

# The Regard Partnership Limited

## Seymour House

### 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

This inspection took place on the 10 May 2016 and was unannounced.

Seymour House is a care home supporting up to six people who have a learning disability. There were six people living at the service when we inspected. The service provides accommodation and personal care support. There is 24 hour staffing including sleep-in staff at night.

The registered manager and locality manager were both present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had completed safeguarding training and knew what action to take if they suspected abuse, and who to report abuse to, such as the local authority safeguarding team. Staff told us they felt confident to discuss any safeguarding concerns with the registered manager. People told us they felt safe, were well looked after and happy.

All risks to people's safety had been assessed and were managed in line with individual risk assessments. Risk assessments for each person were detailed taking into account each person's specific needs. People were involved in writing their care plans and risk assessments. Care plans and risk assessments were written in an easy read format to make them more meaningful to people.

All accidents and incidents were recorded and monitored by the registered manager. The registered manager looked for any patterns so they could take action to prevent further incidents.

Plans were in place for emergencies, like a fire or a flood, and staff knew what to do in the event of an emergency. Safety checks were carried out regularly throughout the building, there were regular fire drills and people knew how to leave the building safely.

People were encouraged to take risks and were not restricted from doing what they wanted to do. People were supported to attend activities. During the morning of the inspection some people were going to a farm whilst others stayed at home. During the day people were asked if they would like to go to the shops or for a walk and some people took this opportunity.

Safe recruitment procedures were in place. New staff worked through an induction and period of shadowing colleagues before they worked with people alone. New staff read people's care plans to familiarise themselves with people's needs and got to know them before starting to support them. The provider had plan in place to involve people in the recruitment of staff.

There were enough staff on duty to meet people's needs; most of the staff had been at Seymour House for a long time and knew people well.

Staff had knowledge and skills to carry out their roles and responsibilities. A training programme was in place to support staff to keep their knowledge up to date. Staff were encouraged to work towards qualifications if they wished to do so.

Staff received support through regular face to face supervision. Team meetings were held with the registered manager to update staff on relevant matters. Staff expressed confidence in the management team and said they would not hesitate to discuss any concerns they had with the registered manager.

Staff sought people's consent before supporting them and involved people in making decisions. Staff regularly asked people for their views encouraging them to make decisions for themselves in line with guidance for seeking consent. When people could not make decisions for themselves the registered manager and staff followed the principles of the Mental Capacity Act 2005 to assist and make decisions in people's best interests.

People were supported to maintain healthy diets. People were involved in meal planning, writing the menus and with the cooking. Easy read menus were in the kitchen so that everyone knew the meals they were having. There was flexibility and further choice for those who did not want the menu options. Dietary needs were assessed and considered and people had support from dieticians when they needed it.

Medicines were managed safely. Medicines were stored in people's rooms and staff monitored this. People were supported to take their medicine safely. People were supported to maintain good health and had access to healthcare services. People received support from dietitians, GP's, dentist and other healthcare professionals. One relative told us, "(My loved one) hadn't had her toe nails cut so the manager arranged for regular chiropodist visits".

People said they had good caring relationships with staff who knew people very well. Staff treated people with kindness and compassion. People felt listened to and involved in the running of the service. One person said, "My keyworker knows my family well". One relative said "They are a very caring group of staff." Relatives we spoke with told us they got on well with the staff. One relative said, "The atmosphere in the service was calm and people were happy".

Relatives told us they were always welcomed when they visited and they could visit when they wanted to. One relative said, "I visit at various times and I am always made to feel welcome" Another relative said, "I am very pleased with how the home is run (relating to developing relationships)".

People talked positively about the staff. One person said, "I like it here, people are nice". "I like the staff they take us shopping and I like cooking and the food." Staff encouraged people to be as independent as possible. One person said, "I make my own tea but sometimes I need help."

People received care that was responsive to their needs. Arrangements were in place for individual needs to be assessed and regularly reviewed. People were supported to follow their interests such as taking part in social activities and interests.

People were supported to raise concerns. There was a complaints system in place and an easy read version was displayed on the notice board in the lounge. Staff were aware of the complaints procedures and said they supported people if they wanted to raise a concern. The registered manager told us they listened to

people and followed up on people's concerns if there was a problem. There was a positive culture in the service and openness was encouraged. Staff were confident to go to the managers if they had concerns and told us the managers were approachable.

People and their relatives told us the service was well led. One relative said, "The manager is superb and very responsive."

The registered manager sought the views of people, relatives, health professionals, and staff and responded in order to improve the service. The menus had been changed recently based on people's feedback.

Regular audits and checks were completed to monitor the quality of the service and identify improvements. One relative said, "I have received surveys which I have responded to and changes to the service were made as a result of suggestions made". Other audits carried out included looking at the quality of records and medicine management.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The CQC check that appropriate action had been taken. There were no such significant events at the home that required the registered manager to notify the CQC.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were aware of what abuse was and how to report any concerns. Risks to people were identified, monitored and managed appropriately.

There were plans to respond to emergencies. Emergency evacuation procedures were in place and the fire system equipment were maintained and serviced regularly.

Medicines were administered and managed appropriately. Accidents and incidents were recorded and tracked to identify any trends. The registered manager responded to any patterns that emerged.

Staff were recruited safely. Staffing levels were sufficient to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and competent and had regular supervision meetings. They had the skills and knowledge required to support people.

Staff understood that people had the right to make their own decisions. Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Consent was documented in people's records.

People were supported to have well balanced nutritional diets with sufficient amounts to eat and drink.

People were supported to maintain good health and when required, to access healthcare services to receive on-going healthcare support.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy living at the service. People and their relatives told us that staff treated them with dignity and respect.

Staff were kind and caring. They were aware of, and took into account, people's preferences and different needs.

People were supported to be as independent as possible.

Personal records were securely locked away to protect people's confidentiality.

People were supported to make choices and decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care and support specific to their individual needs.

People were involved in writing their care plans. Care plans were assessed and regularly reviewed.

People knew how to make a complaint if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture where people, relatives and staff could contribute ideas to improve the service.

People, their relatives and staff were positive about the leadership at the service.

Audits were completed on the quality of the service. These were analysed to identify any potential shortfalls and action was taken to address them.

The service was well led and there was a culture of openness and transparency.

Accidents, complaints and incidents were recorded. Monitoring was carried out to look at patterns and trends to reduce the risk of accidents reoccurring.

# Seymour House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 May 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This document asks the provider to submit key information about the service. We reviewed notifications received from the service. A notification is information about important events, which the provider is required to tell us by law.

During the inspection we spoke with six people, five members of staff, including the registered manager and the locality manager. Following the inspection we spoke with three relatives. We were shown around the service by staff and observed interactions between people and staff.

We observed how staff spoke with and engaged with people. We reviewed four care plans and the associated risk assessments. We also looked at a range of other records, including safety checks, staff files, audits and records about how the quality of the service was monitored and managed.

We last inspected Seymour House on the 5 September 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "The staff look after us well." People's relatives told us they felt their loved ones were safe. One relative told us, "My (loved one) is very happy there". People appeared relaxed and happy in the company of each other and staff. People told us or expressed that they felt safe. One person told us the staff made them feel safe. They said enjoyed walking to the local shop. They said they felt safe because staff went with them.

People were protected from harm and abuse. Staff were trained in recognising different types and signs of abuse and they knew how to report any concerns. Staff said they would not hesitate in reporting any concerns they had and knew about the right procedures to follow when reporting. Staff knew how to 'whistle blow' and said they would not hesitate to do so if required. Information about abuse was displayed in an easy to read format to help people understand about abuse. The registered manager was aware of safeguarding procedures and knew who to contact at the local social services department with any concerns.

Any accidents or incidents were recorded and monitored by the registered manager and senior managers so they could identify any patterns or trends and take action to prevent further incidents. People's money was safeguarded with systems in place to record and account for any money spent. Receipts were kept and the balances were checked regularly.

Risks to people had been identified and assessed and staff took action to reduce risks when needed. Some people were at risk due to their health needs. Guidelines were set out about how staff should respond and staff were familiar with people's risk assessments. One staff member said, "We have to read all the care plans before we start working with people so we are familiar with their associated risks and how to manage them". People and their relatives were involved in making sure risk assessments were relevant and up to date.

Risks were monitored without restricting people and people were encouraged to take risks as part of developing their independence. For example, one person was supported to go to the pub and the risk involved had been assessed and managed. Risks to people were being managed in a way that allowed people to live as independently as possible with staff support when needed.

Environmental risks were assessed. For example, gas and electrical appliances were checked regularly. There was a fire risk assessment and evacuation plans for each person and a general evacuation plan. Fire drills were held regularly so everyone was familiar with leaving the building in an emergency. Fire equipment was checked to make sure it was working properly.

Staffing was planned around people's needs, appointments and activities. Staffing levels were adjusted to support people's changing needs or to support a weekend or evening activity. For example, more staff were on duty at the weekend to support people's planned activities. Staff and people we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The registered manager was on



call out of hours to give advice and support.

Safe recruitment procedures were in place. Staff completed an application form, provided a full employment history, provided proof of identity and had a formal interview as part of their recruitment process. Written references from previous employers were obtained and checked before staff started work in the service. Checks were carried out with the Disclosure and Barring Service (DBS), who carry out criminal background checks, before employing any new staff to check that they were of good character. Staff were required to declare any health issues (that may need to be supported) and any gaps in their employment history were checked by the registered manager. The registered manager had plans to increase people's involvement in recruiting new staff, as this was an area for improvement.

People received their medicines when they needed them. Medicines were stored safely in each person's room and people said this system suited them. People were supported to take control of their medicines and staff supported people to learn more about their medicines and how to take them more independently.

Regular checks were carried out on medicines and the records to make sure they were correct. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Some people were prescribed medicines they needed only now and again. Guidelines were in place for staff to refer to about when to give this occasional medicine.

## Is the service effective?

### Our findings

People felt staff had the knowledge and skills they needed to meet their needs. One person said, "They know what they are doing". Another person said, "I have never had any problems". One relative told us, "The staff know how to look after people."

Staff told us they felt supported and received the training they needed to have the skills to support people. There was an ongoing programme of training which included refresher training as well as training on subjects related to people's needs. Completed staff training was tracked and further training for staff was arranged when needed. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. New staff completed induction training, which included shadowing existing staff. New staff worked towards the Care Certificate, a values based nationally recognised qualification in care, whilst some more experienced staff were encouraged to complete National Vocational Qualifications level 3 qualifications.

There were plans to introduce training for staff to help them support people to increase their skills. The training was called "person centred active support". The registered manager hoped that people may benefit if staff received person centred active support training so this was an area for improvement.

Training needs were discussed at one to one meetings. One to one meetings were held regularly with staff. Staff were given feedback and discussed any concerns and areas for personal development. The registered manager supported and coached staff by working alongside them.

Staff had an appraisal every year. They discussed their training needs, set goals and career ambitions for the next year. The staff team was small and staff had been at the service a long time so they knew people well.

Staff were aware of people's health conditions, anticipated people's needs and gave them support. For example, a staff member told us in detail about one person's likes, dislikes and habits, they told us how they engaged with the person, who was shy, to encourage them to be involved. During the afternoon the staff member used these skills successfully and the person came out of their bedroom and took part in preparing the evening meal. Another staff member knew the importance of family birthdays to one person and arranged to take them shopping for a card and a present. One relative told us, "It really makes a difference and the family really appreciates it."

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 make 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. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met. Nobody living at Seymour House was subject to a DoLS authorisation because nobody needed one.

The registered manager and staff had received Mental Capacity and DoLS training and were aware of the legislation about how decisions were made in people's best interests. Staff we spoke with had an understanding of the MCA and how to support people who lacked the mental capacity in line with the principles of the Act. People were supported to make their own decisions. Staff presented information to people, in ways they could understand, to help them make choices. If people had to make more complex decisions, for example, about medical treatment, their loved ones and others got together with them to help them decide.

People told us they enjoyed their meals. One person said, "I like the food and choose my favourites at shopping". Staff supported people to eat, drink and maintain a balanced diet and staff involved people in planning the menu to make sure people were being served food that was both nutritional and what people liked.

Staff prepared the meals and supported people to be involved as much as possible.. Hot and cold snacks and drinks were available to people throughout the day. A pictorial menu was shown to each person to make their meal choices and suggestions. There was flexibility for people to have alternative meals if they wished. For example, on the day of the inspection shepherd's pie was on the menu but one person did not want this, so an alternative evening meal was prepared for them.

During lunchtime people chose to eat different things at different times. People were supported to make their lunch if they wished and visibly enjoyed their lunch. One person said, "I enjoyed that", after finishing their lunch.

Nutritional risks identified in care plans, for example, the risk of weight loss, were managed by staff during food preparation and when supporting people with their meal choices. For example, one person was referred to a dietician and placed on a low fibre diet. There was an illustrative easy to read chart in the kitchen with the ingredients to be used for each meal, what it contained and if it was high or low in fibre. Another person was at risk of choking so had to have their food cut up. Staff made sure this was done and supported the person to be safe when eating their meals.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians and speech and language therapists.

People were supported to attend appointments with the GP and dentist. Staff understood about the care and support people needed. One staff member told us that they monitored appointments for a person and put them in the staff diary so they could remind them and attend with them. Relatives said that people were supported with any health issues. A relative said "(their relative) left home with a toothache and when I called the service the next day, staff had already taken her to the appointment". Each person had a personalised Health Action plan detailing their health care needs.

Staff referred people to relevant health services. A relative told us that their loved one had been referred to a chiropodist. The relative said "They (their relative) became anxious when I attempted to cut their toe nails. I discussed this with the staff and they made a referral to the chiropodist". The relative said the service was responsive to the person's needs.

# Is the service caring?

## Our findings

People told us that they were happy living at Seymour House and they were positive about the staff and management team. The registered manager walked past and one person said, "Hello my friend". The person told us the manager was their friend. One relative said, "The staff have been here for a long time and are excellent. They know people very well". People were very fond of some staff and had good relationships with others. One person said "I like all the staff, especially (staff member), they are my favourite." Another person said, "They look after us well here."

People received care and support that was individual to them. Staff had built strong relationships with people and their relatives and knew them well. They understood people's preferences, needs, likes and dislikes. One person said "They know me well".

Staff were caring and treated people with kindness. Staff showed concern for people. For example, a staff member noticed that one person appeared not to be engaged with a television programme and asked the person, "Are you ok? Is this what you want to watch?" the person said "No". The member of staff went through the channels until the person chose a programme they wanted to watch.

People and their loved ones were actively involved in making decisions about their care, treatment and support. One relative said, "We had to be a part of some difficult decisions at the beginning, but we felt involved and so did (our loved one)." People and their loved ones were involved in review meetings so they could have a say about their support.

People were supported to make decisions. One person asked a member of staff, "What shoes shall I wear?" The member of staff replied by saying, "What shoes would you like to wear?" and the staff member supported the person to choose some shoes. Staff told us people often asked for their advice on what to wear or what to watch and because they knew what people liked they were able to support them to make choices.

Staff supported people to be as independent as they could be. For example, some people were able to make tea but required some assistance. Staff provided support to help them and did not take over the task completely, but helped people when required to allow people to further develop their skills.

Information was produced in accessible formats. Information about safeguarding, complaints and in care plans were all in easy to read illustrative formats making them more accessible to people.

The keyworker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were a keyworker for. A member of staff said, "I have built a good relationship working this way". A keyworker is a member of staff who was allocated to take the lead in co-ordinating a person's care.

People went out with staff and chose where they wanted to spend time. Staff knew people's preferences

and respected them. One member of staff told us "Some people prefer to have their own space and we respect this, we give them time alone". Staff supported people to develop and maintain friendships and relationships. People told us they had formed good friendships with other people living at Seymour House. A relative told us, "(My loved one) always says they have two homes, here and Seymour House".

People's privacy was respected. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. Staff showed respect for people. People said that staff maintained their privacy. One relative said "I trust staff; they respect (my relative's) privacy".

People's information was held securely. Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality. Staff could locate files promptly when we asked to see them. Staff understood it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

## Is the service responsive?

### Our findings

Care was personalised and people had individual plans that were tailored to their needs. People felt their needs were responded to. One person said, "They respond well to my needs". One relative told us, "My loved one had some difficulties understanding how the phone works when they couldn't hear your voice, so the manager bought a speaker and plugged the phone into it so they could hear me clearly". The family member told us they thought this was very responsive and addressed their relative's needs.

People, their relatives and other agencies, such as social workers were invited to contribute to people's assessments, to decide if the service was suitable for them. Before people moved into Seymour House people and their families were invited to visit the service to check if it was suitable. People were given an opportunity to meet others living in the service, and get a feel for the environment that they would be moving into.

People had an individual care plan which gave staff guidance and information they needed to support people. Each person had a communication passport. Care plans and communication passports were personalised; (a communication passport has information about how a person prefers to communicate). Areas covered in the care plans included a section on "Things I am good at". Care plans were in easy read formats so they were meaningful to people. Staff we spoke with knew about people's needs and the contents of care plans. Staff told us this helped them to become "familiar" with the person so they could respond appropriately to their needs. Care plans were regularly reviewed and updated with people.

People were supported to follow their interests and take part in social activities. For example, people we spoke with told us they liked animals and swimming. They were supported by staff to pursue these interests. One relative told us "(My relative) loves music and the staff encourage music and a singalong when people want to". The relative was pleased with the support their family member had to pursue their interests. One person told us how staff supported them to go and see a show they liked. They said "I was so glad I got to see it".

People were encouraged and supported to develop and maintain relationships. One person told us they were supported to attend a club where they met up with their friends and met new people. A relative told us the registered manager and staff supported their family member to keep in touch and maintain their relationship. They said "They will send a card if it's a special occasion like a birthday". Another relative said, "My (loved one) comes home during holidays".

People were encouraged to provide feedback about the service. There was a complaints policy and procedure and it was produced in an easy read format. The easy read policy was displayed in the lounge on the notice board. Staff we spoke with were aware of the complaints procedure and policy. They told us they would support people if they wanted to make a complaint. The registered manager said there had been no complaints for a long time, but if there was a complaint this would be investigated and responded to. Staff told us they knew people "well" and could tell by people's body language and behaviours if they were not happy about something. People told us they would talk to staff if they had a complaint and staff would, "sort

it out.'

## Is the service well-led?

### Our findings

Staff told us they thought the service was well led, that managers were supportive and that there was a transparent and open culture. People told us they liked the registered manager.

The registered manager had managed the service for several years and knew the staff and people there very well. They led by example and supported staff by working alongside them. Although the registered manager attended regular in house manager's meetings they did not attend any local forum or network meetings with other providers and managers. They agreed this was an area for improvement.

There was a culture of openness. Staff and the registered manager spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'achieving positive outcomes for individuals.' Staff attended regular team meetings and had the opportunity to get together as a team and to air their views and opinions. All the staff we spoke with said they 'loved' working at Seymour House. One staff member told us "It is relaxed here; it is like an ordinary home, which it should be. We focus on people, we do everything to fit around them, and we focus on independence." Another staff member said "If I did not love working here I would leave, but I love it."

People, their relatives and staff were asked for their feedback about the service every year. Staff at the provider's head office sent out surveys and collated the responses. There was no current action plan based on responses and the results of the surveys had not been publicised. This was an area for improvement. People could also share their views at regular review meetings. One person said they would prefer carpet to the hard wooden floor and new carpet was being arranged. One relative said, "It is a very well run home and the staff are proactive and conscientious".

Checks and audits were carried out regularly. This included audits of the environment, people's records and staff training. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to improve the service.

Accidents and incidents were recorded and action had been taken to reduce the risks of further incidents. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered manager was aware they had to inform CQC of significant events, without delay. Records were organised, up to date and held securely.

The provider employed the services of independent auditor to measure and review the quality of the service and the findings were reviewed by senior managers. Any concerns highlighted were addressed with the registered manager to drive improvement.

The registered manager submitted a monthly quality report to the locality manager covering staffing levels, recruitment, eLearning, inductions and any other service concerns. The locality manager supported the registered manager to address any issues found and this was also used to measure and review the



performance of the service.