

Northridge Healthcare Limited

Seaview

Inspection report

5 East Parade
Whitley Bay
Tyne and Wear
NE26 1AW

Tel: 01912537959

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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

About the service: The service is a residential care home which provides nursing and personal care. At the time of this inspection there were 17 people living in the home.

People's experience of using this service: The service was safe. Risk reduction methods were in place to minimise the likelihood of people coming to harm. Staff knew the signs of abuse or harm and they reported their concerns in line with company safeguarding policies and procedures. Medicines were managed well, and the home was exceptionally clean and tidy.

People had achieved good outcomes through effective support from staff and access to external healthcare professionals.

Staff were experienced and competent in their roles. They received good training which supported them to deliver effective care. The support people received was personalised and adapted to meet people's varying needs and wishes.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff encouraged people to maintain or regain their independence.

Staff displayed caring values. They treated people with kindness, patience, dignity and respect. People were well cared by staff who knew them well.

Staff assisted people to join in with a range of activities and to maintain links with their families and the local community. People were often supported by staff to access local amenities.

The governance of the service had improved since our last inspection. The service delivered good quality, person-centred care. The safety and quality of the service was monitored through regular checks and audits. The management team strived to achieve high standards through continuous improvement.

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

Rating at last inspection: Requires Improvement (published April 2018).

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Seaview

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: The inspection was conducted by one inspector, one specialist advisor and one Expert by Experience. The specialist advisor on this inspection was a registered nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Seaview 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. Seaview accommodates up to 20 people over three floors, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia.

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: Prior to the inspection, we reviewed the evidence we already held about the service. We asked for feedback from the local authority and the local NHS clinical commissioning group (CCG) who commission services and from the local authority safeguarding team. We also checked records held by Companies House.

We asked the provider for a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received this in March 2019.

We visited Seaview on 11 April 2019 to review care records, policies and procedures. We spoke with the

registered manager, a nurse and four care staff. We also spoke with five people and four relatives. We reviewed three people's care records, three staff personnel files and records related to the safety and quality of the service. After our site visit, we sent an email to five members of staff asking for their views of the service and their employer. We received one response. We also spoke with a palliative care nurse.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said the service was safe. One person said, "I feel safe even when they are handling me. If I've got to be anywhere I'd rather be here." A relative told us, "From the first night she's been here, she texted and said she's not coming home. This is the only place I would bring her."
- Staff recognised the signs of abuse and harm. They demonstrated a thorough knowledge of safeguarding procedures and followed them accordingly.
- The management team investigated, recorded, reported and monitored safeguarding incidents. The relevant authorities were informed of incidents as necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to minimise the risks people faced in relation to their care needs such as moving and handling, eating and drinking and medicines. The preventative measures and written guidance in place for staff helped to keep people safe.
- The management team monitored accidents and incidents. Records were analysed to identify any key trends. Action was taken to prevent further occurrences.
- Staff carried out routine checks on the premises to ensure it was kept safe. This included regular servicing and visual checks of equipment and utilities.
- Fire drills had been carried out and personal evacuation plans were tested to ensure people could be assisted to safely leave the building in an emergency.
- The management team continually improved the service by sharing any lessons learned or trends with staff to reduce risks further.

Using medicines safely

- People received their medicines in a safe and timely manner. A relative told us, "It's always the nurse who administers (family member's) medicine, they sit and wait until nothing is left."
- Good medicine administration records were in place to ensure people got their prescribed medicines as expected.
- Nursing staff had observed practice assessments to check their competence of handling medicines safely.

Preventing and controlling infection

- The home was exceptionally clean and tidy. Designated domestic staff followed a comprehensive cleaning schedule. A relative said, "This place is spotless. It's always immaculate and there's always plenty of soap and hand towels."
- Staff helped to prevent cross infection by using personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

Staffing and recruitment

- The management team followed a safe recruitment process to ensure staff were suitable to work with people who needed social care.
- Staff had a mix of experience, skills and knowledge to meet people's needs.
- The staffing levels at Seaview were higher than required to support people safely. The registered manager told us it was their priority to ensure there was always more staff than needed on duty to enable staff to spend quality time with people. A relative told us, "That's one thing I always thought – it's very well staffed, there's a high ratio of staff to clients here."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to deliver effective care to people. Staff were experienced and held qualifications in health and social care.
- Staff training was up to date and included key topics as well as specific topics to meet individual people's needs, such as dementia care and epilepsy awareness. A care worker told us, "In addition (to mandatory training), we get training from various professionals including palliative care, continence and dieticians. We have also been involved in a couple of research projects lately."
- New staff had undertaken a robust induction programme and a probationary period to ensure they were suitable for their role.
- The management team held supervision sessions with staff to ensure their competence was maintained. An annual appraisal took place to identify, plan and support staff with any learning and development needs.
- Staff told us they liked working at Seaview and spoke positively about the training, supervision and support they received from the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The nursing staff assessed people's needs, wishes and choices before people moved into Seaview to make sure people could be effectively supported. A relative told us, "They are really well set up for (family member's) care needs. The nursing care is much better here."
- Staff reported any changes in people's needs or concerns to the deputy manager or registered manager. This was followed up by them and action was taken to ensure care and support was reflective of people's current needs.
- Staff delivered care in line with national best practice guidance and the law.

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

- Bedrooms were personalised and adapted with en-suite facilities, including a wet room, to support people and promote their independence. There were specially adapted communal bathrooms on each floor with specialist equipment such as bath lifts to meet people's needs.
- Decoration and signage throughout the home promoted a dementia friendly environment. Each floor was painted with a different colour scheme, so people could recognise which floor their room was on. People could safely orientate themselves around the home without the worry of them leaving the building unsupported.
- The home was spacious, homely and decorated to a very good standard throughout. There were several communal living areas, such as a large lounge with panoramic views of the sea, an observatory and a quiet therapy room with soft lights and a bubble machine.

- The registered manager told us the provider was very responsive with decoration, adaptations and any maintenance requirements to ensure people remained comfortable, living at Seaview.

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

- Staff followed plans created by a dietician or speech and language where people faced risks related to eating and drinking. Staff monitored what some people ate or drank and took proactive action if necessary.
- Staff ensured the support they gave people met with people's preferences.
- People told us the food was pleasant. One person said, "The food is fantastic. I like things with rice and a stir fry – nothing too hot but (cook) adds flavour. (Cook) knows I like a lot more garlic than some people. They've got me on a healthy eating diet. They ask in the mornings what we want."

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

- Staff supported people to maintain or improve their general health and well-being. Staff promoted a healthy lifestyle and encouraged people to strive for a healthier way of life. Two people had lost a large amount of weight, which had reduced their body mass index (BMI) into a healthier range. One person told us, "I've lost 25lbs. I talked to the cook and have it (food) if it's healthy. (Staff member) did a low-fat pudding and someone else made me low fat custard."
- Staff worked with external professionals to empower people to aim for and achieve positive outcomes.
- People had access to a range of external professionals such as GPs, dentists and opticians.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The nursing staff checked people's capacity to make specific decisions. People's capacity was assessed regularly, and applications for any restrictions were made if necessary to the local authority.
- Staff involved people as much as possible in daily decision making.
- We heard staff asking people for consent before carrying out any tasks. People and relatives confirmed this happened all the time.

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.

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

- We received some very positive comments about the staff and service. People thought staff were very kind. Comments included, "They are all lovely" and, "They're very kind. They just have a warm heart." A relative told us, "The staff are very friendly. The staff that have been here a long time are very good. They put make up on (family member)."
- The registered manager and staff strived to achieve the provider's aim of ensuring people are happy and well cared for in a relaxing, caring and friendly environment, whilst delivering a personalised service which promoted choice and independence. A commissioner told us, "Staff have gone the extra mile on many occasions" and, "They are extremely skilled and demonstrate great patience."
- Staff were motivated, and they felt supported by their managers to deliver a high quality, caring service. Staff told us they believed the service was excellent.
- Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, age, disability or beliefs. Equality and diversity training raised awareness amongst staff and encouraged them to promote individuality and ensure people's preferences, wishes and choices were respected. We saw this had impacted on people's lives through multiple examples of positive outcomes which have been achieved.
- Staff had received many thank you cards and compliments. The cards described "kindness", "caring support" and "constant help". One relative wrote, "You are all angels." Another relative wrote, "You are all a credit to your profession."

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

- People had confidence to express their views to staff to ensure the service they received met their own needs and wishes. This was because there were good relationships built up between people and staff. Staff were able to invest time in getting to know people very well.
- Staff communicated well with the people and helped them to express their views, especially people with communication difficulties. Staff understood people's body language and expressions to ensure their needs were met and their views and wishes were understood.
- Staff were familiar with the local community and they could offer advice and support about other local services to assist people to get any extra help that they may benefit from. Staff also encouraged the use of external advocates.

Respecting and promoting people's privacy, dignity and independence

- Staff offered discreet, sensitive and respectful support to protect people's dignity when people displayed signs of distress or discomfort.
- People felt respected and their dignity was maintained. Through conversations with staff they

demonstrated how they maintained people's dignity and respected their privacy, for example, by preserving a person's modesty while supporting with intimate personal care.

- Staff demonstrated caring values and their passion to care for and empower people to be as independent as possible was evident.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Person-centred assessments, care plans and reviews were in place and included people's personal preferences, wishes and choices. People, relatives and external professionals were involved in creating and developing care plans. A commissioner told us, "I have found care records are clear, current and representative. The nursing and care staff that I have spoken to whilst there always demonstrate an in-depth knowledge about the care needs as well as different personalities and suitable approaches."
- Routine reviews took place to check that the service continually met people's needs. Care plans were updated if people's needs changed.
- People were in control of their daily lives. Staff respected the decisions people made so long as it did not mean they came to any harm.
- Staff facilitated a variety of activities which were stimulating and meaningful to people and in line with people's hobbies and interests. People said that they have had trips out with staff which were enjoyed immensely. A relative said, "They (staff) integrate all residents."
- Staff promoted social engagement and community involvement. One relative told us, "(Staff) take her to the pictures or shopping. They do lots of arts and crafts, bake something or make things. They go over and above sometimes. (Family member) loves the theatre and they take her as much as humanly possible."
- Care plans included people's social needs to help to reduce social isolation and encourage socialisation. The social care plans reflected people's individual needs, wishes and choices.

Improving care quality in response to complaints or concerns

- A small amount of complaints had been made about the service. They were responded to promptly and appropriately managed. Where a complaint had been raised, action was taken to raise the standards of care if necessary.
- A complaints policy was in place and had been shared with people. Staff followed the appropriate procedure to acknowledge and respond to complaints. One person told us, "You can actually complain, and they listen to you."
- People and relatives felt their complaints had been resolved. One relative said, "I had a couple of things, it's been dealt with. I spoke to the manager and the nurse in charge. Everything I've asked, they've done."

End of life care and support

- Staff provided end of life care which met individual people's needs and wishes. The care delivered was compassionate, considerate and dignified. A palliative care nurse told us, "Seaview did a wonderful job caring for a recent palliative patient. They did a fabulous job supporting the extended family. As (person) was approaching end of life, the staff were liaising with appropriate services to manage any symptoms, and they recognised changes in (person's) condition."
- Staff were able to appropriately care for people when they were no longer able to express themselves or in

an emergency because information about people's end of life wishes had been collected in advance.

- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.
- Staff had received training in end of life care. Additionally, nursing staff were trained in specialist techniques to manage people's pain and keep them comfortable and relaxed.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they received high quality care and support. One person said, "Everything is pretty perfect." Another person said, "It's fantastic."
- The management team promoted a strong person-centred culture. One relative told us, "We were impressed with the manager who came to assess (family member) and they were interested in hearing (family member's) voice. (The manager) wanted to know what (family member) thought."
- The management team acted thoroughly and transparently when investigating matters. They reported their findings to external agencies as necessary and they provided an apology to people if things had gone wrong.

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

- A qualified nurse was employed in a deputy manager role and managed the service daily. A registered manager had full oversight of the service.
- There was a good culture of governance. Safety and quality audits and checks were carried out by nursing staff and the registered manager. This included reviewing all audits and analysing the information to identify trends and areas which may need improvement.
- The solid quality assurance process ensured staff delivered high quality, person-centred care. Audits were comprehensive and action plans were produced to address any issues raised.
- Quality and compliance with regulations were monitored through regular management meetings.
- The registered manager was very knowledgeable about people's care needs. They were able to provide us with all the information we asked for.
- The staff team worked very well together and were aware of their responsibilities and accountabilities.
- Policies and procedures were in place to make sure people received the high standards of care which the provider aimed to achieve.
- The registered manager ensured information about specific events were notified to the Commission as required.

Continuous learning and improving care

- The management team promoted a culture of continuous improvement and they ensured staff were kept up to date with best practice.
- The registered manager was committed to improving care. An action plan devised to address the

shortfalls following the previous inspection had been successful. Issues had been promptly addressed and resolved.

- Managers and staff shared lessons learned with each other to improve the care they provided.

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

- The management team had regular contact with people and relatives. One person said, "Quite honestly, the management are happy to listen to you anytime." A relative said, "All families know if you have a problem you can speak to a manager and they will sort it."
- People shared their views formally through surveys. An annual satisfaction survey had been carried out in February 2019. This achieved an overall positive result.
- Team meetings were held with staff. The registered manager and staff told us that communication was good between them. A staff member said, "They (managers) have an open-door policy and are very approachable."
- Staff told us they enjoyed their jobs. A staff member said, "I enjoy working at Seaview, it is a great team, who are very supportive. I am very proud to be part of the team."

Working in partnership with others

- The service worked in partnership with commissioners and took part in a local social care provider's forum. A commissioner told us, "I am pleased to say that all of my experience with Seaview is brilliant."