The Seymour Home Limited

Seymour Care Home

Inspection report

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Date of inspection visit:
26 September 2016

Date of publication:
21 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 September 2016 and was unannounced. At the last inspection in June 2014, we found the provider was meeting all the regulations we inspected.

Seymour care home is situated in the Clayton area of Manchester and provides residential care for up to 26 people.

At the time of our inspection the service had a registered manager. 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.

We found there were systems in place to protect people from risk of harm. There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to consent, the provider did not always act in accordance with the legal requirements of the MCA 2005.

We looked at records relating to the personal care the service was providing and found care was well planned and reviews involved the people receiving care and their families. Care was personalised and people were well supported. People received good support to make sure their nutritional and health needs were appropriately met.

At this inspection we found the provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well.

There was enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

We observed some good interactions between staff and people who used the service and the atmosphere was relaxed. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

Records we looked at showed there were systems in place to assess and monitor the quality of the service and the focus was on continuous improvement. However these were not always effective in relation to assessing people's capacity. There was good leadership at the service by the registered manager which promoted an open culture.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Records showed people had been given their medicines correctly.

There were sufficient numbers of staff on duty to ensure people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people did not have the capacity to consent, the provider did not always act in accordance with the legal requirements of the MCA 2005.

Staff training provided staff with the knowledge and skills to support people safely.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's healthcare needs.

Is the service caring?

Good

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by staff.

Relatives felt they had being supported to be involved in the care for their family. Relatives told us they felt their family were cared

for.

Is the service responsive?

Good

The service was responsive

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home.

We saw the complaints policy was available in the service and this was given to people and their relatives when they first began to use the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were checks in place, although these were not always effective when monitoring the quality of service delivery in relation to mental capacity and best interest.

Staff told us the registered manager was approachable and there was an open culture within the service.

The registered manager ensured staff had an opportunity to attend meetings to discuss operational issues and contribute to the running of the service.

Seymour Care Home

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.

This inspection took place on 26 September 2016 and was unannounced.

At the time of our inspection there were 26 people who used the service. During our visit we spoke with 11 people who used the service, spoke with four staff and with the registered manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at three people's care plans and three people's medication records.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to complete this.

We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We were not informed of any concerns.

Good

Is the service safe?

Our findings

People told us they felt safe and happy in the home. One person told us, "Yes I like it here they are all nice to me and I feel safe." Another person told us, "Its ok I like some people better than others." Another person told us, "Yes its lovely isn't it." Relatives we spoke with were happy about the care there family received in the home. One relative told us, "The staff are lovely and they look after [name of person] really well."

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The provider said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. One staff member told us safeguarding was about when people had bruises, falls or illness. Another staff member said they were able to report safeguarding incidents directly to the registered manager. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed all staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out for mobility, food and fluids and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced weekly and also at unannounced intervals. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people with their mobility needs in the event of an emergency.

The provider had written procedures for the safe storage, administration and disposal of medication. Checks of the medications were carried out weekly and any errors or omissions were investigated by the registered manager. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines.

Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR's showed staff were signing for the medication they were giving. There was no evidence to indicate any person living at the home was put at risk or had come to harm.

During our look around the premises we saw the home was clean and tidy and mostly free from malodours. However, we did point out to the registered manager of a malodour in an isolated area of the home. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also, with people's agreement, looked at some people's bedrooms which were clean, tidy and personalised. The home at the time of inspection was undergoing some refurbishment.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Applications for DoLS had been made. However, mental capacity assessments and best interest were not in place in the care plans we looked at. An example of this was one person's care plan stated they lacked capacity due to their cognitive impairment and dementia; however, there was no capacity assessment in place to evidence how the staff had reached this conclusion. In all of the care plans we reviewed, no consent forms had been signed. We spoke with the registered manager about this who told us they would look into each person's care plan as a matter of priority to ensure these were completed in accordance with the mental capacity act (2005).

The above evidence demonstrated a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

People had access to healthcare services when they needed them. We saw evidence in three people's care records which showed they regularly visited other healthcare professionals such as dieticians and their local doctor. This showed people who used the service received additional support when required for meeting their care and treatment needs.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed training courses and these included medication, nutrition and hydration, care planning and one staff member told us they were in the process of completing a national diploma level three in health and social care.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Three members of staff confirmed they received supervisions regularly where they could discuss any issues on a one to one basis. We looked at staff files and we were able to see evidence that each member of staff had received an induction before they started supporting people they had also received supervision in 2016. We saw staff had also received an annual

appraisal in 2016.

We saw drinks were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. People told us they had a choice of meals. They said, "We get enough to eat and drink, they find out what you like." One person said, "The food is ok. I have these drinks to help me put on weight." We asked one person's relative and they said, "Yes they do have a choice. The cook comes round on the morning to ask what people would like to eat. At residents' meetings they are asked if there's anything they like which they are not being given as a choice." This meant people were given the opportunity to discuss meal options.

We observed the lunch time meal and saw all the tables were set with tablecloths and condiments. We saw staff brought people into the dining room and were respectful and kind throughout offering people assistance. We saw not all of the people who used the service ate in the communal dining room; some ate in their rooms. This helped demonstrate some freedom of choice. The lunch was served from a hatch located in the kitchen. We saw in care records that people's dietary needs were recorded in care plans and people's weights were monitored monthly and records showed they remained stable with some weight gains for some people who the dietician had been involved with.

Good

Is the service caring?

Our findings

People we spoke with said they liked the staff and described them as 'good'. One person said of the home and staff, "I like it, it's nice but it can sometimes be noisy so I go in the other lounge." Another person told us, "They have got good hearts, hearts of gold. They'll do anything for you." People also told us, "I wouldn't change a thing; I'm happy here; I have my own things in my room."
One staff member told us they believed all of the staff at the home really cared about the people they supported. They said, "Care is better than anywhere I know. Care is really good I would have my own mum living here."

We saw people looked well dressed. For example, we saw people were wearing jewellery and had their hair nicely styled. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

People said staff supported and encouraged them to do things for themselves and we saw this happened throughout the inspection. They also described ways in which they felt staff treated them as individuals and knew their preferences. For example, one person said, "They ask me if I want a shower or a bath and they help me to get dressed." Another person said, "They talk to me all the time while helping me get ready."

We also received feedback from people's relatives who said, "I think it's a nice place; people are well looked after, I genuinely think that", "Staff are helpful and friendly" And "The staff are lovely and are very helpful; they also knock on my mum's door before they enter so we can always have privacy when we visit her."

We spent time with people in the communal areas and observed interactions between staff with people in the home which were friendly and professional in approach. In several cases the conversation of people between themselves and staff was humorous. This helped in giving a general relaxed feel to the home. We saw staff were skilled in communicating with people and discussing choices with them.

We looked at the care plans of four people and found evidence which showed the involvement of the person concerned. We saw where documents required signing by the person this had been done. The registered manager of the home said as and when care plans needed to be reviewed they always asked family to attend. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "We come in when we can and they have meetings." This meant that people, or where appropriate their relatives, had been involved in their care. We saw evidence of people and their relative's involvement in care plans.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment.

People were encouraged to maintain and develop relationships and to visit their family members and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff. The relative of one person told us, "Yes it's really nice, we can visit when we want and the home encourages us to come."

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the care plans for three people who currently used the service. The care plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed activities on the afternoon of the inspection. A game of darts was organised for a small group of people. They enjoyed the activity and they were smiling and chatting amongst themselves, and there was a friendly atmosphere. There was a range of alcoholic drinks available for those who wanted them following the game of darts. Meanwhile another staff member offered hand and nail care, whilst a third staff member offered drinks and biscuits to people in the both lounges. There was music on in the background in the small lounge, where one or two people enjoyed singing along. Although more social and outgoing people benefited from this activity we did note one person had been sat quietly for a lengthy period (up to an hour) without any staff interaction. After this period a staff member did try to offer an activity of a hand and nail treatment, but the person refused. The registered manager at the time of inspection told us they were looking at more activities for all the people in the home.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns and speak to the manager. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke with one visitor who said, "If I had any issues I would speak to the deputy or registered manager."

We looked at records of complaints and concerns received. There had been no written complaints received this year. The registered manager said any learning from complaints would always be discussed with the staff team once any investigation had concluded. We saw complaints and compliments were on the agenda in staff meetings.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. People who used the service all spoke highly of the management team and said the service was well run. One person said, "I feel I can talk to my manager about anything."

There were systems in place to make sure people were not deprived of their liberty unlawfully. However, we found mental capacity assessments were not specific to the decisions being assessed and did not show how decisions were made as required by the Mental Capacity Act 2005. We spoke to the registered manager who told us they would address this straight away.

Records we looked at showed the registered manager and provider made checks that the quality and standard of care was maintained and improved on where needed. We saw all medications were stock checked daily by staff and the registered manager checked them on a weekly and monthly basis. We saw care plan checks were completed and the results of these discussed with staff in their supervisions or staff meetings. The registered manager said they wanted to encourage staff and develop their skills in care and support planning. We also saw a monthly health and safety check was carried out which included a check of the premises and any equipment used.

Staff said they felt well supported in their role and spoke of how much they enjoyed their job. One said, "It's a great place to work." Staff said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff described an open culture, where they communicated well with each other and had confidence in the registered manager. One staff member said, "We work as a team here. We all work really hard to make sure people are happy and well looked after here."

Staff said they felt confident to put forward ideas and suggestions. They said they were listened to and felt valued. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and to receive feedback on important issues in the service. We saw this included; issues affecting people who used the service, safeguarding matters, learning and development opportunities and learning from incidents to prevent re-occurrence.

People who used the service and their relatives were asked for their views about the care and support the home offered. The provider sent out annual questionnaires for people who used the service, their relatives and other stakeholders who had contact with the service. These were collected and analysed to make sure people were satisfied with the service. We looked at the survey carried out in December 2015 and saw there was a high degree of satisfaction with no negative comments made. The registered manager said if suggestions were made through the use of surveys they would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

The registered manager told us they had good support from the owner who visited frequently. We saw they visited the home regularly to check standards and the quality of care being provided; this included checks

on staffing, staff training and medication. Staff told us the owner spent time in the service talking with staff and people who used the service to ask for their feedback on the quality of the service. We saw the owner had completed a series of questions and observations around the home.

The registered manager said they submitted a monthly report to the owners covering all aspects of the service delivery. We saw this included safeguarding, accidents and incidents, medication. The registered manager said they then discussed this in their supervision meetings to ensure any actions needed were implemented or communicated to the staff team. We saw clear recommendations of the environment had been requested and authorised. The registered manager was awaiting quotes from several suppliers at the time of inspection.

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 11 HSCA RA Regulations 2014 Need for consent Provider did not ensure capacity assessments had been completed for people who lacked capacity.