

The Seymour Home Limited

# Seymour Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Seymour Care Home is a residential care home that is registered to provide personal care and support for up to 27 people over the age of 65, including those living with a diagnosis of dementia. On the day of the inspection there were 21 people living at the home.

Seymour Care Home is a large extended house situated in the Clayton area of Manchester, accommodating people in one adapted building, with a large garden to the rear of the home.

People's experience of using this service:

Staff rotas we looked at on the day of the inspection accurately reflected the numbers of staff on duty. During the inspection we had concerns that staffing levels were not always sufficient to provide safe care and treatment for people at all times. Staff knew how to keep people safe from harm from abuse and people told us they felt safe. Staff were aware of risks specific to individuals and risks posed by the environment and were guided with information and instruction on how to reduce these to keep people safe.

The meal time experience was not a good one for some people on the second day of our inspection, partly due to the layout of the dining room. We discussed this with the registered manager during our feedback. People spoken with said they were well cared for. People were supported to have choice and control of their lives and staff supported this in the least restrictive way possible. Policies and procedures were in place to support this practice. People received a healthy diet in line with their assessed needs. People had access to health care as required.

Care plans and assessments were in place which identified the areas of support people wanted and needed. People's views and opinions were sought on the service. This was done informally as the service was a small one. The service had a complaints policy and people we spoke with knew how to make a complaint. Suitable arrangements were in place to respond to any complaints and concerns.

Systems and procedures were in place to monitor the quality and effectiveness of the service. At our last inspection the registered manager had introduced and completed a variety of audits to identify areas of good practice and issues for improvement. We saw that audits of the service had been sustained and indicated that the registered manager had oversight of the service. People, and their relatives were consulted to provide feedback on the service, but the number of responses were low. Professionals and staff had not been asked for feedback. The registered manager was dealing with staffing issues and trying to improve staff morale.

At this inspection we found improvements continued to be made in some areas. We will continue to monitor information and intelligence about this service to ensure these are sustained.

Rating at last inspection: Requires Improvement (report published on 24 July 2018).

The last inspection of Seymour Care Home took place on 05 and 06 June 2018. The last rating for this service

was requires improvement (published 24 July 2018). The service remains rated requires improvement. This service has been rated requires improvement or worse for the last four consecutive inspections.

Why we inspected:

An unannounced comprehensive inspection was undertaken on 10 and 11 July 2019 in line with our inspection schedule and to ensure that previous improvements made by the provider had been sustained.

Enforcement: Please see the 'action we have told the provider to take' section at the end of the report.

Follow up: We have asked the provider to complete an action plan detailing how they will make improvements to ensure the regulations are met. We will work with our partner agencies, including the local authority, to review the progress made by the provider. We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led below.

**Requires Improvement** ●

# Seymour Care 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

The inspection was undertaken by one adult social care inspector.

#### Service and service type

Seymour Care Home is a 'care home', providing care and support for up to 27 people, some living with dementia or other complex needs. 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.

At the time of the inspection there was a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission. A registered manager is a person 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

The first day of inspection was unannounced. The second day was by mutual agreement. The inspection was carried out on the 10 and 11 July 2019.

#### What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with four people who used the service, two relatives and a visitor to ask their experience of the care provided. The visitor had stayed at the home on a short break prior to this inspection. We 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 to us.

We spoke with the registered manager, the deputy manager and four other members of staff. We reviewed a range of records. This included four people's care records, four staff files, staff training and supervisions and the management and monitoring of the service. We looked at a variety of records about medicines and checked medicines for three people. We spoke to a member of staff responsible for administering medicines during the inspection.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing levels and recruitment

- On the days of inspection there were sufficient staff employed at the home during the morning to meet people's needs. Care and support were being provided promptly on both mornings of our inspection.
- Staffing levels were reduced during the afternoon with two care workers on duty from 2pm. A lounge was unattended for over half an hour and one person with poor vision was walking round the room and nearly tripped. On checking accident and incident records all four falls recorded during May had taken place in the afternoon, between 2pm and 5pm. We discussed this with the registered manager who assured us dependency tools would be updated to reflect current needs and the deployment of staff would be reviewed.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At night there were three care workers on duty. This had been increased from two members of staff due to the number of people living in the home. People told us they felt safe during the night.
- Four staff files we looked at during the inspection showed recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks, seeking references from previous employers and the provision of mandatory training. DBS checks help employers make safe recruitment decisions as they identify if a person has had the provider any convictions or cautions.

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

- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they felt safe living at Seymour Care home. We received the following comments, "I feel safe here. [It's] safer than the hospital. When I buzz for help, staff come." Another person told us they were well supported and felt safe at night.
- Information and training provided staff with guidance about what to do to make sure people were protected from harm or abuse. Staff were able to tell us what steps they would take if they suspected people were being abused.

### Assessing risk, safety monitoring and management

- Risk management plans were in place and were accessible to staff. Risk assessments contained information staff needed to manage and mitigate risk.
- People's weights were rigorously monitored. Mechanisms in place indicated any weight gains and losses and the home was proactive in referring people identified at risk of malnutrition to other health

professionals, for example the dietician.

- Staff knew people well and described the actions they took to manage risks. For example, staff outlined the specific approaches they used to reduce people's levels of anxiety or to de-escalate a situation.

#### Using medicines safely

- The home had robust ways of working that ensured people were kept safe when receiving medicines. People who received pain medication at lunch time were given their morning medicines first. This meant a four hourly gap between the administration of medicines to control pain was assured and people were kept safe.

- Medicines were obtained, stored, administered and disposed of safely by staff. The provider had policies in place regarding the safe management of medicines, including checks on staff.

- There was good detail in medicine files regarding people's medical conditions, medicines taken on an 'as required' (PRN) basis.

- Some members of staff were signing medication administration records (MARs) with only one initial and not the required two, and this was brought to the registered manager's attention. They informed us staff would be reminded of the correct protocol regarding MARs signatures in staff meetings and supervisions.

- Improvements in the safe management of medicines had been sustained since our last inspection.

#### Preventing and controlling infection

- Staff had access to disposable gloves and aprons when providing personal care and hand sanitizers were situated around the home.

- There were no malodours around the home on both days of our inspection. People and family members we spoke with spoke highly of staff with regards to the cleanliness of the home.

#### Learning lessons when things go wrong

- The registered manager had dealt with a safeguarding incident in the past and a referral to the DBS had not been done. A referral to the DBS might prevent someone from working with vulnerable people in the future. In light of this error the registered manager had reviewed all previous safeguarding incidents to ensure there was consistency in reporting to the required agencies.

- The provider and registered manager had learned lessons from previous inspections and were now more aware of their regulatory responsibilities.



# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Toilets and bathrooms were adapted to the needs of people with limited mobility.
- We saw that people had personalised their own rooms according to their own tastes. One person had decorated their room, bought a small fridge and chosen new light fittings.
- There was a large, spacious garden area to the rear of the home. Access to this however was not easy to navigate, as the path was fairly uneven. The provider was considering plans to improve the garden area and make easily accessible for all in the future.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager was aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Care plans we looked at demonstrated people had been consulted and involved in making day to day decisions and ensuring the appropriate consent had been gained.
- Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. However, there were occasions when people were not always consulted by staff before providing support.
- Where required, DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process.

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

- Prior to a person being admitted to the service a pre-admission assessment was completed to ensure individual needs could be met. The needs of the people currently living in the home were also taken into consideration.
- The pre-admission assessment gathered information relating to people's medical, physical and emotional needs including levels of support required and any known risks.

Staff support: induction, training, skills and experience

- Staff received the training they required to do their job which included care related topics as well as health and safety issues. In addition to mandatory training staff could complete distance learning workbooks on care topics such as medicine administration, end of life care and dementia.
- The supervision of staff continued to be a priority for the management team and improvements noted at the last inspection had been sustained. Staff we spoke with felt supported and valued supervision sessions.

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

- The service had been awarded a food hygiene rating of 5, the highest rating possible, two days before this inspection.
- People's specific dietary needs were communicated to all staff. Staff employed in the kitchen were aware of any recommendations made by health professionals, for example speech and language team. Care staff knew what kind of assistance people required when eating meals. One member of staff we spoke with told us, "[Person] can't eat big pieces of meat. We help by cutting it up smaller for them." This meant the person was able to eat independently and remained safe.
- People had their weight monitored to ensure they were receiving enough to eat and drink. The service had purchased bigger breakfast bowls so that people had a substantial breakfast.
- People were able to eat meals where they chose to. Staff promoted choice and knew people's preferences with regards to where they liked to eat their meals, for example in the lounge area or in their room.

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

- Care records reflected a multi-disciplinary approach to meeting people's individual needs. For example, there was evidence of input from GPs, district nurses, podiatrists and other health professionals.
- Staff notified relevant professionals and family members if this was the person's choice, following any identified changes in need.

# 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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs, personalities, likes and dislikes.
- Our meal time observation showed that most staff were patient, kind and friendly when attending to people. People were not always consulted or given choices before care and support were provided on occasions. Following lunch a member of staff wiped a person's face with a wet wipe without asking. The person said they preferred a tissue. We discussed this with the registered manager as staff appeared rushed during the meal time service.
- Staff providing oversight in one lounge area did not always engage with people.

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

- Records showed that where appropriate relatives were consulted about their family member's care. One relative told us, "They always tell me if any changes have occurred. They're very good at that."
- People could access an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. People were provided with their own room key if this was their choice.
- Shaving equipment had been purchased for one person. Their confidence had grown as they were able to shave independently. Staff commented on the person's smart appearance and the person smiled.
- People were supported to maintain and develop relationships with those close to them. There were no restrictions on visitors. One visitor had stayed previously at the service on a short term break and returned to the home regularly to visit friends they had made.
- People's right to privacy and confidentiality was respected. Staff were patient and reassuring in their approach, providing words of encouragement to people where necessary. If people chose not to engage then staff gave them space.

# 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 deteriorated to requires improvement. This meant people's needs were not always met through good organisation and delivery.

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

- People who were able to leave the home independently or with family support could go out and engage in leisure and social activities. There were less opportunities however, for people who required support from staff to go outside. People had recently enjoyed a trip to a local museum.
- Some people were happy to remain at the home, staying in their room or spending time in communal areas of the home. One person liked to spend time in the garden and was able to do this as they could access it independently. People with limited mobility were not able to do this. Another person we spoke with told us they had been to the shops with staff support and said, "I would like to go out a bit more regular."
- The activity co-ordinator employed at the home had left before this inspection. There were some attempts from care staff during our two days of inspection to engage people in the home in individual activities, for example a manicure and a hand massage. The manager told us a new activities co-ordinator would be recruited. We will check this on our next inspection.

We recommend that further consideration needs to be given to providing people with opportunities to engage in meaningful activities both inside and outside the home.

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

- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences.
- Staff were aware of people's life histories but were mindful that some aspects might cause distress. We heard a family member's response to a question their relative asked and they explained to us the reasons for this. Later we heard staff provide the same reply, so as not to confuse or distress the person. We saw that this response made the person happy and met their needs.
- Staff involved people in formulating their care and support plan on admission to the home and responded well to their needs. One person we spoke with had a sweet tooth. A member of staff had purchased a 'goody bag' that the person was able to store all their treats and chocolate bars in. The person told us, "I like star bars, savoury biscuits and drinks with a straw." They showed us the bag they kept with them and it contained their favourite snacks staff had bought for them.

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 in their care records. This provided staff with information on how best to communicate with them.
- The registered manager considered people's communication needs when producing documents about the home. For example, the service user guide was available in large print for those with a visual impairment and the service sourced listening books for one person living in the home.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and we saw that the service had a complaints policy and procedure.
- The registered manager was proactive in their approach on receiving both formal and informal complaints. One person had complained about being disturbed at night by the noise from the nurse call system. The registered manager was exploring ways to resolve this at the time of our inspection. The contractor was able to reduce the volume of the call bell on the first floor, which did not interfere with alerting staff. The person was satisfied with this outcome.

End of life care and support

- The service had completed the 'Six Steps End of Life Care' training programme. The aim of the training is to ensure all people at the end of their life receive high quality care. Some staff had also completed additional training on this aspect via a distance learning module.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The home had a registered manager in post which was a condition of the provider's registration with CQC. There was support for the manager from the deputy manager. The registered manager had undertaken audits which were used effectively to monitor and improve the quality of the service provision.
- The registered manager completed a dependency tool but the provider was responsible for calculating the staffing levels. We judged that staffing levels at the time of this inspection did not always meet the needs of everyone living at Seymour Care Home.
- The CQC inspection rating from our last inspection was displayed in the home, as required.

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 registered manager was aware of their obligation to notify CQC of all of the significant events occurring within the home.
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their responsibilities of the Duty of Candour. This is a legal requirement to be open and honest when things wrong.
- The management team and staff were responsive and keen to share information during the inspection.
- The registered manager acknowledged the provision of activities for people was currently limited due to having no activity co-ordinator. They recognised this was a priority and were working to address this.

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

- There were systems in place to check the quality of the service. These included monitoring and reviewing of care plans, accident and incidents, weights, medicines, maintenance and health and safety. The new quality monitoring systems we found at our last inspection had been sustained.
- The registered manager, with support from the deputy manager and provider, was now more aware of their responsibilities with regards to the regulatory requirements.
- Communication with the nominated individual was via technology. A piece of messaging software had been introduced so that members of the management team were aware of their specific responsibilities. For example, a new shower chair was needed at the home. This had been requested by the registered manager. The provider had communicated back to the registered manager details of the order, with a picture of the

shower chair. This was awaiting delivery at the time of the inspection.

- Staff training compliance had been effectively monitored and supervision of staff was ongoing.

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

- The registered manager sought views from people, their relatives and staff about how well the service was supporting people with annual questionnaires, although responses had been low. Health professionals had not been contacted for feedback. The registered manager was exploring ways to improve this.
- There were no formal resident meetings held but people's views on aspects of the service, for example menus and activities, were gathered informally. One person we spoke with had asked for bedding plants for the garden and was waiting for these to be supplied.
- Staff meetings provided staff with the opportunity to share their views with the management team and for important information to be discussed. Some staff we spoke to told us they would be listened to if they did raise an issue but others felt more support could be offered by management. Staff told us morale was low at the time of this inspection.

Continuous learning and improving care

- The registered manager was addressing staffing issues in the service. The service instigated disciplinary action against staff when this was appropriate, for example for poor attendance.
- The registered manager had introduced 'stand up' meetings, short briefing sessions for staff on duty so that they were kept informed of events happening in the service.

Working in partnership with others

- The registered manager worked collaboratively with the local authority. The local authority had carried out an audit and had recommended having staff photographs on display. These would help provide reassurances for people with dementia. The registered manager was working on this at the time of the inspection and a board had been fitted in the foyer to display photographs of staff.
- The manager was using available resources and contacting relevant health professionals involved in people's care for advice and guidance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Staffing levels were reduced in the afternoon and were insufficient to meet the dependency needs of people living in the home.