Seaswift House

# Seaswift House Residential Home

## Inspection report

Sea Hill
Seaton
Devon
EX12 2QT

Tel: 0129724493

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19 December 2019

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10 January 2020

## 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

About the service: Seaswift House is a residential care home that was providing personal care for up to 15 people aged 65 and over. 15 people lived there at the time of the inspection.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Seaswift House provided a friendly, welcoming and peaceful environment for people and visitors.

People received person centred care from staff who developed positive, meaningful relationships with them. Staff knew about people's life history and their personal circumstances. Care plans were detailed and up to date about people's individual needs and preferences. People were encouraged to socialise and pursue their interests and hobbies.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. People's concerns were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role. They worked in partnership with local health and social care professionals to keep people healthy.

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 was well led. People, relatives and professionals gave us positive feedback about the quality of care. They said the registered manager and lead partner were approachable, organised, and acted on feedback. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with continuous improvements in response to findings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. (report published 25 May 2017).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?**

Good

The service was Safe

Details are in our Safe findings below

**Is the service effective?**

Good

The service was Effective.

Details are in our Effective findings below.

**Is the service caring?**

Good

The service was Caring.

Details are in our Caring findings below.

**Is the service responsive?**

Good

The service was Responsive.

Details are in our Responsive findings below.

**Is the service well-led?**

Good

The service was Well-led.

Details are in our Well-Led findings below.

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector visited the service.

Service and service type: Seaswift House is a 'care home.' People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service doesn't currently have a registered manager, as the previous registered manager recently stepped down from the role. A new manager has been appointed and is in the process of registering with the Care Quality Commission. Once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. We visited the service on 19 December 2019.

What we did: 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. We reviewed information we had received about the service. We used all of this information to plan our inspection.

We spoke with 10 people, two relatives and a visitor to ask them about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas

and observed staff interactions with people.

We spoke with the manager, lead partner and with five members of staff which included three care staff, housekeeping and catering staff. We looked at three staff members files around staff recruitment, induction, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, health and social care professionals who worked with staff at the home. We received a response from four of them.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened and responded to.

● The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.

Assessing risk, safety monitoring and management

● People said they felt safe living at the home and were well cared for. People's comments included; "I feel safe here," "I feel secure here" and "I feel settled." A relative said, "[Person's name] decided to come and live here, I'm happy they are a lot safer here."

● People's risk assessments included measures to minimise risks as much as possible. For example, for a person identified at high risk of falling, staff made sure they had good fitting footwear, checked on them regularly and kept their bedroom and corridor areas clear of clutter.

● The environment and equipment were well maintained. There was an ongoing programme of servicing, repairs, maintenance and redecoration. Since we last visited, fire doors had been replaced and new safety flooring installed in communal areas to minimise risks of slips, trips and falls.

● The hot water system in people's bedrooms and bathrooms were fitted with thermostatic monitoring valves (TMV's) to minimise any scald risk, by ensuring hot water supplies were within health and safety recommended limits. We identified one hot water tap in a handbasin where the water felt hotter than this, which the person was aware of. We raised this with the provider who said they would arrange for a plumber to visit, check and adjust or replace the TMV, if needed.

Staffing and recruitment

● There were enough staff on duty to keep people safe and meet their needs. People said they received support when they needed it. Staff were visible around the home, chatting and spending time with people. Where people needed two staff, for example for moving and handling, they were always available.

● The service had a well-established, experienced team. Staff worked flexibly, so people were always supported by staff they knew. The registered manager monitored staffing levels and adjusted them to meet people's changing needs.

● Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks, and obtaining references from previous employers.

Using medicines safely

● People received their medicines safely and on time and said they were happy with the support they received.
● Staff were trained in medicines management and regular staff competency checks were carried to ensure safe practice.
● People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement. For example, improving fridge temperature monitoring records, following a recent pharmacy audit.

Preventing and controlling infection
● The service was clean, tidy, odour free and in good decorative order.
● People were protected from cross infection. Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care. This helped prevent the spread of healthcare related infections.

Learning lessons when things go wrong
● Staff reported accidents and incidents. Forms were detailed and prompted staff to review circumstances and check for underlying causes. For example, we followed up a notification about an incident involving a person. We found all appropriate steps had been taken to minimise recurrence of risk for that person and staff checked on the person regularly.
● The manager monitored accident/incident reports to identify any trends or lessons learnt, which were discussed at staff handover meetings. For example, the manager identified a person was currently at high risks of falls, as they were restless and unsteady on their feet. Staff were aware the person tended to forget to use their walking frame when moving around. So, they kept a close eye on them and stayed nearby ready to assist the person each time they wished to get up and walk around.

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were fully assessed before they began to use the service. This helped to make sure the service had staff with the right skills to provide the care each person needed.
- People received care and support in accordance with their assessed needs. Care plans clearly set out people's needs, and preferences and staff updated them regularly as people's needs changed.

Staff support: induction, training, skills and experience
- People were well cared for by staff that had the training, knowledge and skills to meet their needs. Most staff had qualifications in care, and training methods included online, face to face training and competency assessments. Where staff were new to care, they completed the care certificate, a nationally agreed set of standards.
- A staff training programme included moving and handling, infection control, fire safety, safeguarding and dignity training. Also, training relevant to people's needs, for example, on continence care.
- Staff had opportunities discuss any further training and development needs through regular supervision, appraisals and at staff meetings.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People had their healthcare needs met and staff worked closely with local health professionals.
- Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. For example, in relation to concerns about a skin wound.
- People were encouraged to improve their health and wellbeing. For example, staff encouraged a person to do the regular exercises a physiotherapist recommended for them to strengthen their leg muscles and improve their mobility.
- Staff supported people to attend regular GP, optician and dental appointments. The service had taken account of the recent NICE guideline about oral healthcare in care homes. Each person's oral health was assessed, with an oral health care plan. This informed staff about support each person needed to care for their teeth/dentures and to maintain oral hygiene.

Supporting people to eat and drink enough to maintain a balanced diet
- People praised the food and said they were offered a choice of main meal each day with alternatives available, if needed. One person said, "The food is good and varied," another person who was a vegetarian said, "Superb vegetarian choices."
- The cook knew people's food preferences and any special dietary needs, for example, for a person with

diabetes. Where a person's diet was modified because of swallowing/ choking difficulties, staff were trained to support those needs.
● People at risk of poor nutrition and dehydration had detailed care plans to inform staff about their needs. For example, recording and monitoring their food and drink each day and through regular weight checks.

Adapting service, design, decoration to meet people's needs
● Further improvements had been made to the environment since we last visited to make it more suitable for the needs of people living there. For example, a disabled access 'wet room' had been installed downstairs and a shower upstairs. Several height adjustable beds had been purchased, which made it easier for people to get in and out of bed. New flooring and improvements to the lounge had made it cosy and light.

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 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, and found they were. DoLs applications had been submitted to the local authority for two people, who lacked capacity and were subject to some restrictions for their safety and wellbeing.
● People's consent was sought before they received care. For example, about personal care and how they wished to spend their day. Where people were able to make decisions for themselves, staff respected their decisions.
● Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use of a pressure mat to alert staff to when a person was moving around their room, so staff were prompted to offer them assistance.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who had positive, caring and meaningful relationships with them. People's comments included; "Friendly and personal," and "Staff are all kind and caring."
- Each person had a 'This is me' record which provided personalised social and cultural information for staff about what was important for them.
- Staff were kind, caring and there was a homely family atmosphere at the service. When a person became anxious and restless, a staff member noticed. They knelt down, made eye contact with the person and reassured them. A staff member captured the ethos of the home when they said, "I put myself in their shoes. We have to adapt and treat people how we would like to be treated. We are in their home."
- Staff received training in equality and diversity and respected people's cultural and spiritual needs. One person liked to attend a local church service each week, others appreciated monthly visits by a lay volunteer from their local church.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the national Dignity in Care Campaign and had appointed a dignity champion. They promoted the '10 dignity do's,' based on people's feedback about how quality services respect people's dignity. People created a 'memory tree,' by each creating a paper leaf on which they wrote their favourite memory. People and staff read and discussed each person's memory, which they thoroughly enjoyed.
- The dignity champion described how, following a recent care record audit, they changed some of the language staff used to describe people's preferred personal care. For example, replacing the term 'strip wash' with 'full body wash,' which was a more dignified description.
- Staff respected people's dignity. For example, a person with unclear speech had a detailed care plan about how staff could best support the person. It said, '[Person's name] speech can be unclear, speak slowly, allow [person] plenty of time to respond, put extra effort into stressing key words. Be careful about finishing their sentences. Don't pretend if you don't understand, as they may find this patronising and upsetting. Seek clarification by asking questions or paraphrasing.'
- People's care plans showed which aspects of care people could manage independently, and what they needed help with. For example, that a person could wash the upper half of their body and only needed staff help with the rest. Also, what was important, for example, that a person liked to, 'feel clean and smell nice,' and needed staff support to dress smartly and wear perfume daily.
- People were provided with appropriate equipment to promote their independence. At lunchtime, a person used a lightweight two handled beaker, so they could drink independently.

Supporting people to express their views and be involved in making decisions about their care

● People and families were involved in making decisions about their care, day to day and through regular reviews of their care plan.

● People felt consulted and involved in decision-making and their views were listened and responded to. Where people needed more support with decision making, family members, or other representatives were involved.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

● People received personalised care which responded to their individual needs. Staff knew people well, about their life, family history, likes and dislikes, hobbies and interests. For example, that a person liked to get up early, and enjoyed fishing.
● People's care plans were detailed and up to date about their individual physical, emotional and cultural needs. Daily records captured details of the care people received, their wellbeing and how they spent their day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were encouraged to socialise and pursue their interests and hobbies. They could borrow books and DVD's from a library. Two people told us about a 'Friday friends' club they set up, which included a weekly chat, sing song and organised quizzes.
● People also enjoyed regular games of Bingo and Scrabble as well as trips to the beach, the local park, going out for coffee, lunch and shopping.
● People and staff planned a monthly activity programme, according to their preferences. For example, musical entertainment, cooking, arts and crafts, Greek dancing and a visit from a local Birds of Prey sanctuary.
● Where people preferred to spend time in their room, their wishes were respected. Staff visited them regularly to chat, keep them company and do one to one activities with them such as jigsaw puzzles. This prevented people becoming lonely or isolated.
● The service had two dogs, who spent a lot of time in the home, which people enjoyed. A massage therapist visited regularly to offer people foot/hand massages, which several people gained therapeutic benefit from.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's had detailed communication care plans about their specific needs. For example, for a person with a hearing impairment, staff were advised 'to talk to [person's name] clearly and try to avoid background noise. Staff were instructed to regularly check their hearing aids and make sure their ears were syringed regularly to maximise their hearing.
● Monthly activity newsletters included easy read format and pictures to make it more accessible to people.

At the time of the inspection no one required information to be made available in a specific format. However, the service said they could provide personalised information for people, if needed. For example, by producing information in a larger font or by reading it to the person.

Improving care quality in response to complaints or concerns

● People's concerns and complaints were listened and responded to. People said if they were unhappy about anything, they would tell the manager or provider who resolved them.

● The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided to each person and displayed on notice boards. At regular residents' meetings people were asked if they were happy with their care and encouraged to raise any issues. Where any concerns were raised, records showed these were investigated with improvements made.

End of life care and support

● People were supported to have a comfortable, dignified and pain-free death. Staff worked closely with community health professionals to support people to receive end of life care at the home.

● Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in their care plan. For example, that a person wasn't frightened about dying and preferred to die in their own room surrounded by their things. Also, details of close family and preferred funeral directors.

Good

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 manager and lead partner created a positive open culture which put people first and was caring and supportive to families. The manager said, "I have a lovely team of staff, they are very much appreciated." The service was based on key principles of kindness, compassion, respect for others, empowerment and promotion of dignity.
- People relatives and visiting professionals expressed confidence in the leadership at the home and said it was well run. People's comments included; "The people who run it are extremely good," and "[name of new manager] has changed this place, brought it alive." Visiting health and social care professionals said; "People are very well looked after," "Management are hands on, the recent change of leadership has been positive," and "I think it's the best home I've ever been to, small and personalised."
- Staff worked well as a team and said they felt well supported. Staff comments included; "We are a good team, we work well together, help one another, management are supportive" and "I love my job, wouldn't do anything else."
- As part of the 'Mindful employer' initiative, each member of staff had a 'Wellness action plan' to demonstrated individual ways management supported each staff member to support them in their role.
- The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families and made improvements.

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

- The manager and the provider set high expectations about standards of care. They worked alongside staff and led by example. The manager said they were still settling into the role and learning lots. They said, "I would never ask staff to do anything I wouldn't do myself."
- Staff understood their roles and responsibilities and were accountable for their practice. They knew people well, care was person-centred and focused on people's health and well-being.
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care records, medicines management, and regular surveys were undertaken with continuous improvements made in response to findings.
- The manager and lead partner worked closely together to continuously improve people's care and the environment of the home.

● The manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were consulted and involved in day to day decisions about the running of the home through Regular meetings. For example, about planned redecoration, menu planning, feedback about recent activities and making forthcoming activity plans.

● A recent survey of people and relatives showed they were happy with their care and feedback about any suggestions for improvement were implemented. People agreed or strongly agreed staff treated them with dignity and respected their choices and made visitors feel welcome. People complemented the patio garden and said how much they enjoyed using it. One person suggested installing a wheelchair ramp to improve access, which was being arranged. A couple of people wanted more planned outings.

● Staff were consulted and involved in decision making and discussed people's changing care needs at daily handover meetings. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held.

● A recent staff survey showed staff were happy working at Seaswift House. Staff comments included; "I enjoy working here," "Management are supportive and understanding," and "Happy staff can provide quality of care for residents."

Continuous learning and improving care; Working in partnership with others

● People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists.

● The lead partner and manager were both part of an online managers group, through which they kept up to date with developments in practice and shared good practice ideas. Also, through reading the National Institute for Care and Excellence) (NICE) guidelines and researching the Skills for Care website.

● Building on the success of the dignity champion, the manager planned to get other staff to adopt lead roles to promote best practice in a variety of areas. For example, in dementia and mental health, oral health care, pressure ulcer prevention, dying with dignity and falls prevention. Staff with lead roles will undertake additional training and develop education resources for other staff to use and provide regular updates for staff in their lead role area.