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Seacliff Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Seacliff Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
Seacliff Care Home is registered to accommodate up to 24 people. At the time of our 20 older people were living in the home in one adapted building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and the support they needed to reduce these risks. Staff understood how to identify and report abuse. Staff also supported people to take their medicines safely.

People all liked the food and there were systems in place to ensure they ate and drank safely.

People were supported by caring staff who had the skills and knowledge they needed. The majority of the staff team had worked in the home for a long time and they all knew people well. This ensured people were supported to live their life the way they chose. People had access to activities they enjoyed and helped to plan.

Communication needs were considered and staff supported people to understand the choices available to them. This meant people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice. Paperwork reflecting the MCA was being reviewed when we inspected. Where people needed to be deprived of their liberty to receive care this had been identified and responded to appropriately.

People and relatives told us they could raise any concerns and these were addressed quickly. They told us that the manager, provider and the whole staff team were approachable.

Quality assurance systems involved people and was being developed to support the provision of a safe and good quality service.

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 had improved to Good.	Good
Is the service effective? The service remains Good.	Good
Is the service caring? The service remains Good.	Good
Is the service responsive? The service remains Good.	Good
Is the service well-led? The service remains Good.	Good

Seacliff Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the16 June 2018. The inspection team was made up of one inspector. Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 13 people. We also spoke with relatives of four people. We spoke with five members of staff and registered manager. We gathered information from social care commissioners who had worked with the service. We also looked at three people's care records, and reviewed records relating to the running of the service. This included three staff records, activity records, policies, quality monitoring audits and accident and incident records.

Good

Is the service safe?

Our findings

At our last inspection in November 2015 records related to safe care were not adequately maintained. At this inspection we found improvements had been made and staff recorded important information and this was monitored to ensure safe care and treatment.

People felt safe. One person told us: "I feel very safe here." A relative told us that health and safety issues were taken seriously and they were confident in their love one's safety. Another relative had commented: "I am totally happy and relaxed that (loved one) is safely looked after." People were supported by staff who understood the risks they faced and knew the measures that helped reduce these risks. Where risks began to emerge the staff were quick to review care with people and their families and ensure appropriate measures were put in place.

Staff worked with people, relatives and appropriate health and social care professionals to monitor and assess risk. This meant that people were able to determine the support they wanted. For example, when people were at risk of falling due to variable mobility they were supported to be as independent as they chose to be. They were supported to make these decisions by staff who respected their rights.

Staff understood their role and responsibilities to protect people from abuse. They were able to explain what changes in a person's demeanour and other signs may indicate someone had been harmed. They were able to explain what they would do to make them safe and how they would report this.

People were cared for by, safely recruited and appropriately trained, staff when they needed it. People told us they rarely had to wait for staff attention and we observed that this was the case throughout our visit. One person told us: "We have a bell and if we press it the staff come quickly. It is the same at night time."

Staff understood the importance of infection control and maintained a clean and safe environment. One relative observed the home never smelled unpleasant and staff spoke with respect about their colleague who did the majority of the cleaning; highlighting their dedication and hard work. Some areas of the home were in need of decoration and repair and in places this impacted on the ability of staff to keep this clean. For example, there was a hole in the tiling in one bathroom and exposed rusted metalwork covering a radiator in another. We spoke with staff, visitors and people who told us there was work ongoing to decorate the home. This had been discussed at residents' meetings and planned to cause the least disruption to people. Senior staff told us that the areas requiring decoration to reduce infection risks would be prioritised.

People told us they received their medicines when they needed it. Everyone living in the home could make staff aware if they needed pain relief and they told us they always got it if they needed it. There were systems in place to ensure that medicines were stored and administered safely. Where issues were identified, for example omissions in records detailing when people had creams applied, they were addressed. We saw that this had been discussed at a team meeting and improvements had been achieved. When we visited staff were confident about the support people needed with creams and they knew which people they were helping. Some people needed to take medicines that required more detailed recording. We found that one

of these medicines did not add up correctly. We could not find how this error had happened. The seniors on duty assured us they would address this and ensure the system was being monitored appropriately.

There was an open approach to learning when things went wrong. We noted that some safety issues had been highlighted during a recent monitoring visit. These had been addressed when we visited. Information was shared appropriately amongst the staff team through handovers, other professionals, people and relatives.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for appropriately and conditions were being met.

The people living in Seacliff Care Home were able to consent to their day to day care and support and staff explained how they checked with people. People told us they made decisions such as: what they did with their time, who they saw, what they ate. They told us staff always asked with them. People were encouraged to make as many decisions as possible and where they were unable to their power of attorneys were asked to make decisions in line with the MCA. Recording about decisions was being reviewed following a recent monitoring visit.

People were supported by staff who understood their needs and could describe these confidently. They had received training to ensure they could provide this support safely. People told us this training was effective. One person told us: "The staff are all excellent we don't get agency just staff who get to know us." There was robust system that ensured that training was kept current. The training plan was being developed to ensure that staff kept up to date with current good practice and legislation. New staff were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction. Staff told us the support they received both informally and through supervisions and appraisals gave them the confidence and skills they needed to provide good care.

People were supported to maintain their health. Relatives commented on the face that they had confidence in decisions made in the home and described how their loved one's had been supported through ill health. Relatives and people told us that people received support from their GPs and district nurses and if necessary emergency healthcare. They told us that the staff sought this input appropriate. People had access to health professionals and information necessary to support them to maintain their health such as how to maintain their oral hygiene was detailed in their care plans.

People were supported to eat and drink safely. Mealtimes were a social occasion with staff sitting with people chatting and encouraging them to eat discretely if necessary. Feedback about the food was continuously gathered. This information was used to develop menus. People all told us how much they enjoyed the food. One person said: "It is really good home cooking." People were supported to have enough to eat and drink and there were systems in place to ensure this. People chose to eat sitting in the dining room or in their rooms.

There were on going plans to improve the environment and although most people living in the home were not affected by dementia research about how environments can support people living with dementia was being considered as decorative work was carried out. There was signage in place in the home to help people find their way around.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them individually and as a group. They described the things that made people happy and commented respectfully on people's relationships with each other. They all described the importance of spending time with people and explained how much they enjoyed this. People universally commented positively on the staff making comments such as: "All the staff are lovely", "They are so kind" "They will go the extra mile for you." and "I like the care that the staff show everybody." People were also supported to care for each other and we saw that people expressed concern for others and spoke with kindness and warmth about each other.

Relatives reflected this view identifying the care that was present in all their interactions with staff and the way they saw staff to be with people.

Staff knew people well and their conversations reflected familiarity and fun where this was appropriate. Lunchtime involved a lot of laughter. Compliments had been received from relatives reflecting positive views on the caring nature of the home. These included comments referring to the care as "compassionate and caring".

Care plans focussed on people's strengths and how they could remain in charge of their lives.. This ensured that dignity was promoted at all times. Staff were committed to promoting respect and we discussed how people were supported to make their own decisions in situations where this was difficult. Care plans detailed communication needs and staff used this information to help people to make as many decisions as they could.

Good

Is the service responsive?

Our findings

People told us care that reflected their needs and preferences. They were supported to live their lives in ways that reflected their own wishes. At Seacliff people chose to spend parts of the day together engaged in activity or chatting. The result was a sense of community amongst people and staff and one person reflected this during our inspection saying to the inspector: "I hope you will give us a good mark."

Staff described the importance of an individual approach for all the people they supported. One relative reflected on this stating: "They will always do what is best for (relative)." People were supported to carry out activities and spend their time doing things that were meaningful to them. They made decisions about these activities and events held by the whole home at regular resident meetings.

Staff understood how people communicated and this information was recorded and shared in order to ensure they could communicate meaningfully. Where people found words difficult staff understood their body language and took time to ensure they had understood correctly what the person wanted.

There had not been any complaints made at the service but people and relatives told us that any concerns they had were listened to and actions taken. There was a complaints policy in place, should anyone wish to make a complaint. This needed to be updated to reflect changes in personnel.

The staff were passionate about ensuring people experienced the best care possible at the end of their lives and that they could remain in the home if this was their wish. No one was receiving this care at the time of our visits however we were able to read cards that had been sent by relatives of people who had died recently at Seacliff care home. These cards expressed appreciation for the compassionate care people had received. One relative wrote: "Words cannot express how wonderful you all were."

Good

Is the service well-led?

Our findings

The home was part of a small group of homes owned by a family and this was reflected in the home form home ethos of care. People appreciated this feel and told us how much they liked the size and friendliness of the home. The provider visited the home regularly and staff, people and relatives commented on their approachability.

Staff were proud of their work and told us: "I love it here, it is like a home for me too" and "we care for people like they are our mother or father or grandparents." They felt part of a strong team and made observations such as "I have been supported by everyone here". staff felt listened to and supported by both the manager and other senior staff. Staff gave examples of how their sense of being a family affected how they worked describing how they covered each other if necessary and how they helped each other when needed.

Staff were all clear about their responsibilities and understood who they could seek guidance from. The manager had recently taken on the role and was in the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had changed their role but stayed working within the home. All the senior staff knew the people using the service well. They worked alongside staff and spent time with people.

People, staff and relatives commented on the approachability and availability of the manager and other senior staff. People and relatives told us they were actively asked about their view of the service and this contributed to improvement plans. Residents meetings frequently involved discussion about staffing with people feeding back on new staff and also afforded an opportunity to raise areas for improvement. These were responded to. For example changes had been made to the laundry process following concerns raised in a residents meeting.

Quality assurance processes were in place and being developed to meet the needs of the home. For example a new process was being instigated to ensure that accidents and incident were reviewed and trends identified to reduce the risk of reoccurrence.

The provider and staff in the home understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with. We found that one statutory notification had not been made. A statutory notification is information that the law requires CQC are made aware of to support our monitoring function. We spoke with senior staff about this and they assured us this notification would be made within the week following our inspection visit.