward the certificate.
- Staff confirmed they had the necessary equipment to support people safely. For example, hoists and other equipment used to help people move safely. Two people who required a hoist to be used to move them safely said they felt safe when staff were assisting them. One told us, "I do feel safe, but it is a bit frightening. Staff reassure me though and it works..." and "I am well looked after".
- The provider ensured the servicing and maintenance of equipment and systems. For example, firefighting equipment; equipment to assist people to move, mainly hoists and stairlifts.

#### Using medicines safely

- Poor oversight and management of medicines put people at risk of not receiving their prescribed medicines. In September 2021, December 2021 and January 2022 three people did not receive their prescribed medicines or supplements as they were out of stock. The management team explained there had been problems with the supplying pharmacy, but no action had been taken to ensure the shortfalls in the system were addressed. The registered manager said they would seek a meeting with the supplying pharmacy to improve the availability of people's medicines.
- Arrangements were not in place to ensure people away from the service, for example visits out with family, got their medicines as prescribed. A member of staff explained families did not want the responsibility of administering medicines. However, no action had been taken to establish if medicine times could be changed to ensure people received their prescribed daily medicines.
- Some people were prescribed medicines to be used 'when required'. There were no protocols in place to instruct staff about when to use these medicines. This meant, there could be an inconsistent approach to the use of these medicines by staff.
- Medicine administration records (MAR) were not always completed appropriately. For example, staff had made handwritten additions or changes to some MAR's. However, these had not been signed by two competent staff. This increased the risk of mistakes being made.
- The management of topical medicines such as creams needed to be improved. Some creams were not dated on opening, so it was not clear how long they had been in use and whether they were still within their efficacy date. There were several gaps in MAR charts in relation to the administration of creams. We were not assured that topical medicines were being used consistently as prescribed.
- The provider had implemented monthly medicines audits; however, these had not been effective or completed monthly as per the providers schedules. The audits which had been completed showed a repeated issue relating to missing staff signatures on the MAR's. The audits had not identified the shortfalls we found at this inspection.

We found these issues placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The storage arrangements for medicines were safe as was the disposal of unwanted medicines.
- The last report in July 2021 by the supplying pharmacy showed some recommendations but no significant



issues. The reported concluded, "In general this care home inspection was satisfactory".

#### Staffing and recruitment

- The provider did not have a robust system to ensure relevant checks were made to ensure staff were of good character and suitable for their role prior to employment. The recruitment records we reviewed did not contain the required information to demonstrate the provider had followed safe recruitment practices to ensure prospective staff were suitable to work at the service. There were unexplained gaps in one staff member's employment record. The registered manager said these had been explored during the interview but had not been recorded. Another recruitment folder did not contain any references to show the staff member was of good character.

The provider had failed to ensure recruitment procedures were operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review all of the staff recruitment folders to ensure they had the required documents and checks in place.
- People said there were usually enough staff and that their requests for assistance were usually dealt with promptly. Comments included, "They (staff) can't always come immediately but I don't wait too long"; "They (staff) are good and come quickly when I call unless they are very busy. I am not the only one here" and "The staff couldn't be better". A relative said, "I think there is enough staff and my wife is happy with the staff". Another said, "I do know they have been a bit short staffed lately. A few left."
- We observed people's requests for assistance was promptly responded to. On the two days of the inspection, there were enough staff to meet people's needs. However, care staff were responsible for other duties, which impacted on the sociable time they had to spend with people. For example, staff were responsible for cleaning, laundry and some kitchen duties. There was no dedicated activity staff and care staff tried to provide activities when they could. Staff comments included, "Most of the time there are enough staff. We only really struggled during the COVID 19 outbreak...but otherwise we have enough to deliver the care required".
- The provider told us the difficulties they were having recruiting additional staff with the skills they required. They said they had housekeeping vacancies and care staff vacancies. They were advertising in the local area and getting very little response. The rota's showed that the registered manager and care coordinator were undertaking numerous shifts to fill in where there were staff shortages and absences. This took them away from their managerial roles and responsibilities.
- During a Covid-19 outbreak at the home, which had impacted on available staff to undertake shifts and additional shifts, the registered manager had worked with the local authority to fill gaps with agency staff.

#### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. Comments from people included, "Life here is very good. I haven't come across any upset or things I do not like. I feel safe"; "The staff are all very good; they are thoughtful and kind" and "I am comfortable here". This was confirmed by relatives whose comments included, "I feel mum is safe" and "I feel my wife is safe as it is a good place where she is well looked after".
- Staff confirmed they had received training in relation to safeguarding issues and had an understanding of the types of abuse. However, training records did not support that all staff had received safeguarding training. We discussed this with the registered manager and provider who said they needed to update the training matrix. They also confirmed that there were numerous notices around the home guiding staff what action they needed to take if they witnessed abuse.
- Staff said they would not hesitate to report any concerns to the senior in charge; the registered manager or

provider. However not all staff were confident that concerns they raised would be, or had been, acted upon. We discussed this with the registered manager and provider who gave us assurances they would report any concerns appropriately. They told us where concerns had been raised, they had taken action, however these had not been recorded. The provider said they would record all concerns raised with them and the actions taken.

- Staff were aware of some external organisations they could approach if their concerns were not taken seriously and dealt with. However, they were unsure of the role of the local authority safeguarding team. We discussed with the registered manager, free local authority safeguarding training which would benefit them and staff.

### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There was no housekeeping staff at the home, so staff undertook cleaning in the morning and the night staff had cleaning duties they completed. There was no additional cleaning of touch points. The registered manager implemented this straight away and additional cleaning was started during our inspection. This is important to reduce the chance of cross infection.
- 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

### Learning lessons when things go wrong

- On the first day of our visit we identified a window restrictor which was not effective. Action was taken immediately to repair the restrictor and a monthly monitoring audit was put in place.
- We found it was not clear, what cleaning in the kitchen had taken place. This was because there were three places where staff recorded cleaning undertaken. By the second day of the inspection a new simpler system had been implemented and was being monitored.
- We found three containers of food in the fridge which had not been labelled on our first day. This meant staff would not be aware when it was opened and if it was safe to use. We confirmed the food had been in the fridge less than 24 hours and was then labelled. There were labels next to the fridge which staff had not used. Action was taken by the management team to ensure staff responsible for food going into the fridge had clear instructions about labelling foods.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed prior to moving in to the service to ensure the service was right for them. The registered manager used a variety of assessment tools to develop care plans; including a best practice nutritional assessment tool and pressure ulcers assessment tool. However, although risks were identified during the assessment process, care plans and care delivery did not always ensure people's needs were met. For example, those people at risk of weight loss.
- It was not clear whether people were receiving the support they required. The provider had a computerised care plan system. The system had a traffic light alert system which alerted staff when actions were needed, for example, repositioning, diet and fluids. Staff used a handheld electronic device to record support tasks they had carried out. We found these were inconsistently completed. On people's, front page on the computer system there were numerous red alerts which demonstrated tasks had been missed. Staff told us the Wi-Fi system at the home was inconsistent and they could not always record tasks undertaken. Staff also told us they had only received 45 minutes training on this system and felt they did not have a clear understanding of the system. We discussed this with the provider who was looking at alternative internet providers and would review training requirements for the new computerised care plan system.

Staff support: induction, training, skills and experience

- The registered manager and office manager had been undertaking supervisions. Due to a Covid-19 outbreak these had not formally taken place in the past few months. However, the registered manager was undertaking shifts and working alongside staff, so had the opportunity to observe staff practice and discuss concerns.
- Staff could undertake training online and also face to face. The provider had arranged numerous training sessions, which not all staff had attended. They told us they were working with staff to undertake their required mandatory training and attend face to face training for manual handling training, infection control and food safety scheduled for the following week.
- According to the training matrix staff had not received all of the provider's mandatory training. We discussed this with the registered manager, who told us that staff had completed training, but this was not on the training matrix as they required their updates. The registered manager said she would review all of the staff training and ensure staff had undertaken all of the required mandatory training updates.
- The training matrix showed that out of the 15 staff who undertook care, four staff held a qualification and six staff were working towards a qualification in health and social care. Two staff had started to complete

the care certificate, training for staff new to care. The registered manager and provider said they were working with staff to complete the training required but due to an outbreak in the home there had been delays in completing the update training.

- New staff shadowed experienced staff to learn the role and completed an induction sheet.

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

- People's care plans outlined their nutritional needs and risks. However, practice and people's records did not assure us that people's nutritional needs were met. For example, two people were prescribed food supplements daily due to risk of weight loss. These supplements had been unavailable on a number of occasions meaning people were at risk of further weight loss.
- Records of people's diet and fluid intake were poor; some had not been completed for several days.
- One person's care record held contradictory information about the texture of food they required. This meant people were at risk of receiving inappropriate meals.
- On arrival to the service, some people were having breakfast; this included a cooked breakfast; one person said, "Oh it is very nice. A good way to start my day".
- The main meals, served at lunchtime, were provided by an external catering company. They were delivered frozen and the service had special ovens to re-heat the food safely. People said they liked the food. Comments included, "No complaints on that front. There is always a choice and enough to eat. I am never hungry"; "It is good (the food). I can't grumble"; "That's the thing that is so nice here. We get lots of fresh food" and "I am very happy. The food is lovely". The provider told us people had found the transition difficult but were now relatively happy with the food. They said they always ensured there was fresh fruit and vegetables available and homemade cakes.
- We observed that people were offered regular drinks and snacks during the day. A relative told us, "She always has plenty of fluids". Another relative said, "He is so well fed he can't fasten his trouser belt".

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

- The home looked in good repair. We discussed on the first day that there was limited signage around the building to guide people. On the second day discrete signage had been put in place to guide people in the communal space to their rooms and to the toilet.

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

- People had had access to health care professionals. During our visit a GP undertook a doctor's round. They told us, that they call or visit the home each week. They said staff raised concerns when needed and had no concerns that their guidance was not followed.
- People and relatives told us they or their family members received medical input when they needed it. Relatives told us, "They look after his medical issues" and "They would call a doctor if needed"
- It was not clear on the computerised care plan system that all contacts and visits from health professionals had been recorded. We discussed with the registered manager having a clear system for staff to record these discussions and visits. The registered manager said they would work with staff to make entries on the computerised care plan system.

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 MCA 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.

- Staff consulted people about their day to day preferences; for example, what they ate and where they spent their day. One person said, "Staff are considerate. They do ask me what I would like. I am never forced to do anything here".
- The registered manager had completed DoLS applications for two people at the home, one of which had been authorised. They discussed with us their conversations with the local authority DoLS team and it was evident they were following their guidance.
- Not all staff had received training in MCA and DoLS. However, the registered manager had a good understanding and was cascading information to staff. Staff understood about people having a choice and about not restricting their liberties.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of robust oversight from the provider to ensure the quality and safety of care being provided to people. The provider had systems in place to audit the service. This included a computerised care system which enabled them to have an overview of people's care. However, because information was not recorded on this system the oversight was not accurate.
- The provider also had paper in-house audits which included audits of medicines, and aspects of health and safety. However, these had not been regularly completed and where they had been completed had failed to identify the shortfalls we found at the inspection.
- Opportunities to make improvements to people's care and support were missed as there was no robust analysis of accidents and incidents undertaken.
- Some key risks which people faced were not being adequately assessed and checked by the management team to ensure information was up to date and effective in directing staff to keep people safe.
- Accurate, complete and contemporaneous care records were not always maintained. For example, people's daily notes and diet and fluid records were poorly completed on the computerised care plan system. The registered manager and provider explained this was due, in part, to issues with the access to WIFI around the building. Staff confirmed this and said a lack of hand-held devices also meant some records were not updated promptly. However, the provider confirmed there were five working handheld devices at the home.

We found no evidence that people had been harmed. However, the failure to have an effective system in place to monitor the safety of the home was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager registered with CQC in September 2021, this was their first role as a registered manager. They had completed a level five qualification in leadership. The registered manager had implemented changes which included a new electronic care plan system. They were open and honest and responsive to areas of concern we identified during our visits. To help with their understanding of the Health and Social Care 2008 (Regulated Activities) Regulations 2014, we guided them to the guidance for providers on meeting the regulations.
- The registered manager was supported by a care co-ordinator and office manager and the provider. The

provider was at the home several days a week and contactable by telephone.

- Staff were complimentary about the registered manager; describing them as approachable; easy to speak with and down to earth. Staff felt supported in the main to do their jobs.

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

- People said they were happy living at the Seaswift Residential Home. We found there was a calm, warm welcoming and relaxed atmosphere.
- People's relatives commented about how they were kept informed about any issues and felt confident in the provider and registered manager. Comments included, "The manager is very approachable. You can always get through and I also have her mobile number. She would act on things if needed" and "They are doing a superb job and the lead people contact me regularly. I am more than happy, absolutely happy with the care. It is well run".
- Staff had daily handover meetings and a handwritten handover document to communicate important changes.
- The registered manager was very open and honest and understood their responsibility under the duty of candour to be open and honest when things went wrong.
- The rating from the previous inspection was on display at the home as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had engaged with people, relatives and healthcare professionals about the running of the service. They told us people, relatives and professionals had completed a survey. Relatives confirmed they had received surveys, comments included, "They do send questionnaires out to the relatives for feedback."
- After the inspection we received copies of the surveys completed. Out of the four 'residents' surveys undertaken in June 2021, three had identified concerns. It was not clear what actions had been taken regarding their concerns. We discussed sharing the findings of the survey with the provider and actions taken, so people knew their views were listened to and acted upon. The provider said they would analyse share the findings of the surveys.
- The provider said they had been working with staff to help make them feel valued. They said they ensured all staff were treated fairly and had given Christmas bonuses.
- Staff received a handover at the beginning of each shift to inform them about people's changing needs. Senior staff completed a handover sheet, so information was shared to the next shift. The registered manager told us they would be reintroducing a daily allocation sheet for the senior which would include checks and monitoring the senior had completed, for example, care tasks had been completed.
- After the inspection the registered manager shared with us that they had held meetings with the staff team to discuss what actions they were taking following our inspection.
- Staff had good links with other health and social care professionals. They had worked closely with the DoLS team and mental health team to support people's needs. Visits from other professionals had continued to take place during COVID-19 restrictions to ensure people had access to the care and support they needed, for example the community nurse team.

Continuous learning and improving care

- The provider and registered manager were keen to continuously improve the service and they accepted our feedback. They began to make improvements after the inspection and provided CQC with updates on progress made.
- The registered manager had reviewed all of the policies and procedures for the service to ensure they were

evidence-based and reflected relevant guidance and legislation.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure service users received care and treatment in a safe way. Risks had not been assessed and actions taken to mitigate risks. Medicines were not safely managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have robust recruitment procedures in place to ensure staff employed were 'fit and proper'.</p>