

Mrs Kay McArthur & Mr David McArthur

# Mulroy's Seaview Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Mulroy's Seaview nursing home is a converted property on the seafront at Redcar. The home provides nursing and residential care for up to 27 people living with a mental health condition. At the time of inspection 26 people were using the service.

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

People said they were very happy with the care and support provided to them. They said staff were supportive and they always felt safe. Staff were described as 'Amazing.'

Staff understood the risks to people. They were responsive to people's needs and made sure the right actions were taken to keep people safe. Lessons were learned when incidents took place. There were enough suitably trained staff on duty to support people. Medicines were safely managed.

Staff were supported to provide good care to people. Health professionals were in place to support people with their needs. Responsive plans were in place to meet people's mental health needs. Records were updated as people's needs changed. Continued improvements were taking place with the environment.

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.

People said they received good care. They said staff were kind and compassionate and were always available to them when they needed additional support. People were involved in their care and their opinions respected. Staff were dignified in their approach with people.

Care records demonstrated the individualised care which people received. Records showed how staff adapted care when people experienced a deterioration in their health and well-being. People spoke positively about the activities at the home. People said they always spoke with staff if they had a concern to raise and were listened to.

Staff worked together as a team to deliver good care to people. This meant they were able to support people with complex health conditions, where previous placements had been unsuccessful. Quality assurance processes were effective, and feedback was used to drive improvement.

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 (and update)

The last rating for this service was good (published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we 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?

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.

# Mulroy's Seaview 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Mulroy's Seaview Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland local authority and South Tees CCG. We also contacted Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with 10 members of staff including the provider (who was also the registered manager), the clinical lead, a medical co-ordinator, a nurse, two care staff, a domestic member of staff, a chef and an activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider 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 this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Good procedures were in place to safeguard people from abuse. When concerns had been raised, prompt action had been taken to carry out investigations.
- All staff said they were confident raising concerns and felt they would be listened to.
- People said they felt safe. They trusted staff to provide care and support in a safe manner.

Assessing risk, safety monitoring and management

- Staff were responsive to the risks people faced. Detailed plans were in place when risks occurred and supported staff to take the right action.
- Risk assessments were regularly reviewed. Assessments completed prior to admission were used to put appropriate resources in place to monitor the risks to people.
- The health and safety of the building had been maintained. Safety certificates were in place. Staff participated in regular planned fire drills.

Staffing and recruitment

- There were enough staff on duty at all times to support people safely. People said staff were always visible.
- Recruitment was carried out safely, in-line with the provider's policy.

Using medicines safely

- People received their medicines when they needed them. Medicine records had been fully completed.
- Clear records were in place to support people with 'when required' medicines. Care records demonstrated why these medicines were needed and regular reviews took place. Staff were skilled at working with people to use alternative methods of support. This has resulted in a reduction of 'when required' medicines for people. Staff said, "This approach has worked really well. It's what we are known for."
- Where risks had been identified with people who were supported with their medicines, an agreed plan was in place with people, staff and health professionals.

Preventing and controlling infection

- The home was clean throughout. Staff said they had access to the right resources to manage the risks of infection.
- Training in infection control was up to date.

Learning lessons when things go wrong

- Accidents and incidents had been reviewed. This analysis was used to drive improvement. Lessons had

been learned where needed.



# 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 now 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

- Staff followed recognised guidance to deliver individualised care and support to people. Regular review of care plans took place. People said their care was in-line with their needs.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles. They participated in supervision, appraisal and training. Observations of care were carried out as part of the provider's quality assurance processes. New staff were supported through their induction.
- People said staff had the right skills and experience to support them. People were very positive about staff. They said staff understood their needs and helped them in the way they needed.
- Staff were proactive when people started to become unwell. Staff were skilled at managing the changes in people's mental health and dealing with risks as they occurred.

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

- People were supported with their nutritional needs. Religious and cultural preferences were met. People had choice about where they would like to eat. Mealtimes were relaxed.
- Referrals for support with nutritional needs had been sought when needed. Guidance from professionals was detailed in people's records and staff followed this.
- People spoke positively about the food. Comments included, "The food is good." And, "Menus are pretty good." There were opportunities to provide feedback about menus.

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

- People had regular contact with health professionals. Detailed plans were in place to prevent any deterioration in people's mental health. Records demonstrated how people were supported with their physical health conditions.
- The home had a good reputation for managing people with mental health conditions. Feedback reviewed from professionals was extremely positive.

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

- The environment was continually updated. Plans were in place to create an additional room on the ground floor for people. The provider said the layout of the service was being reviewed to manage an ageing population.

- People had access to a large outside space at the back of the service. People spoke positively about the seafront views from the service.
- Adaptations were in place to help people to move around the service.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked in-line with the MCA. Staff had a good understanding of how to support people and the procedures which they needed followed.
- Records demonstrated how people were involved in decision making.
- Signed consent records were in place. Up to date certificates were in place for 'Do not attempt cardiopulmonary resuscitation.'

# 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 now 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 were treated with kindness and compassion. Staff had good knowledge of people's needs and were able to provide them with the right care and support. One person said, "Staff do everything they can to help."
- Staff were very responsible when people required assistance. People said staff always had time for them. Nurses had protected time to support people and talk about their care. They said this was valuable and helped them to deliver good care to people.
- People said they received the best care. Staff were described as "Cracking" and "Amazing."
- Staff referred to people as VIP's. Comments from staff included, "It's a good service. We listen to folks. The intimacy and individuality of the home stands out. We find out what everyone wants to do, what their aspirations are and we work with them to meet those."

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

- People were supported with making decisions around their care. Advocates were requested when needed.
- Records showed how people were involved in their care. They were also asked for feedback about the wider aspects of their care, such as menus, activities and the environment.
- One person came to live at the home with their dog. Staff recognised the dog was important to the person and essential in maintaining their mental health.

Respecting and promoting people's privacy, dignity and independence

- Care was dignified. Staff were responsive to people's needs and support was timely. Staff said, "We provide people with love and care. They are important to us."
- Staff respected people's values, beliefs and interests.
- People were supported to be as independent as they could be. The service supported people to maintain contact with those important to them. One comment included, "The home is easy going. You get up when you want. There are no hard and fast rules."

# 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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received excellent individualised care. This led to positive outcomes for them.
- Care records were detailed and had been regularly reviewed. They reflected the level of support which people needed.
- Staff supported people to have choice about their care. People were very complementary about their care and said their needs were met. Comments included, "It's good here. Staff are good. They listen to you if you need to talk."

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.

- Staff acted in line with AIS. They provided information in the format they wanted. They also supported people with their mail. This included understanding the information provided and assistance with any responses required.

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

- A variety of activities took place at the home. During inspection people showed us cards and trinkets which they had decorated. People were supported with activities of daily living, such as cooking.
- The home had a mini-bus which was used to take people into the community. Each week people visited a local club to participate in a music event. People spoke very positively about this.
- People also accessed local amenities. They were good links with local services. People accessed woodwork and craft groups. Some people attended local football games.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. People said they would always speak to staff to discuss any concerns and said they would be listened to. People provided examples of concerns raised and said they had been satisfied with the response.
- Information about complaints was on display at the service.

End of life care and support

- Good procedures were in place to support people with end of life care. Records were in place for people

where discussions had taken place. Where people had declined to discuss end of life care, staff knew people well enough to ensure their needs and wishes would be respected and maintained.

- Where people were receiving palliative care, staff had taken the right steps to meet individual needs. This included support from professionals, obtaining equipment and delivering the care and support which was needed.

# 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 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 registered manager had the right knowledge and experience to support people with mental health conditions. They were supported by a good team of staff who worked well together. Staff said, "The [registered] manager listens to us and takes on board our feedback."
- People received good care from staff who worked to maintain the standards of care at the service. Staff were very passionate when talking about people and how they supported people. Staff were committed to people receiving the best care.
- Many staff had worked at the home for a long time. They were very positive about the service. Comments included, "It's a lovely happy place to work." And, "This home is all about the residents. They are 100% looked after."
- There was a strong inclusive ethos. Staff were well thought of by people and external professionals. Comments from professionals included, "Staff have been pleasant, and nothing has been too much trouble. Staff are always around and approachable." And, "There is a culture of positivity which is displayed in the way residents are engaged with. A constant effort is made to uplift and support people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People have continued to receive a very good standard of care. The provider had clear staff roles in place to support the delivery of care. This has resulted in the best care for people.
- Professionals were positive about the care. Comments included, "One of the greatest assets of the home is the staff. They possess not only the technical knowledge but have the experience behind them for providing the service they do that is necessary in the care sector."
- Quality assurance systems were effective. Continued improvements had taken place at the home. Learning from accidents and incidents had taken place.
- The Commission had been notified about incidents taking place at the home. Additional information had been provided when requested.

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

- Staff respected people's protected characteristics. Staff had received training in equality and diversity.
- People and staff were asked for feedback. This was used to drive improvement in the home.

#### Working in partnership with others

- Staff worked well with health professionals to support people. Feedback given to the home by health professionals was extremely positive.
- Staff were open and transparent with health professionals. Information was provided as required.