# Southern Healthcare (Wessex) Ltd

# The Seaton

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

The inspection took place on 25 and 26 July 2016 and was unannounced. The service was last inspected in September 2014. There were no breaches of the legal requirements at that time.

The Seaton Nursing Home is registered to provide nursing care for up to 31 people. On the day of the visit, there were 24 people at the home.

There was a registered manager for the service. 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.

Staff techniques when engaged in moving and handling activities were not always carried out in a way that minimised risks to people and staff. Staff did not always position themselves in a safe position when helping people who were in wheelchairs. Nor did some staff always assess if the way they were going to assist a person with their mobility needs was the most safe and suitable way. Audits carried out by the registered manager had picked up a need for more training for some staff in safe moving and handling techniques.
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Six people told us that one staff member allegedly spoke in a manner that could seem abrupt and abrasive. This was bought to the attention of the registered manager. The registered manager said they would be taking appropriate action. The registered manager contacted us after our visit and told us they were addressing the concerns.

When health and safety risks to people were identified, suitable actions were put in place and followed by staff. This was to minimise the risk of people being harmed when receiving care. The risks of abuse to people were minimised, as staff were competent in their understanding of abuse. The team were trained to know how to report concerns correctly. People told us they felt safe and secure at the home. They said that staff were kind and respectful towards them.
People had their needs met by enough suitably qualified staff. Staff provided people with care that met their needs. The numbers and skill mix of staff deployed at any time of the day or night meant peoples' needs were met in a timely manner.

When people had the capacity to, they were encouraged to be included in making decision deciding how they wanted to be cared for. There were effective systems in place that helped ensure staff obtained consent to care and treatment in line with legislation and guidance. When people did not have capacity to consent, their care needs were assessed in line with The Mental Capacity Act 2005. Staff had completed Mental Capacity Act training. They knew about consent, people's rights to take risks and the how to act in someone's best interests.

People said that they liked the food and told us they were offered choices at each mealtime. People were

provided with a varied diet that suited their needs.

People who lived at the home and the staff had built up positive and caring relationships. This also extended to include relatives and friends.

People told us how much they liked the programme of regular one to one and group activities that took place in the home. People told us they liked the entertainers who performed at the home on a regular basis.

The provider had recently introduced a new system for staff to record all care activities on their own data protected individual i-pads. This was proving to be a very effective way to monitor the delivery of care. For example, the amount of fluids, when a person had been assisted to be moved , and what activities they had taken part in could all be easily monitored on the system . Trends were spotted by the recording system as well. For example, falls people may experience and the times they happened could all be easily seen on the electronic system.

Care plans were informative and guided staff so that they knew what actions to follow to meet people's range of care and nursing needs. Staff knew what was written in each person's care records. They knew how to provide care that was flexible to each individual and met their needs. Care plans were produced with people. The plans were kept under review to ensure they were up to date and reflected people's current needs.

People were supported by a team of well trained staff. The staff had attended regular training and were developed and supported in their work. This helped them to improve and develop their skills and competencies. Staff received supervision that helped to ensure they were competent in their work. Staff spoke positively about working as a team and about the good moral that existed among them. Nurses were able to go on regular clinical training and updating of their skills. This was to help them know how to provide nursing care based on up to date practice.

People knew how to complain and make their views known .The provider actively sought the views of people and their families. Suggestions were acted upon and changes were made to the services when needed. Feedback about the home from people and others involved in their care was positive. Regular reviews were undertaken to see where improvements were needed and the service could be further developed. There were systems in place to monitor the service to ensure people always received care that was personalised to their needs.

Staff spoke positively of the management structure of the organisation they worked for. They said that the senior managers and the registered manager provided strong and supportive leadership. The staff team told us they were particularly well supported by the registered manager, who spoke positively about their role. Staff said they saw them every day and they were always there and helped them whenever they needed support and guidance.

## 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**

Some aspects of to service were not fully safe

The techniques of some staff when engaged in moving and handling activities were not always fully safe.

Some people felt one staff member came across as abrasive in manner on occasions. Action was being taken to respond to these allegations.

People were given the medicines they needed at the times they were required. Medicines were stored and managed safely.

Staff understood their responsibility to safeguard people from abuse. Checks were undertaken to ensure potential new staff were safe to work with people. The staffing arrangements were regularly reviewed so that people received safe support.

### Is the service effective?

**Good**

Staff were knowledgeable about people's needs and provided support which helped people to stay healthy.

People enjoyed the meals and their nutritional needs were met.
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Staff received training and support which helped them to do their jobs effectively. The staff had the knowledge and skills to provide effective support.

Staff knew how to ensure they promoted people's freedom and protected their rights. This was because the service complied with the Mental Capacity Act 2005.

Staff worked with GPs and healthcare professionals so that their health care needs were met. This ensured people had access to the services they needed for their health and well-being.

### Is the service caring?

**Good**

The service was caring.

People said staff were kind and caring. People enjoyed warm

relationships with the staff who supported them.

People were assisted by staff who knew them well and they were aware of their individual choices and preferences.

## Is the service responsive?

Good

The service was responsive

The staff knew people's preferences, likes and dislikes, and care plans reflected these preferences.

Care was planned in a flexible way and showed how people chose to be supported.

An online system for planning and recording care had been introduced. This system helped to clearly show when the needs of people had been met.

People told us that they enjoyed the variety of different social activities. Entertainments were regularly put on that people enjoyed.

## Is the service well-led?

Good

The service was well led

People and staff felt that the home was well run.

People told us they felt able to make complaints and raise concerns and these would be addressed.

Quality checking audits were in place that identified shortfalls in the service and these were acted upon.

# The Seaton

**Detailed findings**

## Background to this inspection

We carried out this unannounced 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 took place on 25 and 26 July 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC.  A notification is information about important events that the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We spoke with 14 people who lived in the home, and one GP. Staff we spoke with included the registered manager, two registered nurses, and five care staff, domestic and catering staff. We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of three people, staff training records staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Requires Improvement

# Is the service safe?

## Our findings

Some staff members assisted people with their mobility needed in ways that could have put people and themselves at risk. For example, two staff of significantly different height helped position person into a chair. This mismatch of staff height could have caused the person assisted to be at risk of harm as they may not have been secure. Staff also put themselves at risk of harm in other ways. This was because a significant number of staff bent forwards when they assisted people with their mobility needs. For example, staff moved people in wheelchairs from the stair lift in this way.

Six people told us that one staff member spoke in a manner that could seem abrupt and abrasive. We brought this matter to the attention of the registered manager. The registered manager told us that they would be taking appropriate action to address these concerns. The registered manager contacted us after our visit to inform us that they had fully addressed the concerns and acted upon them.

The comments people made showed those people felt safe with the staff and living at the home. One person told us, "The staff are absolutely fine they are good and very nice indeed." Other comments about staff included, "I find them pretty good and some of the male staff are particularly good" and "They are lovely girls."

Staff had a good understanding about the different types of abuse that could happen to people. The staff also knew how to report concerns about people at the home. The staff told us they were able to approach the registered manager if they were ever concerned for someone. Staff told us they had attended training about safeguarding adults from abuse. Staff told us that the subject of safeguarding people was also bought up at staff meetings. This was to make sure that they knew how to raise any concerns.

Staff we spoke with also knew about the different legislation used to protect people's rights and keep them safe. There was a copy of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand style to help to make it easy to use. There was also information from the local authority advising people how to report abuse.

The manager reported all concerns of possible abuse to the local authority and told us when they needed to. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact.

There was enough suitably trained and competent staff to meet the needs of people living at the home and keep them safe. This was evident in a number of ways. Staff provided prompt one to one support to people who needed extra assistance with eating and drinking. Staff were also readily available when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation. The registered manager told us the numbers of staff that were required to meet the needs of people at the home were increased when required. For example, when people were physically

unwell and required extra support and care. The numbers of staff needed to meet the care needs of each person were worked out by taking into account each individual's needs. Nurses and care staff were supported in their roles by a range of other staff. These included an administrator, domestic, catering and maintenance staff. The staffing rotas showed the home had the number of staff needed to provide safe care .Where there was staff shortages this had been planned for and cover was in place. This meant people received care from a consistent team of staff who they knew.

People's needs were assessed and risks identified in relation to their health and wellbeing. These included risks associated with moving and handling, falls, nutrition and pressure area care. The home had been part of a falls prevention project. This meant the service was focussed on supporting people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and extra safety equipment. This had been acted upon on and action taken to minimise risks to the person.

People received their medicine at the times that they were prescribed. The service used a mix of monitored dosage system and administering medicines from packages and bottles. Medication records included people's photographs and the medication administration records were complete and accurate. We saw the registered nurses giving people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were kept safely and the trolley was locked away inside a locked cupboard with the rest of the medicines. Medicines that required additional security were regularly checked by staff. There were accurate stock checks and remaining balances of medicines which had been administered. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required. There was guidance to support nurses to give 'take as required' medicine, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication safely.

There was a recruitment procedure in place that helped reduce the risk of unsuitable staff being employed. New staff were only employed after a number of checks had been completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Baring checks were carried out on all the staff. We found proof of identification in the form of passports, were also checked for all staff.

Health and safety systems were in place to keep the environment and equipment safe. For example, a fire risk assessment had been undertaken. There were contracts in place with external companies to check fire fighting equipment and fire detection systems. Moving and handling equipment such as hoists were regularly checked and maintained in good condition. This meant people had safe equipment to support them with their mobility needs.

There were systems in place to try to reduce risks from cross infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when giving personal care. This was to reduce risks of cross infection.

Good

# Is the service effective?

## Our findings

People we spoke with were positive about how they were assisted at the home. One person told us "They anticipate my needs very well." Another person said, "I've got nothing bad to say about them I'm happy here this is my home." A further comment was the staff are good" and ".They are very nice indeed when I had a problem about two weeks ago it was sorted."

A GP spoke positively to us about the quality of care that was provided to people at the home . They said there was good communication between the staff and the GPs at their surgery. They also said that the nurses and other staff provided good care for people. People were being well supported so that their physical and health needs were properly monitored. The GP we met visited the home regularly and saw people when needed.

Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments during our visit. Peoples care records showed when they saw the dentist and we saw appointments were made for people when needed.

The staff ensured that monitoring charts were properly filled in and completed to record any staff intervention with a person. For example, these recorded when as well as how much people had eaten, and how much fluid they had consumed. Records were also in place for people who needed assistance to be moved so that their skin did not break down.

Staff had a good understanding and awareness of the needs of people they assisted. The staff told us about people's preferences and daily routines. For example, what time people liked to get up, what meals they liked, and how they liked to spend the day. We saw staff assisted people with their care in the ways that they explained to us.

People were provided with effective and skilled support with their care needs. This was evident in a number of ways. Staff used mobility aids correctly and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up .We saw that staff sat people in a comfortable position before they had meals and drinks and when they were in bed. Staff checked on people regularly and helped people who needed support to move to be comfortable in bed so that their skin did not break down. We saw that staff were following what was written in each individuals care plan.

People were happy with the food and told us they were always offered choices at each mealtime. We saw that people were sometimes offered a glass of wine with their meals. People told us "The food is lovely." Another person said, "It's wonderful food here."
Tables were set with linen tablecloths and there was specialist cutlery and plate guards in place for those who needed them. This was to maintain independence and allow people to eat meals without staff support.

The catering staff understood people's different nutritional needs and told us special diets were well catered

for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, people with diabetes. The chef also gave people who needed to increase weight a fortified diet with butter, cream and full fat milk as part of their diet.

Some people ate their meals in the lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were gently encouraged to eat their food. When needed the staff sat next to people and helped them eat their meals discretely. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available to help people make a choice of meal. We observed a choice of water other soft drinks wine and sherry were available People were also offered tea and coffee and other drinks throughout the day.

Information in the care records set out how to support people with their nutritional needs. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. The care plans clearly showed how to assist people with their particular dietary needs. For example, certain people needed a diet that was of high calorie content and this was provided for them.

Staff understood how to obtain consent and the importance of ensuring peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application.

Staff were provided with an in depth induction programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records showed there was regular training available for staff. Sessions staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs. People were cared for by staff that were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff who were well supervised and motivated in their work.

Good

# Is the service caring?

## Our findings

People told us they liked living at the home and enjoyed warm relationships with the staff. Comments included; "They are lovely girls" and "Some of them are excellent". Other comments included "They are respectful" and "I do find them polite."

We saw people were treated in a caring and kind way by the staff on duty. The staff were friendly, polite and respectful when providing support to people. Staff spoke with people in a gentle and caring way whilst providing care or assisting them with their meals. We saw that people at the home had built up warm and friendly relationships with the staff that were supporting them with their care

Some people preferred not to socialise with others and liked to spend time in their rooms. Staff supported people in their rooms. We saw they popped in on them regularly to see how they were. One person said, "They often pop in and say hello and have a natter."

People told us that visitors were welcomed in the home and this meant people could see their friends and family when they wanted.

We observed staff interacted with people in a kind, respectful and personalised way. This was evident to us in a number of ways. For example, numerous staff members sat beside people while talking and gently laughing with them. Other staff members were observed comforting people who had become agitated, speaking gently with the person and gently touching their arm.

Staff we spoke with told us they felt it was a caring service. One staff member said, "I think we provide really good care and we are taught to think of this as people's ome." Another staff member told us, "We think of people like they are our family."

People had their own bedrooms and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was a quieter lounge that people could use if they wanted to meet with visitors.

One person told us about staff respecting their privacy. They told us "They are always so polite." Staff we spoke with described and gave examples of how they treated people with respect. One staff told us, "I make sure people are covered up on the hoist and I always offer people choices in everything when I am helping them."

Staff knew what the idea of person centred care was. They told us it meant to put the person at the centre of how care was planned for them. It also meant making sure people were cared for in the way they preferred. For example, choosing what time they got up, what gender of staff supported them with intimate care, and what choice of meals they wanted. Staff also used respectful language for example they referred to helping people at lunch times as assisting people with meals.

The staff knocked on bedroom doors before entering people's rooms. When staff were providing personal care people's doors were closed and these actions protected their dignity. We saw how staff spoke to people with respect using the person's preferred name.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Care records included plans that were in place for end of life care. These plans were reviewed regularly and people's preferences and wishes for preferred place of care and specific funeral arrangements were included. Staff we spoke with knew peoples wishes. Some staff had been on end of life training. This meant staff knew how to provide care to people who were nearing the end of their life.

Good

# Is the service responsive?

## Our findings

People knew how to raise concerns and were confident actions would be taken to resolve them. One person told us "They are attentive to me." Another person told us "I have found them flexible to be honest."

The provider had recently introduced a new system for staff to record all care activities on their own data protected individual i-pads. The staff said this was proving to be an effective way to monitor the delivery of care. For example, the amount of fluids, when a person had been assisted to be moved as well as what activities they had taken part in could all be checked on the system .Trends could be spotted by the recording system as well. For example, the number of falls people may experience, and the times of caring for them could all be checked on the electronic system.

Each person's care records contained details of an initial assessment of what their needs were when they moved in to the home. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred.

Care plans were comprehensive and personalised they contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people. Staff assisted people with their care in the ways that were set out in their care plans. Plans had details of people's likes, dislikes and preferences. These included how often and when they wanted support with personal care, and their bed time and morning routines. Care records were reviewed and updated regularly, where possible with the involvement of the person who they were written about. Staff told us their role was to assist people to complain and make sure management heard their views.

The home was near to the seafront and people told us staff often went out with them to look at the sea and go to a coffee shop near the beach. This was a therapeutic activity for people. A full time activities co-ordinator was employed to facilitate a varied activities programme. A number of people commented to us about how warm and engaging they thought the activities organiser was. People took part in an arts and crafts activity during our visit .We also saw a social afternoon take place with cakes. Other activities included visits from external entertainers and outings during the warmer weather. Church services were held regularly which helped to ensure certain people's spiritual needs were respected. There were photos on display of recent social events that had been held at the home.

People were actively encouraged to make their views known about the service. For example, people were asked for their suggestions for activities and the meal options. The home produced a newsletter for people using the service and their relatives. The most recent issue included updates on recent events that had happened, dates of meetings and outings as well as new staff joining the service and birthday celebrations. A residents meeting took place during our visit. People were asked for their views about a number of matters to do with how the home was run .For example what sort of future social events were they interested in.

Relatives meetings also took place at the service. We saw dates of future meetings scheduled at different

times and days of the week including weekends to make it convenient for relatives to attend.

The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the provider's policy.

A service user and relatives survey was carried out on an annual basis. The result were analysed by the provider. The most recent survey had been very positive. However, action plans were prepared to improve the overall service.

Good

# Is the service well-led?

## Our findings

People and staff said that the registered manager was open and very caring in their manner. They spent time with people and with the staff during our inspection. One staff member told us the registered manager was "A very supportive, very kind person and someone who is very visual in their approach". Another staff member said, "The manager helps out she is very hands on she is also very knowledgeable, we can go to her at any time about anything we want." They also told us the registered manager would always help if staff needed extra support with people at any time. This was evident during our visit when we saw the registered manager made plenty of time for people and staff.

The registered manager stayed up to date about current issues to do with care for older people. They went to meetings with other professionals who worked in social care. They shared information and learning with the staff at team meetings. We saw that they read online articles and journals about health and social care matters. They also made sure useful information was on display to be read by staff.

The registered manager showed an open and transparent approach. They clearly explained to us how they were aiming to improve the service even more. For example, they told us their own audits checks had picked up the need for staff to ensure they assisted people with their moving and handling needs safely at all times.

The system of recording care activities on data protected individual i-pads was also used to audit the care and service. This information was available online to everyone in the organisation who needed to view it .The registered manager and other staff told us that this information was used by them and by the provider to monitor the quality of care people received. For example, a senior manager checked if people had received care and support that they needed in a timely way, and by the correct number of staff. Trends were also found by the online recording system. For example, if peoples mobility needs changed, or if people became anxious at certain times of day. We saw that care records had been changed and updated based on this information.

The quality of service and overall experience of life at the home was properly monitored. Areas that were regularly checked included the quality of care planning processes, management of medicines, staffing levels and training. When shortfalls were identified, we saw the registered manager had devised an action plan to address them. For example, the registered manager had identified that improvements were needed for some staff in relation to moving and handling techniques.

Accidents and incidents that had involved people living at the home were analysed and learning took place. The registered manager acted when any trends and patterns were identified, actions were put in place to minimise the risk of re-occurrence. For example, we read about one person who had experiences several falls from their bed. We saw guidance was in place from other health and social care professionals to offer the person specialist advice.

Staff meetings took place on a regular basis and the team told us they were readily able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used as an

opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture.

The staff knew about the provider's visions and values. They told us they included being person centred with people, supporting independence and respecting their diversity. The staff told us they aimed to make sure they always used and followed these values when they assisted people. For example, staff said they helped people to make choices in their daily life In relation to their care.