

Seaton Grove Care Home Service

Seaton Road
Arbroath
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Type of inspection:
Unannounced

Completed on:
29 August 2024

Service provided by:
Angus Council

Service provider number:
SP2003000043

Service no:
CS2003000362

About the service

Seaton Grove is a care home for adults situated in a residential area of Arbroath, close to local transport links, shops and community services. The service provides residential and respite care for up to 48 people.

The service provides accommodation on one level across four units. All rooms are single occupancy and each has an en-suite toilet and wash hand basin. Each unit has its own sitting room and a dining kitchen area. A café area is set up across from reception, for use by residents and visitors. There is a large function room with bar area which is currently used for special events. There are gardens surrounding the property which people can access, if they wish.

About the inspection

This was an unannounced inspection which took place on 27 and 28 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 11 people using the service and three of their families
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff knew people well and treated them with kindness and respect.
- Staff supervision had improved.
- People were having positive mealtime experiences.
- Care plans needed to improve to ensure the accuracy and consistency of information.
- People spoke positively about the service.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a nice, relaxed and homely feel. Staff knew people well, and were enjoying friendly interactions. People told us, 'They're looking after me in here', and 'They are all very helpful, it's much better than being at home on my own'. This meant that people were reassured that they were being looked after in a caring environment.

People were being encouraged to enjoy opportunities to engage in a range of activities that were meaningful to them. Many of these activities encouraged people to move and change positions, for example, seated exercise groups. Some people enjoyed quizzes, participating in international flower day, musical events and had raised ducklings. People were able to choose how to spend their day, and this meant they were listened to, and treated respectfully.

People had access to fresh fluids, both in their bedrooms and in communal areas. People's hydration needs were taken into consideration and their daily targets were being met.

There was a varied menu on offer and staff were knowledgeable about people's needs and preferences. Visual choices were offered, which helped people who had memory difficulties. We were told, 'The food's wonderful, especially the puddings' and 'The food's good, I have the sandwiches and cheesecake'. It was positive that staff sat and ate their meals together with the residents at the dining tables. This provided people with natural prompts to encourage them to eat and drink, and made for an inclusive, pleasant, social dining experience.

There was an organised, electronic system in place for administration of medications, which was audited on a regular basis by the senior team. A protocol was in place for administration of 'as required' (PRN) medications, and where this was prescribed, was given appropriately. This meant people could be confident their medication was available and being administered safely.

Staff had developed good relationships with people who used the service, and their family and friends. Care plans provided clear information about who was important to people, and how to support people to maintain contact. People told us, 'Communication is good' and 'Staff contact us when we may be able to help'. This demonstrated that staff recognised the importance of nurturing relationships for, and with people, which benefited their overall wellbeing.

The home welcomed visitors and there were no restrictions in place at the time of inspection. As a result, staff supported people to maintain meaningful connections with loved ones.

The home was visibly clean and tidy at time of inspection with cleaning schedules in place. People could be confident that they were being cared for in a clean and healthy environment.

How good is our leadership?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The manager had a service improvement and development plan in place, which informed the care and support provided. People were aware of development plans, and were kept informed of any progress. We were told, 'I would say we are involved in the service developments' and 'You have input here and are able to put forward ideas'. We were confident that the service was committed to involving people in the continuous improvement in how people were experiencing care.

There was a comprehensive quality assurance process in place. The manager and senior team carried out regular audits to identify any areas for improvements, with clear action plans in place. This provided good oversight across all aspects of the service, and ensured standards were maintained, and improvements driven forward. As a result, people's outcomes were improved.

We were told, 'I'm definitely supported. The manager will always make time for you' and 'I feel listened to, and any issues will be actioned'. People said that they felt confident raising concerns and providing feedback, and where they had done so previously, they had experienced a satisfactory conclusion. Most people told us that they would raise any concerns directly with the home manager. Residents told us they felt safe in the home and were happy. People were reassured that any concerns were welcomed and responded to appropriately.

There was a range of opportunities for people to give feedback and express their views in the service. We were told that communication was good. Regular meetings were held for residents, relatives and staff, with varying attendance. The manager had recently started one to one appointments for people to come along and have a chat, or discuss any concerns, as an alternative to attending a large meeting. This meant communication was important and that people's views were being considered and actioned. This improved people's quality of life in the home.

A robust system was in place to monitor people's finances. Regular, financial audits were being completed, and people had access to their money when required. This promoted choice and gave people reassurance that their money was safe.

Documentation of accidents, such as falls in the service was detailed. Management had a system in place whereby all accidents were followed up to ensure appropriate action had been taken and to minimise risk of future falls for people.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were working hard and were enthusiastic about their work. They were clear about their roles and what was expected of them, and demonstrated a good knowledge of people's care and support needs. Staff were working well together as a team, and were visible within the home. People told us, 'They're great in here, the staff's nice' and 'The girls are excellent at helping'. People had confidence in the team who supported them with their care.

Management carried out staff observations to monitor any practice issues such as handwashing, donning and doffing personal, protective equipment (PPE), and medication administration. Staff were practicing in a way which was consistent with Health and Social Care Standards. Feedback was given to staff in order for them to improve or to highlight good practice. This meant any areas for improvement were picked up quickly in order to deliver good quality care to people.

People could be confident that new staff had been recruited safely, and the recruitment process reflected the principles of Scottish Social Services Council guidance 2023, 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group checks, and right to work checks. Registration of professional bodies checks were being undertaken centrally to ensure compliance. This meant people could feel reassured that the service was working hard to keep people safe.

Staff were working well together as a team. We were told, 'I love this place, I'm more than happy working here' and 'We're all working well together'. The staff team were, on the whole, long standing and as a result, people experienced consistent care and support.

We observed caring interactions and kindness towards people, which made the environment feel friendly and warm. People experienced a positive environment which helped them achieve their full potential.

The service used a dependency tool which informed management of the required staffing to meet people's needs. Dependencies were assessed, taking into consideration not only basic care needs, but included psychological, and social needs. The manager had good oversight of the importance of using a flexible approach to meeting people's needs. This ensured the correct skill mix of staff, and that staff worked across all units to get to know all residents in the home. This meant people were experiencing holistic support, with meaningful interaction, from staff who knew them well.

How good is our setting?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were regular and planned arrangements for the maintenance of the home. Staff reported any defects or repairs and these were actioned quickly, or referred on to an outside contractor. This helped to maintain a safe environment for people.

The home was clean and tidy. Upgrading was required in some areas, for example, the vanity units in the en-suite bathrooms. A refurbishment plan was in place to improve these several areas of the service, and progress was being made.

Overall, the home was free from any offensive odours or intrusive noises. This contributed to the warm and homely atmosphere in the home. This meant people could enjoy a calm, pleasant environment to spend their time.

The service benefited from a variety of different areas for people to spend their time. Smaller sitting and dining areas were bright, well-lit and decorated appropriately. People's bedrooms were personalised and reflected the personalities of the people who occupied them. It was clear that people had been consulted, and given choices as to how they wanted their personal space to look and feel.

People were accessing the wider community with trips out to the local church, a dementia cinema, visiting friends in a nearby care facility, and visits to the local nursery school. As a result, people had a sense of inclusion, belonging and worth.

A larger communal room provided a spacious area for community events, and a smaller café area which could be used for visiting families to spend time with loved ones. This gave people alternative spaces to enjoy with others and socialise.

People were able to access all areas of the home, freely, as there were no longer restrictions in place via keypads. People also had access to secure garden areas. At the time of inspection, people were not able to use to this space independently, unless assisted by staff. We discussed this with the manager and will follow this up at our next inspection. This would enable people to enjoy outside areas for fresh air, which would contribute to their overall wellbeing.

Some people told us that the internet connection was weak. This affected people being able to enjoy time on their electronic devices, to access information they required and to watch videos they enjoyed. We discussed this with the manager who advised that she would seek assistance with this as soon as possible. We will follow this up at the next inspection.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans were informative, and reflected people's needs and wishes. Care plans were informed by a range of assessment tools. Advice received from other professionals was referenced and actioned appropriately. This contributed positively, to maintain people's wellbeing.

Some care plans, however, were not accurate and could lead to confusion. This increased the risk that people may not receive the support they required to maintain their safety. For example, there were inconsistencies in information around dietary requirements and statements regarding mobility were confusing. This could place people at risk if information isn't clear, accurate and consistent. **See area for improvement 1.**

A range of assessment tools had been reviewed regularly, to help highlight any emerging risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

Appropriate paperwork was in place for people who lacked capacity, such as power of attorney. This informed staff of who the home would be consulting with, regarding the care of the person.

Six-monthly reviews were being carried out involving relevant people. However, it was not always clear why some residents were not present to discuss their care. This would have provided opportunities for people to discuss their care and express their views. We discussed this with the manager who will ensure this will be in place moving forward. We will follow this up at our next inspection.

Some people did not have anticipatory care plans (ACPs) in place. Discussions had taken place with some residents regarding end of life wishes however this was not completed consistently for people. The manager had identified this as an area for development and will work with people to ensure a plan is in place. As a result, this will help staff to identify what actions should take place when people reach the end of their lives.

Areas for improvement

1. To protect people from risk of harm, and to maintain their wellbeing, the provider should ensure that all information contained in people's care plans is current, accurate and consistent. This should include advice given from external professionals and where people's care needs have changed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to support people experiencing care, the service should ensure the deployment of staff meets the clinical need across the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 29 January 2024.

Action taken since then

Staffing deployment changes had been discussed at a staff meeting following last inspection.

Dependency tool was in place to give a baseline of what staffing was required to meet people's needs.

New allocations sheet compiled for all staff each day across all units.

Positive feedback from staff since these changes, as they find it beneficial that they know all of the residents now.

Information sheets on back of wardrobes to inform staff of key areas of residents care such as continence product to use, personal hygiene requirements and moving and handling.

Staff have less anxiety and more confidence moving units now as this has become regular practice within the service.

Observations at time of inspection evidenced that there was enough staff to meet people's needs.

Floating member of staff allocated on rota as staffing allows to offer additional support where required.

Staff observed to be participating in activities with people not just care tasks.

People were achieving better outcomes as they were being supported by all staff who knew them well.

Overall positive change which is working well.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that in order to promote best practice, good conduct and support staff, systems should be in place which allow supervisors and supervisees time to prepare for and take part in regular, meaningful supervision sessions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14).

This area for improvement was made on 29 January 2024.

Action taken since then

Supervision had improved since last inspection.

The manager had good oversight of all supervision across the service with spreadsheet in place for monitoring this process.

Staff spoken to, confirmed that they were receiving regular supervision sessions with their line manager.

Staff commented that they felt these were helpful and supportive meetings, where they could discuss any worries or concerns.

Staff supervision involved discussion around staff development.

Staff felt supported in their roles.

This area for improvement has been met.

Previous area for improvement 3

The provider should source training for staff in de escalation and break away techniques, in order to support people who experience periods of stress and distress. This would support staff to meet the needs of the increasing diversity of residents in Seaton grove.

This is to ensure that care and support is consistent with the Health and social care standards (HSCS), which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14).

This area for improvement was made on 29 January 2024.

Action taken since then

Relevant training had been sourced; however, this had taken some time due to trainer being unavailable.

Current trainer is now in a position to arrange dates for staff with the manager.

Staff presently managing several people's stress/distress and challenges well in the home.

Staff working through promoting excellence framework to increase knowledge and awareness around dementia.

Looking at training and implementing dementia ambassadors in the service.

Although training is not yet completed, we had confidence that the manager will ensure this is completed for all staff as soon as possible.

This area for improvement has therefore been met and we will follow this up at our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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