

Seaview Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Seaview Residential Home Limited is a residential 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 Residential Home is registered to provide care for up to 18 people. At the time of the inspection, there were 15 people living at the service, some of whom had a diagnosis of dementia.

People's experience of using this service:

- People told us they liked living at Seaview Residential Home and felt safe. One person said, "The service here is excellent."
- There were enough staff to meet people's needs and they had been recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively.
- Appropriate safeguarding procedures were in place to protect people from the risk of abuse. Staff knew how to report concerns and were confident that anything they raised would be taken seriously by management.
- Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately.
- People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.
- Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them.
- People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them.
- People, their relatives and staff members commented positively about the management of the service and felt that the service was well-led. The provider was engaged with the running of the service and staff and people told us they were approachable.
- The registered manager and provider carried out regular checks on the quality and safety of the service.
- The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:

The service was rated as Requires Improvement at the last full comprehensive inspection, the report for which was published on 23 April 2018.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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

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 Residential Home Limited

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 and an expert by experience [ExE]. 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 Residential Home is a care home registered to accommodate up to 18 people who need support with personal care. 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:

We did not give notice of our inspection.

What we did:

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. 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.

During the inspection we gathered information from:

- Seven people using the service
- Eight relatives of people using the service
- The registered manager
- Five members of staff
- Six people's care records
- Staff training and recruitment files
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

Following the inspection, we gathered further information from:

- Two external health and social care professionals

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 told us they felt safe and secure living at Seaview Residential Home. One person said, "I feel safe, it's because there is always someone to help." People's relatives told us they were confident that their loved ones were cared for safely by staff. One relative said, "I can't look after [my relative] properly at home, so it's good she is here, she is very safe."
- There were appropriate policies and systems in place to protect people from the risk of abuse. Staff had received training in safeguarding adults and knew how to recognise abuse, report it and protect people.
- There were robust processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management:

- Individual risks to people had been assessed and documented as part of the care planning process.
- Risk assessments were recorded clearly in people's care plans and identified how staff should support people and what equipment, if any, was needed. For example, where people had been identified as at risk of malnutrition, a risk assessment was in place which detailed the actions staff should take to encourage the person's food and drink intake, monitor their weight appropriately and contact health professionals as required.
- Other potential risks to people had also been considered and recorded within people's care plans, including: using the stairs independently, pressure injuries and falls. Risk assessments were reviewed monthly and updated when required.
- The environment and equipment was safe and well maintained. A maintenance staff member was in post to ensure any repair works were followed up promptly.
- Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, personal care received and any professional visits. This meant that staff were fully up to date with essential information.

Staffing and recruitment:

- There were sufficient staff deployed to meet people's needs and keep them safe. Throughout the inspection we observed that people were given the time they required and were not rushed by staff. Where people rang their call bells, we saw staff attended to these promptly.
- The registered manager observed care and used a dependency tool which was reviewed monthly, to help inform appropriate staffing levels. People views about staffing were also regularly sought through informal discussion.

- Staff told us they felt there were enough staff to meet people's needs and spend time with them. A staff member said, "Yes there is enough staff. It would always be good to have extra as we are getting quite full, but I never feel like I rush."
- The registered manager followed robust recruitment procedures to ensure that new staff employed were suitable to support people living at the service.

Using medicines safely:

- People were supported to receive their medicines safely and as prescribed. One person said, "I get my medication when I should."
- Staff had been trained to administer medicines to people appropriately and their competency was checked regularly to ensure they remained safe to do so.
- There were robust systems in place for obtaining, storing, administering, recording and disposing of medicines safely. This was in accordance with best practice guidance.
- Medicine administration records (MAR) were completed as required and confirmed that people had received their medicines as prescribed. The MAR chart provides a record of which medicines are prescribed to a person and when they were given.
- A clear protocol was in place for PRN medicines 'as required', which included information about when the medicine should be given, side effects and the expected outcome of the medicine.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.

Preventing and controlling infection:

- The home was clean, hygienic and well maintained. Domestic staff were employed within the home and staff completed regular cleaning tasks in line with set schedules.
- There were systems in place to protect people from the risk of infection, which included an infection control audit. The registered manager was also aware of their responsibility to submit an annual infection statement, which we saw was completed.
- All staff had attended infection control training and had access to personal protective equipment (PPE), which we saw they wore when needed.
- People and their relatives told us they thought the home was clean. Their comments included, "It's always kept very clean" and "It's clean here and staff do wear gloves and aprons."
- The laundry room was clean, organised and staff used a clear system to help prevent cross contamination between soiled linen entering the laundry and clean linen leaving the laundry.

Learning lessons when things go wrong:

- Incidents and accidents were recorded appropriately and reviewed to identify anything which may help to prevent a reoccurrence.
- Where patterns were identified, staff sought support from external healthcare professionals. For example, where one person had experienced multiple falls, the registered manager had requested input from a physiotherapist, to determine any action they needed to take to prevent further falls around the home.
- Staff were given information about any incidents that had occurred. This meant that staff could provide support to people, that recognised any impact on their wellbeing.

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.

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

- Pre-admission assessments were completed by the registered manager before people moved into the home, to ensure their needs could be met.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's weight, their risk of developing pressure injuries and to monitor their bowel movements.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and pressure-activated floor mats had been used to alert staff when people who were at risk of falling, moved.

Staff support: induction, training, skills and experience:

- People received effective care from staff that were skilled, competent and suitably trained. People's comments included, "Staff are reasonably well trained as they just get on and do what they need to", "I trust the staff to know what I need" and "The staff are good at looking after me."
- Staff had completed a range of training to meet people's needs effectively. The training was refreshed and updated regularly. A staff member said, "We do loads of training online and we can do additional distance learning courses too. I'm doing one on medicines at the moment."
- New staff completed an induction programme before supporting people on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training, such as infection control, safeguarding and first aid.
- Staff told us they felt supported in their roles by the registered manager and the provider.
- Staff received regular one-to-one sessions of supervision, which they told us they found useful. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support. A staff member said, "We have supervisions regularly; we get a form and fill it in. It's good because we get to have a chat about anything."

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

- People's nutritional and hydration needs had been assessed and were met appropriately. One person commented, "Staff do know what I like in the way of meals" and a relative said, "They are always asking if [my relative] wants a drink." During the inspection, we saw that people were offered snacks and drinks regularly throughout the day.
- There was a varied menu, specialist diets were catered for where required, and people were complimentary about the meals served. Food was well presented and people told us they enjoyed it. One person told us, "There is an excellent cook and the meals are very nice."
- People's weight was regularly monitored and the registered manager described the action they would take

should a person lose weight. This information was also clearly recorded in people's care plans. Records viewed showed that where people were at risk of malnutrition or losing weight, this had been investigated and action was taken to provide a fortified high calorie diet and discuss the weight loss with visiting medical staff.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager and staff had a good working relationship with external health and social care professionals, who visited the service to provide appropriate support when needed. A health care professional commented, "The manager and staff are all helpful, efficient and very dedicated. I have been going to the home for a few years now and find the home a pleasure to work in, the staff are considerate and will do all they can to help."
- Staff followed guidance provided by external healthcare professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- The building had been adapted to meet the needs of the people living there. Some communal areas of the service had recently been re-decorated and had been designed to be a relaxing, homely and comfortable space.
- A passenger lift gave access to the first floor of the home; handrails were available for support along corridors and stairwells, and lighting levels were good in all areas. Each area of the home had been signposted boldly to help people find their way around the building.
- People's bedrooms contained personalised items and they were involved in decisions about the premises and environment; for example, the recent re-decoration of two lounge areas.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. For example, we saw people making use of a smaller lounge throughout our visit, which was a quieter space for those that wanted it.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare when needed and to participate in regular health checks. For example, people were supported to access opticians, chiropodists, GP's and hospital appointments. One person said, "If I'm not well, they'd bring the doctor to me" and a relative said, "The district nurse attends and a chiropodist comes in regularly."
- Where people had received visits or support from health and social care professionals, this was recorded in their care documents, with an outcome of any actions required by staff to further support people.

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.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received

regular training on this topic.

- During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. MCA assessments and best interest decisions were completed and recorded appropriately, where required.
- We checked whether the service was working within the principles of the MCA and found that they were. DoLS applications had been made where appropriate and others were awaiting assessment by the local authority. The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

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:

- People told us they were supported by kind, caring and compassionate staff. Comments included, "They are all lovely here", "All the staff are very good, kind and caring" and, "Staff are listeners, if I want anything, I can ask."
- People's relatives described staff as 'friendly' and felt their loved ones were treated well. One relative said, "Staff are lovely, we get to know them and they are nice to us as well." The registered manager worked hard to build positive relationships with people's friends and families. Where appropriate, people told us they were kept informed of any changes or updates in their relative's care. One relative told us, "If there is any news about [my relative], they always ring me."
- Throughout the inspection, we observed consistently supportive and caring interactions between staff and people. For example, one person told staff they had back pain and this was affecting their mood; staff offered the person pain relief; supported them into a comfortable position and sat with them to rub their back for a short while, which we saw made them feel better.
- It was clear that staff had built positive relationships with people; they took the time to engage with people on a personal level, even if they were occupied with another task and always greeted people warmly with a smile. A social care professional commented, "[The staff] all seem to know the clients well and have put effort into getting to know each person."
- People's cultural and diversity needs had been assessed and were detailed within their care plans. This included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's individual needs and choices were met.

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

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices about what they would like to do and where they would like to spend time. For example, on the second day of the inspection, a musician visited the home to provide live music and singing. Staff offered people the opportunity to take part, and where people declined, this was respected. One person told us, "The staff are good to me, I can spend all day here [in the lounge] if I wanted to" and another said, "I choose to have my meals in my room."
- When offering people choice, staff spoke with people clearly and did not rush them to make a decision. For example, we observed a staff member asking a person which meal option they would like for their lunch. When the person declined both options, the staff member sat with them patiently and offered them alternatives to the meal, which they knew the person liked.
- Records and conversations confirmed that people, or their relatives where appropriate, were involved in meetings to discuss their views and make decisions about the care provided. A person said, "I do feel

involved with decisions about me" and a person's relative told us, "When [my relative] came in, they sat down with us and asked us about her likes and dislikes and about her life. If anyone comes in to do an assessment on [my relative], they make sure I'm present."

- The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. We saw examples in people's care plans where advocates had supported people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence:

- Staff were considerate of people's dignity and acted promptly and discreetly to support them. For example, we observed a staff member notice a person's hair was not how they usually wore it and quietly asked them if they wanted help to restyle it. On another occasion, a social care professional commented on the efforts taken by staff to promote and respect a person's dignity and appearance when they moved into the home, after experiencing self-neglect. They commented, "I recently saw [person's name] after having not seen her for months, and did not recognise her due to the change in her appearance and demeanour. She has clearly thrived in the environment."

- Staff described how they took action to protect people's dignity and privacy when supporting them with personal care, such as covering them with a towel and closing the door. A staff member commented, "I always ask if they are happy for me to stay in the room, or if they want me to wait outside."

- People and their relatives confirmed that their privacy was protected by staff appropriately. One relative commented, "They are private with her, like closing the door if she needs to go to the toilet."

- Staff understood their responsibilities to respect people's privacy when they had visitors. For example, we observed a person's family joining them for lunch and being greeted kindly by staff. Staff then arranged for the person and their family to have their lunch together in a separate dining area, where they could enjoy time together.

- People were encouraged to maintain their independence as much as possible in their daily routines. One person told us, "I do feel independent to an extent, I can move around the home as I wish" and "I am encouraged to do things for myself." A staff member described how they encouraged people's independence when providing personal care; they commented, "I don't take over, I offer them a flannel, fill the bath and tell them to give me a shout if they need anything. I stay nearby if they need help."

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 and interests:

- People told us they had support from staff which was individual to them and met their needs. One person said, "I do believe I get the care I need and I trust them to know what I need."
- Assessments were completed before people moved into the service, to determine whether their needs could be met appropriately. These were used to develop detailed and person-centred care plans for each person.
- Care plans contained clear guidance for staff about the level of support people needed with their personal care and daily routine. This took into account people's preferences and wishes around how they wished to receive support. Care plans were reviewed on a monthly basis and were updated appropriately where people's needs had changed.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. Staff were given time to read through people's care plans and used this information to help ensure they supported people in line with their preferences.
- People were provided with the opportunity to participate in a range of activities, including: bingo, quizzes, chair exercises, singing, live music and visits from a therapy dog. As part of the programme of activities available, the registered manager had also made links with a nursery school in the community, who regularly visited the service and took part in activities such as music and cookery.
- The service was responsive to considering people's interests and how this impacted upon their wellbeing. For example, the registered manager told us they had arranged a visit from a local theatre group. This had a particularly positive impact for one person who had enjoyed acting classes when they were younger.
- People commented positively on the variety of events and activities held at the service. One person told us, "I do get out when I can and I'm able to. We get entertainers come in and I take part in things." People's relatives also complemented the range of activities on offer, one relative said, "They do things [activities] on a daily basis. They have brought in a pony for residents to see and stroke."

Improving care quality in response to complaints or concerns:

- The service had a clear policy and procedure in place to deal with complaints appropriately. The registered manager told us that no formal complaints had that been received since the last inspection, however, they described what action they would take if a complaint was received.
- The registered manager and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. Feedback was sought through formal questionnaires and through daily conversations and observations of people.
- People and their relatives told us they had not had any cause to raise a complaint about the service, however they knew how to do so if required.

End of life care and support:

- Staff were not supporting anyone with end of life care at the time of the inspection. However, people's end of life wishes had been captured within their person-centred care plans. This gave details of people's choices, including considerations to cultural and religious preferences.
- The registered manager and care staff worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.
- We saw a 'thank you' card from a relative of a person who had passed away at the home, which complimented the care their loved one received at the end of their life.

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; encouraging a positive and open culture:
- People told us they enjoyed living at Seaview Residential Home and felt the service was well run. One person said, "Overall, I'm quite satisfied, staff are friendly, food's good and I am well looked after" and another commented, "The management of the place seems good." A person's relative said, "This is a very good care home, we can't fault them at all."
- There was an open and transparent culture within the home. The provider's previous performance rating was prominently displayed in the hallway of the service. A social care professional commented, "I find the home itself has a good atmosphere and staff and management seem to have a lot of pride in the home."
- The registered manager described the values the service as 'making it like people's home', 'keeping people safe' and 'ensuring a great staff team'. We saw they encouraged an open and honest way of working with people, their relatives and staff; they commented that their door was 'always open'. We saw these values were reflected in the attitude of staff and how they encouraged a positive atmosphere.
- People's friends and family members could visit the service at any time. They were made to feel welcome and were offered meals and drinks.
- Staff were committed to encouraging an inclusive and supportive environment and told us they enjoyed working at the service. One staff member said, "I've got no concerns, I am happy working at Seaview, I enjoy it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on duty of candour responsibility:

- There was a clear management structure in place, consisting of the provider, the registered manager and the deputy manager. The service operated an on-call system so that staff could get support from the management team when they needed it.
- People and their relatives were complimentary of the registered manager. Their comments included, "The manager is firm but fair, caring, a listener and willing to sort problems out" and, "The manager is very nice and approachable."
- External health and social care professionals commented positively on the management of the service. A social care professional commented, "[The registered manager] is professional but also engages well with residents, she knows them and their families well. Residents seem to respond warmly to her on my visits to the home and clearly have a good rapport with her."
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, expressing sexuality, whistleblowing, complaints and infection control.

- The registered manager was supported by the provider, who visited the service regularly and kept up to date with the general running of the home. The registered manager told us, "The [provider] is really good. I am really supported; I can discuss anything with him."
- There were appropriate quality assurance procedures in place. These included auditing aspects of the service, such as infection control, health and safety and fire equipment.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. For example, staff used a 'communication book' during handover between shifts, which was thorough and allowed them time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We always get a handover, it is very important in case there is something we don't know."

Engaging and involving people using the service, the public and staff:

- The provider and the registered manager sought feedback from people about the service in a range of ways, which included annual quality assurance surveys and one-to-one discussions.
- Resident and relative meetings, and staff meetings were held regularly. Minutes were kept and showed that where issues or suggestions were raised, action was taken. Meetings were used to provide information, such as planned improvements to the environment. Notices around the home and a newsletter were also available for people to read and stay updated with changes and updates of the service.
- Staff spoke positively about the leadership of the service and told us they thought it was well-led. Staff described the provider and the registered manager as "approachable" and "supportive". One staff member commented, "[The registered manager] is lovely. She's always about what is best for [the people living at the service]. She is approachable but firm."

Continuous learning and improving care:

- The provider and the registered manager worked with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided.
- The registered manager attended regular forums with the local authority to share best practice and improve people's care experiences. They also told us about the links they had made with another care home in the local area to further support their learning and enhance the care provided at the service.
- The registered manager had analysed the responses of completed quality assurance surveys and we saw that actions had been taken to follow up on any issues or concerns.

Working in partnership with others:

- The service worked in partnership with other organisations to make sure they followed current practice, providing a safe service for people. These included healthcare professionals such as G. P's, community nurses, physiotherapists and older persons mental health professionals. This ensured a multidisciplinary approach had been taken to support people in the provision of their care.
- Health and social care professionals described how they worked in partnership with the registered manager and staff to support people. They told us, "Working with Seaview has overall been an easy and positive experience. I find that for a residential home, they are willing to attempt to work with the relevant services to ensure the best interests of their residents, even in cases that can be challenging."