

Seaview House Care Ltd

# Seaview House Nursing Home

## Inspection report

14-16 Colne Road  
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Essex  
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Tel: 01255421480

Date of inspection visit:

15 April 2021

20 April 2021

Date of publication:

19 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Seaview House Nursing Home provides care for up to 20 people with needs associated with their mental health. There were 19 people living at the service at the time of our inspection. The accommodation at Seaview House Nursing Home is provided across three floors, with one communal lounge and separate dining room. The service is near all facilities including the sea front.

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

Safeguarding concerns had been raised in relation to staff not wearing personal protective equipment (PPE). People were not safeguarded from harm as systems were not in place to protect them. The registered manager took immediate action to ensure the service complied with Government guidance following the inspection.

Infection prevention and control systems did not follow current good practice guidance in relation to COVID-19. All staff had not received the required training in infection control and COVID-19 as their knowledge and practice was inconsistent and required improvement.

Risk management and oversight of the service was not effective in ensuring everyone's safety. Whilst, no one was harmed, decisions made, and actions taken by the provider had placed people and staff at risk of potential harm. Some policies and procedures, including for the management of infection control and COVID-19, were out-of-date and not used to inform practice.

People we spoke with told us they liked living at Seaview House Nursing Home. The staff were caring and knew them well.

Staff were safely recruited with checks undertaken to ensure they were safe to work with people. Induction and training took place to ensure staff had the skills to work with people safely. There was enough staff in the service with rotas being well managed to keep people safe.

Risk assessments and care plans for people had been completed and contained information relating to their needs, choices and wishes. These included risks to people's health, wellbeing and COVID-19.

People's medicines were being managed correctly by staff who were competent to administer them. People received their medicines at the right time and in the right way. Quality audits showed that the medicines system was being monitored and any improvements needed were put in place quickly.

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 service had a vision and strategy for providing person centred and inclusive care and support. Assurance systems had been developed to monitor the quality of the service people received.

The service worked in partnership with other services to provide joined up care; and staff worked well with people to engage and involve them in all aspects of their life.

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

#### Rating at last inspection

The last rating for this service was Good (published 17 September 2019).

#### Why we inspected

We undertook this targeted inspection on 15 April 2021 to follow up on specific concerns which we had received about the service. These were in relation to the risks to people and staff not wearing appropriate PPE and following best practice COVID-19 guidance in infection control procedures. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with staff not wearing masks, infection control policy and procedure and lack of risk assessments for staff, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well Led. We returned to inspect the service on 20 April 2021.

We 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 COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led key questions in this report. The provider has started to take action to mitigate the risks found. We found no evidence during the inspection that people had come to harm from this concern.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well-led findings below.

# Seaview House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. 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 one inspector and one assistant inspector.

#### Service and service type

Seaview House Nursing 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. 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

Both inspection visits were unannounced.

Inspection activity started on 12 April 2021 and ended on 22 April 2021. We visited the service on 15 and 20 April 2021.

#### What we did before the inspection

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

#### During the inspection

Due to the complex nature of people's communication and mental health needs, many people were unable to talk or engage with us. We therefore observed the care, interaction and communication between staff and people in communal areas of the service. We spoke with three people to seek their views of the service. We spoke with seven staff including care staff, kitchen and housekeeping, deputy manager and the registered manager.

We reviewed a range of records. This included four people's care records and two people's medicine records. We looked at three personnel files in relation to staff recruitment. A variety of records relating to the management of the service, including quality audits and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.



# 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 in September 2019, this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- The service was not following best practice Government guidance for care homes on the safe management of COVID-19 during the pandemic. This included:
  - Staff wore facemasks when providing individual personal care. However, they did not wear face masks in communal areas. This was contrary to Government guidance. The registered manager told us the decision to do this was based on the needs of a small number of people who had displayed increased aggressive behaviour and distress due to staff wearing masks. They had not considered the majority of people and staff who were at potential risk of COVID-19. The registered manager took immediate action to safeguard everyone. External stakeholders have also confirmed that the staff are now following the correct guidance.
  - Protocols for visiting the service did not follow good practice guidance, for example staff were not taking people's temperatures upon entry to the service to check whether they had a known symptom of COVID-19. The deputy manager confirmed that staff and visitors did not need their temperatures taken as a Lateral Flow Test (LFT) to check for COVID-19 was the only screening required. This meant that processes for safe visiting were not robust. The registered manager took immediate action to implement this following inspection.
  - Risk assessments had not been completed for staff as to their individual needs and risks and the consequences of not wearing correct personal protective equipment (PPE), placing them at increased risk of infection. Following the inspection the registered manager took immediate action to rectify this.
  - There was no infection control lead at the service, however, one staff member had been allocated to this role since the inspection in order to take responsibility for good infection control procedures.
  - Not all staff had received training in infection control and PPE. Whilst we saw on the training programme that 13 staff members out of 19 had attained infection control training in 2020/2021, two senior members of staff had not completed either for 2020/2021. The deputy manager was not able to confirm that all staff had undertaken the necessary training to keep people safe from potential risk. However, training was underway for all staff to be refreshed of their infection control knowledge and practice.
  - There was conflicting information regarding staff protocol of putting on and taking off PPE at the present time and also, in the case of an outbreak of COVID-19, where this would be done safely. This was being reviewed as part of the providers policy and procedure.
  - The provider's infection prevention and control policy was not up to date or tailored to the needs of the service, despite the COVID-19 pandemic having been ongoing for the past year. We have also signposted the provider to resources to develop their approach.



We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate that safety was effectively managed. This 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.

- There were effective systems in place to demonstrate the service was adequately cleaned with cleaning schedules and checks in place.
- Social distancing rules were not routinely applied as people's ways of being and the environment did not make this possible. Staff worked with people to remind them about social distancing where they could, especially in relation to going out into the community.
- There was a testing programme in place and the service was following the Government guidance for staff. People using the service were not having the monthly Polymerase Chain Reaction (PCR) test as recommended and we were told there was no rationale as to why Government guidance was not being followed. However, people using the service were having weekly Lateral Flow Tests (LFT) instead. We signposted the registered manager to guidance on testing in care homes and they are in the process of implementing correct testing procedures.
- Risk assessments for people had been completed and reviewed including COVID-19 assessments. These were very person centred and included people in making decisions and choices in their day to day lives.
- Health and safety checks of the building were completed, and action had been taken to effectively manage risks to people's safety in and around the environment. Refurbishment plans had been on hold during lockdown but now these are being lifted for example, a date for the stairs carpet to be removed had been booked.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse. The deputy manager had completed a refresher safeguarding train the trainer course in order to cascade learning to staff. One staff member told us, "We are doing safeguarding training today. If I had any concerns, I would go straight to the manager, if I couldn't talk to the manager about it, I can come to CQC."
- Staff told us they would feel comfortable raising concerns with the registered manager and could explain how they would escalate to outside organisations such as the local authority, the Care Quality Commission or the police.
- The registered manager reviewed safeguarding concerns about people using the service. They had responded appropriately to concerns, investigated and communicated with the relevant authorities.

Staffing and recruitment

- On the days of our inspections, there were enough staff to respond to people's needs and provide support as required. Staff confirmed this. One staff said, "We all pulled together as a team as didn't want to use staff who didn't know our people, that would have been terrible."
- The registered manager reviewed staffing levels regularly. There was a consistent staff team who worked flexibly for the benefit of people who used the service.
- Staff recruitment checks were completed including referencing and disclosure and barring service (DBS) checks, although one staff file had gaps in their employment history which had not been explored and another a record of their DBS was still to be placed on their file. The registered manager confirmed they would deal with this matter and provided confirmation to us this had been completed.

Using medicines safely

- The service had systems in place to ensure people received their medicines as prescribed. There were no issues in relation to medicines found. The stock take and count of medicines is undertaken regularly and no

discrepancies have been recorded.

- Staff who administered medicines were trained and checked to ensure they followed safe practice. Staff confirmed medicines were only administered by staff who had received training and a competence assessment. The process of giving a person their medicines was observed and this was done in a dignified and caring way.
- Medicine administration records (MAR) were followed and completed appropriately. There was a process in place for giving people medicines when they required it, for example for pain.
- Staff liaised very frequently with the GP, Pharmacist and psychosis team to monitor people's medicines, health and wellbeing.
- Medicine audits were carried out to check the management and administration of medicines was done correctly and safely.

#### Learning lessons when things go wrong

- The registered manager was open to learning from things which had gone wrong. Accidents and incidents were analysed, and improvements made to people's care. Communication with staff was effective and actions to take cascaded to staff through memos and training.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- The provider had not followed Government guidance in relation to the management of people and staff during the pandemic. They had not consulted nationally recognised guidance or undertaken research to ascertain the legal consequences of not following Government guidance in relation to the wearing of personal protective equipment (PPE).
- The registered manager had not considered the protection of staff during the pandemic in relation to their legal responsibilities around insurance and employers' liability and employment contracts of staff. They had not sought professional expertise in their decision making from public health and the health protection sector. Whilst they told us all staff were in agreement with the decision not to wear masks in communal areas, there was no written record of this agreement from any staff members.
- The registered manager could not demonstrate the service had worked with people effectively to try and reduce their discomfort and anxiety around face masks and shields.
- Adequate measures were not taken to protect clinically vulnerable people and those at higher risk because of their protected characteristics. No risk assessments were completed for black and minority ethnic staff members who were at higher risk. Guidance was not understood by the registered manager in relation to the higher level of risk for these staff and had not undertaken any risk assessment or discussion with staff members.
- Policies, procedures and risk assessments for infection prevention and control, including the management of COVID-19, were not always complete, in line with up-to-date government guidance or tailored to the service. For example, there was no evidence the provider's infection control policy dated March 2020 had been reviewed to include the management of COVID-19. Following the inspection the registered manager took immediate action to put in place Government guidance and reviewed and implemented improvements.

The provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had informed the Care Quality Commission of events that occurred, such as safeguarding concerns. Notifications are required by law to ensure the CQC can monitor the service and ensure people are receiving safe care. However, the registered manager was reminded to put in notifications

in a timely way as we found one recent incident which had not been reported to us.

- Quality assurance systems were in place which explored the experience of people being supported and this information was used to monitor performance and help drive improvement. Care records, health and safety checks and records of people's medicines were audited, and any shortfalls identified and escalated.

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

- The service provided a person-centred approach to caring for people. People had received good outcomes during the pandemic despite the Government restrictions.
- The registered manager was motivated, caring, visible and inspired staff. They had provided a clear vision and passion for providing individualised care.
- Staff were consistent, committed and worked well as a team. They demonstrated the skills, experience and values in providing individualised care for people with high support needs, especially difficult during the pandemic. One staff member said, "I think the management has handled COVID-19 brilliantly, and we are proud that we have kept it out of the home. All the staff have gone above and beyond. The management have supported us really well."
- The registered manager understood their duty of candour. They recognised in hindsight the errors made, responded positively and acted quickly when things had gone wrong. For example, following our concerns, the registered manager had informed staff to follow Government guidance and wear masks in all areas of the service.

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

- People's views and experiences were gathered on an individual basis as part of their reviews of care. The registered manager told us these views were integral to improving and developing the service. Daily notes, clinical notes and care plans showed people's experiences had been gathered.
- There was effective and responsive communication between management, staff and people who used the service.
- The service continued to learn and improve care for people. The registered manager gave us many examples of their continued learning through understanding the experiences of people's illness, their ways of coping with it and how the service responded to their well being and safety.

Working in partnership with others

- The registered manager had worked with professionals such as the Clinical Commissioning Group (CCG), local authority quality improvement team, GP, pharmacist and the psychosis team.
- We signposted the provider to further resources and organisations that could provide support, advice and guidance on how to improve the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Infection prevention and control measures were not in place in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to assess monitor and improve the quality and safety of the service did not work effectively.