

Seaford Care Limited

# Seaford Head Retirement Home

## Inspection report

107 Steyne Road  
Seaford  
East Sussex  
BN25 1AS

Tel: 01323490851  
Website: [www.seafordheadcarehome.co.uk](http://www.seafordheadcarehome.co.uk)

Date of inspection visit:  
05 August 2019

Date of publication:  
27 August 2019

## 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

Seaford Head Retirement Home is a residential care home providing care and accommodation for up to 16 older people with dementia or dementia type illness. There were 13 people living at the service on the day of our inspection. Seaford Head Retirement Home is an adapted building in a residential area of Seaford based over three floors with an outside seating area for people to use in nice weather.

The provider was registered manager of Seaford Head Retirement Home and a second service they owned also located in Seaford. The registered manager based themselves at the second service and the care manager was in day to day charge of Seaford Head Retirement Home. The registered manager had full oversight and was available when needed

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

People and relatives were positive about the support provided at Seaford Head Retirement Home. Relatives said the care manager was very approachable and that staff were caring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people's health and safety had been identified and actions were in place to ensure risk was minimised. Staff were aware of the actions to take if they thought anyone was at risk of harm or discrimination. Any concerns identified had been reported to appropriate external professionals.

A complaints procedure was in place and although there were no current complaints staff and relatives were aware of the process.

Staff knew people very well, they treated them with kindness and respect and demonstrated a good understanding of people's individual needs. People were assisted to access healthcare services when needed.

Care documentation supported good person centred care for people. Information included people's care and support needs and personal preferences. People received their medicines when they needed them by staff who were trained to give them out safely.

There were enough staff working to provide the support people needed, at times of their choice. People were supported to continue with hobbies and activities of their choice. Recruitment procedures ensured only suitable staff worked at the home. People told us staff were available when they needed assistance. Relatives felt that consistent staff meant staff knew people well.

A comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service were completed by the care manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (Report published 19 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service was safe             | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service was effective   | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service was caring         | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service was responsive | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service was well-led     | <b>Good</b> ● |

# Seaford Head Retirement Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was an unannounced comprehensive inspection. The inspection was carried out on 5 August 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had

occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection-

We observed the support that people received and spoke with people and relatives to gain their feedback about Seaford Head Retirement Home

We reviewed a range of records including two people's care plans and daily records in full and daily monitoring charts for three people. We looked at people's medicine records and observed medicines being given. We reviewed two staff recruitment files and records relating to the management of the home, procedures and quality assurance processes.

We spoke to three people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to one visiting relative and four members of staff, including the registered manager, care manager and two care staff.

After the inspection –

We received feedback from a further three relatives and reviewed further information provided by the care manager. We received feedback from one health professional who has worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Relatives told us staff ensured people were safe. One told us, "The staff are exceptional providing a safe atmosphere."
- People had risk assessments in place for all identified needs. For example, nutrition, mobility, moving and handling or a risk of falls, these outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. All risk assessments were reviewed regularly to ensure they provided current guidance for staff.
- Where risks were identified appropriate guidance was in place to inform staff and reduce risks to people as much as possible. For example, people's mobility had been assessed including risk of falls. Appropriate equipment had been sought and was used to assist people including an electric stand aid. Although it was not being used at this time, a lifting hoist was available if needed. We saw that people were supported to walk around the home safely, using walking aids, holding onto staffs hands or linking arms.
- Equipment such as hoists, wheelchairs and stand aids were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Service contracts were in place including gas and electrical testing. After the inspection the provider confirmed a recent legionella risk assessment had been completed.
- Regular checks had taken place in relation to fire safety. People had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and relatives confirmed staff provided a safe environment for people. People were protected against the risk of harm or abuse as staff had received training and were aware of their responsibility to safeguard people. Staff told us they would report any concerns without hesitation to the registered or care manager.
- The care manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

### Using medicines safely

- People had their medicines provided safely, in line with national guidelines. There were safe systems in place for ordering, storing, administering and disposing of medicines. We looked at medicine administration records (MARs) including controlled medicines and 'as required' (PRN) medicines and creams. PRN medicines are those taken when they are needed, for example when a person is in pain. There were detailed protocols in use that clearly informed staff when to give PRN medicine.

- Care staff were responsible for administering medicines. Medicines training had been completed. The care manager told us they carried out observations to ensure staff were following correct procedures.
- Internal medicines audits were completed, including daily and weekly checks to ensure medicines were given safely and stock levels were maintained. The service worked with the pharmacy used by the home to ensure current practices were up to date and safe.
- We observed people receiving their medicines in a safe and appropriate way during the inspection.

#### Preventing and controlling infection

- Measures were in place to prevent and control the risk of infection. There was guidance in place for staff and they had received training in relation to infection prevention.
- Staff had access to protective personal equipment, such as gloves and aprons, if needed and there were adequate handwashing facilities throughout the home.

#### Learning lessons when things go wrong

- Staff were clear of their responsibilities to report accidents and incidents. Accidents and incidents were recorded by the person who witnessed them, completed forms were then given to the care manager for review.
- The care manager completed an accident analysis and follow up. This included any further actions to be taken. Information regarding accident/incident investigations and outcomes, were shared with staff to identify any learning to be taken forward.
- Referrals were made to other agencies and notifications to CQC when required.

#### Staffing and recruitment

- Staffing numbers were reviewed and assessed dependant on people's needs. A dependency tool was used to enable the care manager to determine each persons care needs and the staffing level required to meet these safely.
- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.
- Staff told us, "We have enough staff to look after people safely, and the care manager is always around if you need any extra support."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Care and support was delivered in line with current legislation and evidence-based guidance. Prior to people moving into Seaford Head Retirement Home a detailed pre-assessment took place to determine whether the home could safely meet people's needs.
- Regular reviews were completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence. For example, sensor alarms were used on the stairs and people's bedroom doors. This meant people could walk around the home independently and staff could monitor their safety from a distance in the least restrictive way.
- A consistent staffing group meant staff knew people well and understood their needs and preferences. When new people had moved into the home, staff had taken the time to build their trust and make them feel comfortable in their new surroundings.
- People's needs, and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. For example, people responded positively to staff when staff offered support or stopped to chat, there was light hearted banter and the atmosphere around the home was relaxed and cheerful.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well. Staff had access to appropriate training and support. Mandatory training included dementia, infection control, health and safety, safeguarding, Mental Capacity Act (MCA) and person centred care.
- Staff told us they received all the training they needed to be able to meet people's needs. Staff felt assured that if they identified a training need this would be accommodated by the registered and care manager.
- New staff completed an induction. This included spending time shadowing other experienced staff, reading their care documentation and the homes policies and procedures. Staff new to care completed the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff received regular supervision and annual appraisals. Staff felt supported in their roles and told us they could speak to the registered manager or clinical lead if they had any issues.

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

- People were supported to eat and drink well. Staff paid particular attention to ensuring people's hydration was encouraged with regular drinks being provided.
- People were supported by staff to have a healthy balanced diet and we saw people enjoying their lunchtime meal.

- People were involved in decisions regarding what they had to eat and drink and staff ensured people's meal preferences were met. For example, it had been noted that one person did not enjoy a cooked meal at lunchtime, so they were provided with a sandwich and encouraged to have a hot meal in the evening. Staff told us, "We Try to meet her needs, and work with her preferences to ensure she eats well."
- People who needed assistance had this provided, staff sat with people providing support and encouragement. People had equipment provided to enable them to eat independently, including plate guards.
- When appropriate, people had been referred to Speech and Language Therapy (SALT). Specialist guidance was in place regarding their nutritional needs. Staff were able to tell us about people's nutritional needs and we saw this guidance being followed by staff during the inspection. For example, one person required soft meals and this was provided.
- To support people's nutritional needs, particularly those assessed as requiring more calories or fortified diet, the care manager had created a chocolate box which included various chocolate snacks for people to choose. They had researched the calorie content of each bar and this was displayed on posters to inform staff. This was to enable staff to encourage people who needed to increase their calorie content to have a high calorific snack. Lower calorie snacks, mousse and healthy snacks were also available for people who had diabetes and those who required a soft diet.

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

- Staff were prompt to respond when people became unwell and supported people to attend appointments.
- Relatives told us they were contacted promptly if their relative became unwell or if they needed to attend an appointment. Documentation confirmed referrals had been made for specialist advice and support when appropriate. This included contacting GPs when people became unwell and referrals to other health professionals including SALT and occupational therapists.
- Hospital passports were completed. Each person had a folder to take with them if they needed to attend hospital or be admitted to another health setting. This ensured all relevant information could be shared if the person was admitted to hospital or another health setting. The service worked closely with community nurses to support people's health and when they were receiving palliative care.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been sent and it was clear in people's records when the authorisation was awaiting a decision or had been authorised.
- Decisions were made in the person's best interest and involved relatives and health professionals when appropriate. All best interest assessments demonstrated how the decision had been made including

discussions with relevant families and relevant persons. Mental capacity assessments were completed for specific decisions. For example, when people were unable to consent to their placement at the service and in relation to receiving care.

- Staff had received training to ensure they understood the principles of MCA and DoLS and were clear that people should be involved in decisions as much as possible about their care and how they spent their day.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people clearly demonstrated that people's choice and involvement was paramount to how care was provided. We saw people being given choice and involved in decisions throughout the inspection.

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

- People had easy access to communal areas and the ground floor was accessible for people using wheelchairs. A stairlift was in place to enable people to get to the first floor if they were unable to use the stairs. The care manager told us, "We try to support and encourage people's mobility and keep them as mobile and active as possible, so all the time they can use the stairs we encourage it, the stair lift is there if they are tired or unwell."
- People's mobility had been considered before they moved into the home. People who were unable to mobilise independently had been allocated rooms on the ground floor.
- When people moved to the home they were able to personalise their rooms with their own belongings. People told us they were very happy with their rooms.
- Signage and pictures were in place on bathroom and toilet doors to assist people with memory loss to locate these rooms. Bedrooms had photos and people's names on them. One person whose room was located on the upper floor had blue arrows with their name on and wording, for example 'this way to your room (name)' or blue arrows directing them to their toilet. This enabled them to go to their room when they wished as staff just reminded them to follow the blue arrows. Another person had a white board in their bedroom. Staff were aware this person's memory loss was worse in the morning, so they used the whiteboard to remind the person of the day and date and anything pertinent happening that day.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant 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

- Relatives spoke positively about the way people were cared for at Seaford Head Retirement Home. One told us "The staff are exceptional providing a safe, fun environment."
- Staff demonstrated a clear understanding around equality and diversity. They supported people to do individual tasks and activities of their choice, and peoples religious needs were explored. In the PIR completed by the care manager they included 'All staff are trained on the protected characteristics and understand the importance of equality. Additional discussions took place to keep this at the forefront of people's minds. A part of pre-admission assessments includes a life history requested from the family or those closest to the individual. This is used within the individuals care plan. Staff are encouraged to use this information to engage with the person.'
- People reacted positively when staff engaged with them. Staff communicated well with people and there was obvious fondness. The atmosphere throughout the home was relaxed and cheerful. Staff knew people well. Relatives all spoke highly of staff and told us, "Staff are kind and considerate and look after her extremely well." And, "When she moved in staff took the time to get to know her. We've had no concerns."
- People were given appropriate levels of emotional support tailored to their individual needs, staff did not outpace people and ensured the individual was not pressured or rushed into making a decision, allowing them to spend their time in the way they chose.
- Staff provided care in a kind and compassionate manner. One person found the use of moving equipment worrying, staff used constant reassurance throughout, explaining to the person what was happening and encouraging them to participate. Giving positive feedback to the person throughout the procedure. This clearly alleviated the persons anxiety whilst they were assisted from the chair to wheelchair.
- Staff were able to tell us about people's health and emotional support needs. For example, one staff member told us, "One person can get a bit agitated but if you sit and talk to them it really helps. When staff have been here a while you get to know people's likes and dislikes, that really helps."

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

- People were involved in decisions throughout the day and offered choices including how they spent their time. We saw people were able to move around the home freely and spend time in their rooms or communal areas as they chose.
- Staff communicated well with people and communication was tailored to the individual. Care plans included specific information regarding how the person will make their wishes known. For example, 'Staff to speak in calm manner and allow sufficient time for (name) to express herself.'

Respecting and promoting people's privacy, dignity and independence

- We observed that respecting people's privacy, dignity and independence was a key value at Seaford Head Retirement Home, and each person was treated as an individual.
- Doors were always closed before people were assisted with personal care, and conversations regarding people's care and support needs took place discreetly.
- People's independence was supported and encouraged, for example staff always included people in tasks and activities to enable them to do as much for themselves as was possible. One person was seen to be folding napkins which we were told they enjoyed, another liked to read the newspaper and staff engaged with them to discuss the news.
- People's personal preferences were respected including how they dressed and how they liked their rooms to be. A relative told us, "She likes to have her hair done, that's important to her, whenever I visit she always looks clean and her hair is done, that's really good."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- There was a person-centred approach to planning and delivering care which was specific to each person's needs and preferences. A relative told us, "We made an excellent choice choosing this care home. They have settled in with ease."
- We saw staff tailored their approach to people when providing support and care. For example, one person liked staff to sit and chat, when they did, staff held the person's hand to offer reassurance.
- Care planning was personalised and discussed with people and their relatives when appropriate. Although people were not always able to communicate their wishes verbally to staff. People were given simple choices and were involved in decisions by pointing or using one word answers to enable them to be involved in decisions.
- Care plans reviewed had clear information about people's individual care and support needs and clear guidance for staff to follow to meet these. Staff communicated well. At the end of a shift, relevant information was handed over to staff coming on duty to ensure they were aware of any changes to care needs, appointments or incidents that had occurred during the shift. For example, when a GP had been called or a person had been out or had visitors.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and highlighted in care plans.
- Staff understood the AIS and the service identified people's information and communication needs by assessing them, and these were recorded in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, one person could only use a few words, information for staff included that even if the person did not use correct words, staff would be able to ascertain their wishes due to their tone and pitch.
- Staff told us they were able to pick up non verbal indicators when a person may be unwell, or when changes in their behaviour may indicate they were experiencing anxiety or distress. For example, one person became more anxious when they were tired or feeling unwell. Staff were aware of this and responded promptly when any changes were noted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff and management enabled and supported people to maintain regular contact with people who were important to them. Relatives were encouraged to visit the home and people went out with relatives when possible. We observed one person being supported to speak to their relative who had called them on the telephone.
- Relatives told us they always felt welcome visiting Seaford Head Retirement Home. One told us, "They always speak to you when you come, they are all very friendly." Another said, "It's a friendly warm and caring home from home."
- A programme of activities were provided including painting, games, quizzes, music and films. Relatives told us, "Lots of activities are organised to stimulate and entertain the resident."
- People were encouraged and supported to continue with things they enjoyed. For example, one person loved a specific musical performer and DVDs had been provided for them to watch, another person was reading the newspaper which staff told us they particularly enjoyed. Activity staff were at the home throughout the week and at other times activities were overseen by staff. One staff member told us "I love getting involved with activities I enjoy it." On the day of the inspection people were seen to be enjoying individual activities throughout the morning and group activities in the afternoon. We saw a lively game taking place, followed by a quiz which people were clearly enjoying.
- Staff encouraged people to participate and were aware of people who were often reluctant to take part. Staff told us they always asked people if they wanted to take part and even if they only joined in for a few minutes it was worthwhile.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, a copy of this was displayed and given to people and relatives when people moved into the service.
- There were no complaints at the time of the inspection. The care manager told us if complaints were received, these would be dealt with following procedure. There was an open door policy at the home and relatives could speak to the care manager at any time if they had any worries or concerns.

#### End of life care and support

- End of life care and support was provided at Seaford Head Retirement Home when appropriate.
- The service received support from community nurses and other health professionals to support people receiving palliative or end of life care.
- People's end of life care wishes and preferences had been recorded, including people to contact in the event of their death and funeral arrangements.
- Whenever possible people would be able to stay at the service until they died, however, the care manager was aware that any changes to people's health would need to be reviewed to ensure that the service was able to safely meet the persons needs and provide appropriate support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Seaford Head retirement Home had clear visions and values. The care manager told us, "Person centred care is at the centre of our ethos."
- The care manager was in day to day charge supported by the registered manager/provider when needed. There was a relaxed and cheerful atmosphere and staff told us they were happy and enjoyed working at Seaford Head Retirement Home.
- People were seen to engage readily with staff. Interactions were relaxed with friendly banter and conversation taking place. Staff encouraged people to participate in day to day activities and offered support at a pace that suited the individual.
- The care manager told us that Seaford Head Retirement Home was people's home and that people's needs came first. Staff confirmed that the care manager was always available to assist if needed and often spent time in the communal areas with people.
- All staff worked together to provide people with a good quality of care. People were able to tell us they were happy living at the home and relatives confirmed this telling us, "We consider this to be the best move we have made, Mum is happy here."
- Information in people's care documentation was written sensitively and supported ongoing involvement in decision making for people and their relatives if appropriate.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded.
- People said they could talk to the manager or staff at any time and staff told us the manager had an open door policy. One member of staff said, "They are always available you can just speak to them whenever you need to."
- Families confirmed they were always notified without delay if any incidents or accidents occurred.

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

- Staff demonstrated a clear understanding of their roles and responsibilities and told us they enjoyed working at Seaford Head Retirement Home. A number of staff had worked at the home for many years,

including the care manager. It was clear that staff worked well as a team.

- The care manager completed a comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service. These were overseen by the registered manager. Action plans were produced from the findings and actions completed.
- The care manager observed staff and checked high levels of care were consistently being provided. We were told that any issues or improvements identified would be fed back to staff to ensure high standards were maintained.
- The registered and care manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff.

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

- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged. Relatives were involved in care reviews when appropriate. Relatives told us the care manager was always available and they could speak to them or any staff if they had any queries or concerns.
- A suggestion box was in place in the main reception area and people could also nominate the employee of the month.
- A new feedback format was to be introduced. This would enable people, visitors and staff to provide regular feedback. Results would be used to address any areas of improvement identified and feedback any positive comments received.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to treat people as an individual and people were encouraged to express their individuality, personality and needs.

Working in partnership with others; Continuous learning and improving care

- Staff at Seaford Head Retirement Home worked in partnership with other services and organisations.
- The registered manager was a member of the Residential Care Homes Association (RCHA) committee. A newsletter was produced each month and information shared with other members. This enabled them to share and gain further knowledge and to ensure practice was reviewed and updated as needed. Information from forums such as RCHA was shared with also shared with staff.
- The service worked closely with other agencies such as occupational therapists and GPs to access help and support when needed. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.
- In the PIR the care manager told us 'Seaford Head Retirement Home had links with a local church who provide regular services and more interactive event services at Christmas, Easter and had links with two schools from Seaford Links'. The service worked hard to build relationships with family members to ensure good communication channels were maintained.
- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to safely and effectively meet people's needs.