

# Mr Munundev Gunputh & Mrs Dhudrayne Gunputh Seacliff Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Seacliff Care Home is a 'care home' registered to accommodate up to 24 people. At the time of our inspection there were 12 older people living in one adapted building in a residential area of Bournemouth.

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

Improvements have been made to the governance systems since our last inspection. Quality audits were completed and analysed to identify patterns, learning and changes to the ways of working. Audits included infection prevention and control, medicines and fire safety.

People and staff were positive about the changes within the home. Staff understood their roles and responsibilities. The manager and deputy manager told us they worked well together and were supported by the provider. The provider told us they were committed to maintaining and continuing the improvements within the home.

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 requires improvement (published 17 December 2020) and there were multiple breaches of regulation. Following the last inspection, we told the provider when they must be compliant and meet the regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### 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 well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Seacliff Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service did not have had a manager registered with the CQC since August 2020. A registered manager is someone who is registered with the CQC. 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 an update from the local authority service improvement and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

six members of staff including the provider, home manager, deputy manager, interim support manager, senior care workers and care workers. We made general observations throughout the inspection.

We reviewed a range of records, this included quality assurance audits. We looked at records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further information from the manager and provider, and this was supplied to us promptly.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure governance systems were operating effectively to ensure risks are managed, people are protected from harm and the service improves. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements to quality assurance systems meant they were operating effectively. A variety of audits were completed, for example infection prevention and control, fire safety and medicines. Actions from the audits went into an overall service improvement plan.
- A service improvement plan was in place which had a list of actions, who was responsible for that action and a timescale for completion. This meant it was clear what actions were required and when they would be completed. The service improvement plan was monitored by the manager and the provider.
- The management and senior team within the service had been restructured. Staff told us this made roles and responsibilities clearer and was an improvement.
- The provider had a system in place for supporting and monitoring the home. This included employing an interim support manager and keeping contact with the home by video and telephone call.
- Staff told us that the home had improved and there were new opportunities for them to be more involved with the home. The provider told us they were committed to the continual improvement of the home.