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# Sea Bank House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Sea Bank House was inspected on the 08 and 14 November 2018 was unannounced.

Sea Bank House 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.

Sea Bank House Care Home is situated in the seaside town of Knott End On Sea. The home is registered to provide care and accommodation for up to 23 older people and there are two lounges and a separate dining room for people to enjoy.

At our last inspection in July 2017, the service was rated as 'Requires improvement'. We found medicines were not always managed safely as records relating to medicines were not always accurate. This was a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered provider sent us an action plan indicating how improvements would be made and compliance with the regulation reached. Due to technical problems, we were unable to review this prior to the inspection. In addition, after the last inspection we met with representatives of the provider and asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions 'safe' and 'well-led' to at least good.

At this inspection in November 2018 we found some improvements had been made. We looked at four people's medicine records and saw three of these were accurate. The fourth person's record required updating. Prior to the inspection we saw this had been carried out and the person's medicines had been reviewed by external health professionals. We have made a recommendation about the safe management of medicines.

We found a risk assessment was not followed in relation to a person's equipment and we were informed no manufacturers instructions had been followed when the equipment was fitted by staff. This was a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

We noted documentation did not consistently reflect people's needs and audits had not identified the concerns we found on inspection. This was a breach of Regulation 17 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

You can see the action we told the provider to take in the full version of the report.

At the time of the inspection visit there was a no manager in place who was registered with the Care Quality Commission. 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.

We reviewed recruitment records and saw checks were carried out to ensure prospective employees were suitable to work with vulnerable people. On discussion with the manager we learnt that following initial checks being carried out, these were not repeated during the person's employment at the home. The manager told us they were in the process of addressing this.

Relatives and people who lived at the home told us they were consulted and involved in care planning. People and relatives told us staff were friendly and respectful and caring in nature.

We found the home was clean and tidy and staff were seen to wear protective clothing when this was required. We noted the newly refurbished shower room did not have facilities for hand washing. The manager told us they were addressing this and on a second day of the inspection we saw hand washing facilities were being installed.

We saw documentation which evidenced the service sought feedback from people who lived at the home and relatives. Documentation asked people to share their opinions on what the home did well and what needed to improve. The manager told us they were preparing to repeat the annual survey and would respond to comments when they were received. There was a comments box in the reception of the home for people, relatives and visitors to leave any comments they wished.

People told us they did not have to wait for help and staff were attentive to their needs. We timed two call bells which were answered promptly. We observed staff were patient and spent time with people chatting and supporting them when they needed help. Staff and relatives we spoke with voiced no concerns regarding the staffing arrangements at the home. Rota's we viewed showed the staffing was arranged in advance and staff confirmed replacement staff were provided if unplanned absences occurred.

Staff told us and we saw documentation which evidenced staff attended training to enable them to maintain and update their skills. We also saw evidence and staff confirmed, they had regular supervision with their line manager to discuss their performance.

People were asked to express their end of life wishes. Documentation was available to plan this area of people's care if people wanted to share their needs and wishes.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was required.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they requested it. We found staff were available to help people if they needed support.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they valued them as individuals. Staff were gentle and patient with people who lived at the home and people told us they felt respected and valued.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the manager or the local authority safeguarding team so people were protected. During the

inspection process we received information of concern from a member of the public. We discussed this with the manager who immediately acted to investigate the concerns raised.

There was a complaints procedure available at the home. People we spoke with told us were confident any complaints they may wish to make would be addressed by the manager. Relatives told us they were aware of the complaints procedure and told us the manager would respond to any complaints made.

People told us there were a range of activities provided. They said they could take part in these if they wished to do so. People told us they were asked if they wanted to take part in activities and if they declined, their wishes were respected. We saw there was an activities planner on display at the home.

The manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives we spoke with told us they could speak with the manager if they wished to do so and they found the manager approachable.

This is the third time the service has been rated Requires Improvement.

Further information is in the detailed findings below.

## 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.

Risk assessments were not consistently followed to ensure people were protected from the risk of avoidable harm from equipment and documentation did not always reflect people's needs.

People were supported to take their medicines in a person centred way. One medicine record did not reflect changes to a person's prescribed medicine.

There were sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

### Is the service effective?

**Good** ●

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, this was carried out lawfully. .

### Is the service caring?

**Good** ●

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were supported to maintain important relationships.

People told us they were respected and their dignity was upheld.

### Is the service responsive?

**Good** ●

The service was Responsive.

People and staff told us activities took place for them to enjoy.

There was a complaints procedure in place. People and relatives we spoke with told us they had no complaints.

People told us they were supported to discuss their end of life wishes and documentation was available to record these.

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

The service was not consistently Well-led.

Checks carried out at the home did not always identify when improvements were required.

People and relatives told us they found the manager approachable and they were able to hold discussions with them.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

**Requires Improvement**



# Sea Bank House

## **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.

The inspection visit took place on 08 and 14 November 2018 and the first day was unannounced. The inspection was carried out by one inspector. At the time of the inspection there were 16 people receiving support at the home.

Before our inspection on the 08 November 2018, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with five people who received support and three relatives. We also spoke with the manager and the deputy manager. In addition, we spoke with three care staff, the cook and the maintenance person. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. In addition, 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. This helped us understand the experiences of people who lived at the home.

We looked at care records of four people who lived at Sea Bank House. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of a recently recruited member of staff. We looked at records related to the management of the service. For example, we viewed records of environmental checks, accident records and health and safety certification.

# Is the service safe?

## Our findings

At the last inspection carried out in July 2017, we found improvements were required to ensure people received their medicines safely and at the time we needed them. We identified records relating to the management of medicines were not always accurately completed.

At this inspection in November 2018 we found some records relating to the safe management of medicines had improved. We reviewed medicine and administration records (MAR) relating to three people who lived at the home and found these were completed accurately, with no gaps or missing signatures. We also checked the totals of medicines and found these matched the checks carried out by staff at the home and the MAR records. This indicated medicines had been given as required.

However, we viewed one person's daily notes and saw one person's 'as required' medicine had been increased by the doctor. We noted the corresponding medicine records did not reflect this change. We reviewed the persons medicine record and saw occasions when the medicine had not been given as prescribed. We discussed this with the manager and on the second day of the inspection we were informed by the manager that the person's medicine had been reviewed. We saw records were being updated to reflect the correct amount of medicine the person required. We recommend the service seeks and implements best practice in relation to the management of medicines.

We observed medicines being administered and saw people were supported in a person centred and respectful way. We observed staff asking people if they were ready for their medicines and they spent time with people, discreetly explaining to them what the medicine was for. Staff spoken with were able to explain the arrangements in place for the ordering and disposal of medicines and told us they had received training to ensure they were competent in the safe management of medicines.

We walked around the home to check it was a safe environment for people to live in. We spent time in the communal areas and visited people's private rooms. In one private room we noted a divan bed was fitted with bedrails. We spoke with a staff member who told us they had fitted the bed rails to the bed with another staff member and they had not used the manufacturer's instructions when they did so. We looked at the person's care file and saw a bedrails risk assessment had been completed. We noted it recorded that the person had a hospital bed. The risk assessment recorded that bedrails should only be used with a hospital type bed. The bed the rails were fitted to was not a hospital type bed although a handwritten entry on the risk assessment indicated the bed was a profile bed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not followed the risk assessment and ensured equipment was used safely.

We discussed this with the manager who took immediate action and sought advice from a health professional. Prior to the inspection concluding, we saw appropriate action had been taken to minimise the risk and care records had been updated to reflect this.



We viewed care records which contained assessments of risk in key areas of people's care. For example, we saw the risk of falls, skin integrity and malnutrition were assessed. Risk assessments contained information on how risks should be managed. We viewed two care records and saw these did not always contain sufficient information to enable staff to keep people safe. For example, staff told us one person required their health condition monitored daily and we saw evidence this was carried out. However, the specific support the person required was not contained in the care record we looked at. We also noted the person lived with behaviours that may challenge. The care record we viewed had insufficient information to enable staff to support the person. A second care record contained no instruction to staff on the specific steps required to minimise the risk of a person falling.

The lack of information within the care records placed people at risk of avoidable harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records were not consistently an accurate reflection of people's needs.

Prior to the inspection concluding we saw the manager had started to update the records. They told us they would review the care records of all people who lived in the home to ensure they were an accurate reflection of people's needs.

We viewed documentation and spoke with staff to check staff were recruited safely. We spoke with a recently recruited staff member who confirmed that prior to starting work they had completed a Disclosure and Barring Check and references had been obtained. These checks help ensure suitable people are employed to work with vulnerable adults. In addition, we viewed the recruitment file of another newly recruited staff member and saw the required checks were carried out. This included obtaining references and a full employment history of prospective candidates. In discussion with the manager we learnt that the service did not repeat disclosure and barring checks periodically to ensure staff remained suitable to work with vulnerable adults. The manager told us they were currently looking into this.

We checked the cleanliness of bathrooms and equipment. We noted the home was visibly clean. For example, we saw the bathroom areas were clean and hygienic, and we noted staff wore appropriate personal protective equipment when required. People's private rooms were clean and tidy with clean bedding and mattresses. We found commodes and bathrooms were clean and people told us they were satisfied with the standards of cleanliness at the home. We noted one shower room did not have hand washing facilities available. The manager told us they were currently addressing this and on the second day of the inspection we saw work was being completed.

We asked people if they were satisfied with the staffing arrangements at the home. People told us they were happy with the response they received from staff if they needed support. We were told, "They come quickly." And, "There's enough girls around." Relatives we spoke with voiced no concerns about staffing arrangements. One relative commented, "I've no worry about the number of staff here." During the inspection we timed two call bells and saw these were answered promptly. We observed people were supported by staff in a calm and relaxed way. Staff did not rush people and we observed staff chatting and interacting with people throughout the day. This showed staff were effectively deployed to meet people's needs.

We reviewed rotas and discussed staffing arrangements with the manager. They told us the rota was arranged in advance and if unplanned leave was taken at short notice, staff cover would be provided. This was confirmed by speaking with staff. Staff told us they had no concerns with the way staffing was organised. One staff member commented, "There's more than enough staff here. I don't have to think about making time. There is time." Our observations, the documentation we reviewed and the feedback we

received, showed staffing arrangements were sufficient.

People who received support told us they felt safe living at Sea Bank House. We asked one person if they felt safe at the home. They said, "" I'm safe here. They know me and look after me very well." Relatives we spoke with told us they had no concerns with their family member's safety. One relative told us, "[My family member] is safe here, they look after [my family member] well."

We asked the manager how they monitored accidents and incidents which occurred at the home. The manager explained that accident forms were completed by staff. The manager said they then reviewed the form to identify if any further actions were required to minimise risk. The manager also showed us documentation which showed falls and incidents were reviewed monthly. They explained they looked for trends and patterns. This demonstrated the manager maintained oversight of accidents and incidents and reviewed these to see if further actions were required.

Staff we spoke with could describe people's individual needs and the help and support they required to maintain their safety and well-being. For example, staff could explain the support people needed with their mobility, nutrition and personal care. During the inspection we saw one person being supported with their mobility. We viewed the person's records and saw staff were supporting the person in a safe way and in accordance with their assessed needs. This demonstrated staff were aware of the individual help people needed.

We asked the manager to give an example of how the service ensured that lessons were learned after incidents and occurrences. The manager told us they reviewed all falls and accidents that occurred at the home. They told us this enabled them to identify any steps that could be taken to minimise the risk of reoccurrence and this was shared with staff at handovers, at meetings and in staff supervisions. This demonstrated steps were taken to ensure lessons were learned and shared to support the delivery of safe care.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. They said, "I'd report to the Care Quality Commission, the manager or safeguarding." Staff could explain what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or bullying to ensure people were protected. We saw the contact number of the local safeguarding authorities was visible on a notice board at the home. This helped ensure staff, people who lived at the home, relatives and visitors could raise concerns if they wished to do so.

During the inspection process we received information of concern regarding equipment and staff conduct. We referred this to the Lancashire Safeguarding Authority for their consideration. We also telephoned the manager and discussed the concerns with them. They took immediate action to minimise any risk and told us they would work closely with local safeguarding authorities if further investigations were required.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four-star rating following their last inspection by the FSA. This graded the home as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

There was a legionella risk assessment in place and the manager told us protective valves had been fitted to sinks and baths to help protect people from scalds. They told us they had stopped monitoring water temperatures as these had been fitted, but was going to introduce them again to identify if the protective

valves failed. We saw evidence of this on the second day of the inspection. We saw windows were restricted to prevent the risk of falls from height. We noted the Landlord Gas Safety Certificate was over a year old. The manager told us there was an appointment arranged to have the annual gas safety check carried out and we saw evidence of this. We found a fire risk assessment had been carried out and the work to improve the risk controls at the home was being carried out. Staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

## Is the service effective?

### Our findings

People told us they were happy living at Sea Bank House. One person told us, "It's a lovely place." A second person said, "I'm comfy here. It's a nice place to live." Relatives we spoke with told us they were happy with the care and support their family member received living at the home. One relative commented, "The care is very, very good." Another family member told us, "I'm very happy with the care."

We observed the breakfast and lunch time meal and found staff were available in the dining area to serve people and provide help if people required this. For example, we saw one person preferred to eat their breakfast while they were walking around. Their wishes were respected. At lunchtime we noted a further person needed reminding to eat their meal. Staff were attentive and discreetly reminded them to eat their lunch. When the person declined, they were offered a pudding, which they happily accepted. This demonstrated people were supported to eat and drink sufficient to meet their needs.

People told us they were offered choices of meals and they were happy with the meals provided. One person told us, "Can't criticise the food, it's all good stuff." A further person said, "The food's fine here." We found people could eat meals which met their preferences and nutritional needs and could eat with friends if they wished to do so. We noted some people chose to eat their meal with their friends who also lived at the home. We saw this was a social occasion with people chatting as they ate. This demonstrated people were supported to eat meals of their choice in a way that met their preferences and needs.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. One person told us, "I get weighed every month." Staff told us they would support people to gain further professional advice if this was required. In one care record we saw an entry that a person had been referred to a dietician and on gaining weight had been discharged from the dieticians' oversight. We noted the person was still being weighed at the home and they had lost a small amount of weight. The manager explained how they assessed their nutritional needs and the processes they would follow to ensure their nutritional needs were met. This demonstrated people's nutritional needs were assessed and monitored to identify if further professional advice was required.

Documentation showed people received professional health advice when this was required. We found people were referred to doctors and district nurses if this was required and records reflected their instructions. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the help and support a person needed in relation to their nutritional needs. This demonstrated staff were aware of professional advice.

We found people were supported by staff who were responsive to their needs. We noted one person had fallen and had been referred to an external health professional for further advice. In another person's record we saw evidence their weight was monitored and they were to be encouraged to eat snacks and finger foods to help them gain weight. During the inspection we saw staff offering the person snacks and foods that could be eaten as the person walked. This demonstrated care was provided which was responsive to

individual needs

We checked to see staff received training to maintain and develop their skills. We viewed a training matrix and staff supervision records. Supervision is a one to one meeting where staff can discuss their performance and any concerns with their line manager. Staff told us they received training on a regular basis and during the inspection we saw the registered providers trainer was at the home delivering training. The training matrix we viewed showed staff received training in areas such as safeguarding, fire awareness, moving and handling and equality and diversity.

Staff told us they enjoyed the training and said they were reminded by the manager to complete training so their skills remained up to date. Staff also explained they received supervisions with the manager and they welcomed these. One staff member commented of their supervision, "It gave me targets and I was pleased I was doing well."

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. The manager explained person centred information from the individuals care record would be photocopied and sent with people. In addition, copies of the MAR record would also be provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the manager how they obtained and implemented information on best practice guidance and legislation. They told us they had registered to receive email updates from professional organisations such as the Care Quality Commission and Public Health England. The manager told us they were hoping to be able to attend local best practice meetings provided by the Lancashire Local Authority in the near future.

The manager told us they used technology if this was appropriate. For example, we saw in a care record that a person who lived at the home required an alert mat to keep them safe. This is a mat that sounds an alarm when stepped on and enables staff to attend and offer support and guidance. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. People told us they were involved in decision making and discussions about their care. One person told us staff asked for consent before providing care and support. They said, "They ask me first before they do anything." Relatives told us they were involved in decision making. A relative told us they had been fully involved and consulted in decision making and the care planning process. They said, "They checked we agreed before they wrote it all up."

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to care before help was given with mobility and with personal care. We viewed records which

showed people's consent had been recorded.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required. The manager told us these would be reviewed by the home to ensure that they remained relevant to the people they related to. This helped ensure people's rights were upheld.

We walked around the home and saw people's rooms were personalised with their own possessions. We saw the rooms were tidy and clean and people had call bells in their rooms to enable them to summon help if this was required.

# Is the service caring?

## Our findings

People who lived at the home told us staff were caring. Comments we received included, "The carers are lovely." A further person said, "All the girls are excellent. They're loves." Relatives spoke positively regarding the approach of staff. One relative said of the staff, "They're fantastic. They go out of their way to be kind."

We saw staff were caring. Staff spoke with people gently and with compassion. We noted one person shared her memories with a staff member. The staff member listened to them and was attentive throughout the conversation. They responded to the person with relevant questions and the person was seen to be happy while they spoke. In addition, we saw people were encouraged to be as independent as possible. For example, we observed a staff member helping a person to walk. We saw they were patient and gave reassurance to the person as they walked. We heard the conversation was positive with jokes and the person being supported was laughing.

We found people's privacy was respected. During the inspection we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. As we walked around the home we observed staff knocking on private bedroom doors and waiting for a response before entering. Conversations with people were discreet if they were of a personal nature and staff did not discuss people's needs or wishes in a public area. This helped maintain people's privacy and dignity.

People told us they could spend time alone if they wanted to do so. One person described their daily routine to us. They told us they preferred to spend time alone and this was important to them. They shared that staff understood this and were respectful of their right to personal time. They said, "I like my own company. Staff leave me alone when I want to be." A further person who lived at the home told us, "I want to stay in my room alone sometimes. Staff let me be." Relatives we spoke with also confirmed they could spend time alone with their family member if this was their wish. One relative told us they felt welcomed whenever they came to the home and they could spend time alone with their family member if they wanted. This demonstrated staff respected people's right to a private life.

We observed caring interactions between staff and people who lived at the home. For example, we saw a staff member complimenting a person on the way they had engaged with a visiting health professional. Our observations showed the person valued this comment as they smiled and hugged the staff member whilst thanking them. This demonstrated that staff were caring and gave recognition to people's successes.

Staff spoke affectionately of people who lived at Sea Bank House. Staff told us they had time to spend with people and enjoyed being with them. One staff member said, "I want to make sure everything's ok for people. I enjoy coming to work and making their day." A further staff member said, "Caring is a given. These people deserve the most caring and respectful approach." This demonstrated staff had a caring approach and valued the people who lived at the home.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager told us details were made available to people if this was required. This ensured

people's interests would be represented and they could access appropriate support outside of Sea Bank House if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the manager so people's rights could be upheld. We saw care records documented people's chosen faith and the manager told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences.



## Is the service responsive?

### Our findings

People told us they considered the care was good and said they received the help they needed at the time they needed it. One person described their recent health challenges. They shared how the service had responded by ensuring they received professional medical advice and as a result they felt better. A further person told us they had needed the advice of a medical professional and this had been arranged for them. They told us that as a result their pain was now better managed. Relatives we spoke with confirmed the service referred their family members to other health professionals if this was required. This demonstrated people were supported by staff who responded to people's changing needs.

People we spoke with and records we reviewed demonstrated people were given the opportunity to discuss their end of life wishes. We spoke with two people who confirmed they had been asked if they wanted to discuss their end of life care. They told us they had shared the information they wanted to share. Care records contained shared information regarding people's end of life wishes. The manager told us records would be updated as people shared information with staff and care planning took place.

We found people were supported by staff who were responsive to their needs. We noted one person had fallen and had been referred to an external health professional for further advice. In another person's record we saw evidence their weight was monitored and they were to be encouraged to eat snacks and finger foods to help them gain weight. During the inspection we saw staff offering the person snacks and foods that could be eaten as the person walked. This demonstrated care was provided which was responsive to individual needs.

People and relatives told us they had been involved in care planning. One person told us they sat with the manager and reviewed their care plan with them. They said, "I go through my plan with [the manager]." A further person said, "I've seen my care plan. [The manager] reviews it with me." Relatives we spoke with confirmed they were involved in discussions regarding their family members care. One relative described the way the service worked with them. They told us they were involved in discussions and decisions with their family member and the staff at the home. This demonstrated people and relatives were involved in care planning.

People told us there was an activities programme at the home and this included events such as singers, arts and crafts, board games and film afternoons. Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us they chose not to take part in activities but they were reminded of the events taking place. A further person told us they liked the musical entertainers who visited and they looked forward to these.

Relatives we spoke with told us their family members were supported to take part in activities if this was their wish. One relative described how much they and their family member had enjoyed the summer fayre. This was echoed by a further relative who shared how enjoyable this had been. We discussed this with the manager who told us the event had been enjoyed by those people and relatives who attended. They explained they were now planning a Christmas fayre and they hoped this would also be a success. We saw

this event was advertised within the home and people we spoke with were aware of it. This demonstrated people were supported to take part in activities and events to minimise the risk of social isolation.

We saw people's care records contained information on people's individual communication needs. Staff told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

Sea Bank House had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. The manager informed us there had been no complaints made since the last inspection. All the people we spoke with told us they were confident any complaint they may wish to make would be addressed by the manager.

# Is the service well-led?

## Our findings

At this inspection in November 2018 we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not met the requirements of the regulation; therefore, improvements are required to ensure the service is well-led and meets the fundamental standards required.

During this inspection carried out in November 2018, we found care records did not always contain sufficient information to inform staff of people's needs and a risk assessment had not been followed. We asked the manager if audits were carried out on the care records at the home. The manager said all care records were checked monthly.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the checks in place were ineffective and had not identified areas of improvement required.

Prior to the inspection concluding we saw the audits had been amended to ensure improvements required were captured during future audits.

At the time of the inspection there was no registered manager at Sea Bank House. There had been no registered manager employed at Sea Bank House since January 2018. 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. There was an acting manager in place. They informed us they were currently in the process of applying to the CQC to become the registered manager.

We saw evidence the manager sought feedback from people who lived at the home and relatives. There was a comments box in the reception of the home and surveys were provided to people and relatives annually. The manager told us they were currently preparing to send out the latest survey and this would be analysed to see what the home did well, and how it could improve. The manager told us they were keen to engage with people and relatives so they could look at what further action they needed to consider to improve the service further. This demonstrated the manager was committed to seeking feedback and driving improvements.

People told us they found the manager to be approachable and relatives echoed this. They told us they would have no hesitation in giving feedback or holding discussions with the manager. One person who lived at the home said, "[Manager] is very nice, very good to us all." A further person said, "[Manager] sorts out any comments." Relatives we spoke with told us they were happy with the way the home was run. One relative told us they considered the home was well run and complemented the manager on the way they managed the home. They said they felt the home was improving under the manager's leadership. They told us, "I think [manager] is doing exceptionally well."

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received from the manager. One staff member commented, "[Manager] is always ready to help." All the staff we spoke with told us they considered morale to be good and they worked together as a team to ensure people were supported. One staff member told us they felt teamwork had improved under the managers leadership. They explained this was because they received guidance and direction and were thanked and valued for what they did. They commented, "Everyone's pulling together. [Manager] builds us up, she thanks us."

Staff told us they received leadership from the manager both formally and informally. For example, we were told the manager attended handovers to ensure they remained informed about people at the home and staff meetings were also provided for staff to attend and discuss any areas they wished. In addition, supervisions were provided to enable staff to have one to one time with the manager and seek clarity on any area they wished.

We discussed partnership working with the manager. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, members of the falls team and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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  Risk assessments were not consistently followed to ensure equipment was used safely. Regulation 12 (1) (2) (b) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records did not always reflect people's needs. Audit systems used were ineffective as they had not identified improvements were required in the safe management of medicines and care records. Regulation 17 (1) (2) (a) (b) (c) (f)