

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

What life was like for people using the service:

The service continued to provide high quality, person centred care. Potential risks to people had been assessed and there was detailed guidance in place for staff to follow to mitigate the risks. Staff supported people to live their lives to the full.

There was an effective system to monitor the quality of the support provided. Information from audits, accidents and incidents were used to drive improvements within the service. Staff received training and supervision to improve their practice and development to ensure people received person centred care.

Staff knew people well and how to communicate effectively with them. Staff supported people effectively to provide positive behaviour support and to be as independent as possible and learn new skills. Staff respected people's decisions about their care.

People were supported to take part in activities they enjoyed. Staff continued to support people to develop links with the community. People indicated that they were happy living at the service and were comfortable in the company of staff.

More information is in the detailed findings below.

Rating at the last inspection:

Good (report published 8 July 2016).

About the service:

Seymour House is a residential care home that accommodates up to six people living with learning disabilities or autistic spectrum disorder. At the time of the inspection, six people were living at the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen 'Registering the Right Support' CQC policy.

Why we inspected:

This was a planned inspection based on the rating of the last inspection. We found that the service continued to meet the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Seymour House

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:

One inspector carried out this inspection.

Service and service type:

Seymour House is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from funding authorities. We assessed the information we require providers to send at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with five people living at the service and we spent time observing staff with people in communal areas during the inspection. We spoke with the registered manager, the locality manager and three staff. We received feedback from one professional before the inspection.

We reviewed a range of records. This included two people's care records, reviewed medicine records. We also looked at two staff recruitment files, supervision and training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had been assessed and there was detailed guidance for staff to follow to mitigate the risk. Some people were living with health conditions such as epilepsy. Staff had followed guidance when people experienced a seizure and this had been effective in keeping them safe.
- People who displayed behaviours that may challenge had positive behaviour support plans. These contained detailed guidance for staff about what triggered the behaviour and how to support the person when they became distressed or anxious. Staff understood how to support staff, we observed them putting the guidelines into practice and these were effective.
- Staff supported people to take positive risks to live their life fully and be part of the community.
- Checks had been completed on the environment and risk assessments completed to keep people safe. When shortfalls were identified, action was taken to rectify the issues.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to keep people safe from abuse. The registered manager had referred any concerns to the local safeguarding authority and taken appropriate action to keep people safe.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they reported.

Staffing levels:

- There were sufficient staff to meet people's needs and support them with activities. Holidays and sickness were covered by staff and the registered manager if needed.
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and a full employment history.

Using medicines safely:

- Medicines were stored, administered and disposed of safely. Medicines records confirmed people had received their medicines as prescribed.
- Staff completed training in medicines administration, their competency was checked twice a year or when an issue had been identified.
- When people were prescribed 'when required' medicines such as to calm them or relieve pain, there were guidelines for staff to follow about when and how much to give the person.
- When people went home to their families, a record was kept of the amount of medicines given to families and the amount returned, to check that the persons medicines had been given while they were away.

- People's medicines were reviewed regularly by a healthcare professional.

Learning lessons when things go wrong:

- Incidents and accidents were recorded electronically. The locality manager reviewed any recorded incidents or accidents, the electronic system enabled them to identify any patterns or trends for a service or for an individual.
- Action had been taken to reduce the risk of incidents happening again. For example, sensors had been put on a door to alert staff when a person left their room following an incident.

Preventing and controlling infection:

- The service was clean and odour free.
- Staff had received training in infection control and used personal protective equipment such as gloves, when required.
- The current guidelines were followed for washing soiled clothing and disposal of clinical waste.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good.

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

- People's needs were assessed and were reviewed regularly by keyworkers.
- No new people had moved into the service since the last inspection. The provider had a policy in place to ensure that people who wanted to move into the service would be assessed to make sure staff could meet their needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments, this included people's needs in relation to their culture, sexuality and religion.

Staff skills, knowledge and experience:

- Staff received training appropriate to their role. Training was updated including face to face and online training. Topics included specific topics to meet people's needs including, diabetes, epilepsy and positive behaviour support.
- During the inspection, we observed staff putting their training into practice, people were supported effectively.
- Staff received regular supervision and appraisals. The registered manager worked with staff observing their practice. Staff were supported to improve their skills and knowledge to develop their practice.

Supporting people to eat and drink enough with a choice in a balanced diet:

- People were involved in choosing the menu for the week ahead. People used picture cards to help with their choice.
- When people wanted a different meal from what was on the menu, they were catered for.
- People's dietary needs were known by staff and catered for, for example people's food allergies.
- People were encouraged to make their own snacks and drinks, when able, during the day.

Staff provide consistent, effective and timely care:

- People had a health and communication passport, this gives an overview of people's healthcare needs, keyworkers reviewed these documents regularly to make sure they were still relevant.
- People were supported to attend appointments with healthcare professionals including specialists for people's health conditions such as epilepsy.
- People's medicines were reviewed regularly to ensure they remained effective.
- Staff followed the guidance from healthcare professionals to keep people as healthy as possible.
- People were encouraged and supported to live as healthy lifestyle as possible, for example people went

swimming and exercise sessions.

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 are 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 MCA. The application procedures for this in care homes and hospitals are called 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 legally deprive people of their liberty were being met.
- When it had been assessed as appropriate, the registered manager had applied for authorisations to legally deprive people of their liberty.
- When DoLS authorisations were coming to an end, a new application was sent to ensure any deprivation of liberty remained legal.

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

- People's rooms were personalised to meet people's needs and reflect their choices and preferences.
- People had access to the garden and all areas of the building.
- The building had been adapted to meet people's needs. Improvements continued to people's environment including new flooring and new bathrooms.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff respected people's feelings and spoke to them with compassion. During the inspection, one person became upset, the registered manager was empathetic and respected how the person felt. The person was comforted by being hugged and talking through their feelings, the person later thanked the registered manager for their help.

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

- People were supported to express their views, people were encouraged to be involved in all meetings and health appointments.
- Staff respected people's decisions, they made sure people had all the information they needed to make decisions. One person decided they did not want to attend appointments and have blood tests to monitor a health condition. Staff supported the person to maintain a healthy lifestyle to reduce the risks from the health condition.

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

- People were encouraged to be as independent as possible. Staff worked with people to improve their skills especially around making drinks and snacks and doing housework.
- Some people did not always want to engage with staff to complete tasks, staff continued to encourage them to do simple things like taking their cup into the kitchen.
- People's privacy was respected. When people wanted to spend time in their room, this was respected by staff.
- People were supported to maintain relationships with family and friends. Some people had gone on holiday with their family, others were supported to maintain regular phone contact with family.
- People's confidentiality was maintained, people's information was kept securely and staff understood how to protect people's confidentiality.

Is the service responsive?

Our findings

People received personalised care that responded to their needs:

Personalised care:

- Staff knew people well including their likes, dislikes and preferences, these had been recorded in a person-centred care plan.
- Details of people's cultural, religious and sexuality preferences and choices had been recorded. There was detailed guidance for staff about how to support people to make sure these needs are met.
- People's care plans were reviewed regularly and when there had been any changes to the person's needs.
- Staff described how people were supported including how to recognise their moods and behaviour and respond to them appropriately.
- We observed staff responding to people during the inspection, communicating with them effectively.
- People had the opportunity to take part in activities they enjoyed. Staff supported people to go to day centres, swimming and shopping. People were supported to maintain their interests and hobbies including sewing.
- People had photographs of their trips out displayed in their rooms.

Improving care quality in response to complaints and concerns:

- The provider had a complaints policy. There had been no formal complaints since the last inspection.
- People were reminded how to raise any concerns at house meetings. Staff recognised when people were unhappy and worked with them to find a solution, this had been recorded in people's daily notes.

End of life care and support:

- The service was not supporting any one at the end of their life. People and their relatives had been asked about their end of life wishes and these had been recorded.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service promoted person centred, high quality care and good outcomes for people:

- There was an open and transparent culture within the service, people were supported to express their views about their care and were supported to make decisions.
- The registered manager and staff told us they treated people as individuals and this empowered people to lead their lives to the fullest and be as independent as possible.
- Staff told us the registered manager was approachable. During the inspection, people chatted and hugged the registered manager and spent time in the office with them. People appeared to be happy and relaxed in their company.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- There were effective systems in place to monitor the quality of the service.
- The registered manager, locality manager and quality assurance team completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the locality manager.
- The provider had an electronic recording system where the audits could be reviewed at any time, to check they were effective.
- The locality manager visited the service regularly, staff and people were comfortable in their company and chatted openly with them during the inspection.
- The registered manager had informed CQC of significant events that happen within the service, as required.

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

- Staff told us they felt supported and listened to by the registered manager.
- Regular house meetings were held, where people were encouraged to express their views about the service and make suggestions.
- Staff attended regular staff meetings, where their practice and people's needs were discussed. Staff could make suggestions to improve the service.
- Quality assurance surveys were given to people and staff, these were analysed to identify any concerns. When people had expressed that they were not happy in the survey, the registered manager met with them, discussed their concerns and put a plan in place to improve the person's experience.

Continuous learning and improving care:

- The provider had meetings and workshops for their registered managers, these kept the registered

manager up to date with any changes. The meetings also included presentations from other agencies such as the local safeguarding team, to keep informed of requirements.

- The registered manager received updates from national organisations such as National Institute for Clinical Excellence, to continuously improve the service.

Working in partnership with others:

- The registered manager worked with funding authorities and the local safeguarding team to ensure people received joined up care.
- The registered manager had started to develop links with the community and supporting people to go to clubs and activities.