

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 05 and 06 June 2018. The first day was unannounced, which meant the service did not know we were coming. The second day was by arrangement.

We last inspected Seymour Care Home in October 2017. At that inspection, we found multiple breaches of regulations, the service was rated Inadequate and placed in special measures. At this inspection, we found no regulatory breaches and improvements had been made in each of the five key questions of safe, effective, caring, responsive and well-led. As a result of this, Seymour Care Home was removed from the special measures framework.

This service is a 'care home'. People in care homes receive accommodation and/or nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Seymour Care Home is situated in the Clayton area of East Manchester and is registered with CQC to accommodate a maximum of 27 people. Care and support is provided to adults aged over 65, including those living with dementia. Accommodation is provided over two floors and there is a passenger lift.

At the time of this inspection, 19 people were accommodated at the service. This was because following our last inspection, the local authority had imposed an embargo on new admissions. However, at the time of publication of this report, the embargo had been lifted.

There was a registered manager in post at Seymour Care Home. A registered manager is a person who has registered with CQC 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 improvements had been made to ensure medicines were managed safely. This included systems for ordering, storage, administration and disposal. However at the time of our inspection we found there had been a lapse in the checking of medication stocks to ensure actual quantities in stock reflected the amount staff had recorded as being administered.

Based on the current number of residents, we were satisfied that staffing levels were sufficient to meet people's needs. We highlighted with the registered manager the need to ensure a managed process for accepting any new admissions and that there were sufficient staff to meet people's needs. The home had implemented a new dependency tool provided by the local authority and we were assured this tool would be used to assist in measuring dependency levels versus staffing establishment.

New and improved systems and processes had been introduced for the reporting and recording of issues related to safeguarding, protecting vulnerable adults and whistle-blowing. The management team and

wider staff group fully understood their individual and collective responsibilities in this area. The registered manager was able to provide examples of good practice where the service had been proactive and acted decisively concerning safeguarding issues. The registered manager emphasised that safeguarding was now 'everybody's business'.

Risks to people at the home were regularly assessed and reviewed. General environmental and specific risk assessments were completed. We found risk assessments in place in the care files we reviewed around choking, falls, moving and handling, infection control, oral health and other aspects of personal care.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in the staff office.

Significant improvements had been made which sought to ensure the service was working within the principles of the Mental Capacity Act (MCA) 2005. For example, new care planning documentation had been introduced, a robust framework for best interest's decisions and the involvement of 'relevant persons' had been established and the registered manager and wider staff group had completed specific MCA training.

Since our last inspection we found the annual training plan had been reviewed and staff now received specific training for dementia and challenging behaviour. The registered manager and a senior carer had also completed an enhanced level of training with regards to dementia and the management of distressing behaviours.

We observed the mealtime experience and found this to be relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly.

Before a person moved into Seymour Care Home a pre-admission assessment would be completed. The registered manager described the process to us and we were told a pre-admission assessment was important for both the potential new resident and for the existing people living in the home.

People continued to be supported to maintain good health and we saw that people had access to their GP, district nurses and other specialist services.

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people.

Care plans were person-centred and comprehensive yet easy to navigate and information was readily accessible. Each care plan also contained a one-page profile that provided key information about the person.

Staff at Seymour Care Home continued to provide a responsive level of care and support to those people who were nearing the end of life. Staff had completed end of life training to nationally recognised standards.

It was clear to the inspection team the registered manager demonstrated a renewed commitment and willingness to improving the quality and safety of care provided at Seymour Care Home. The registered manager also demonstrated a greater breadth and depth of understanding in respect of their role and legal responsibilities.

Throughout the inspection, it was also evident that the deputy manager and wider staff team had invested much time and effort in supporting the registered manager drive improvements across every aspect of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent safe practice.

People who used the service told us they considered it to be a safe place to live.

Improvements had been made regarding safeguarding people from abuse.

Accidents and incidents were managed appropriately.

Requires Improvement ●

Is the service effective?

The service was effective.

Significant improvements had been made which sought to ensure the service was working within the principles of the MCA.

Induction, training and supervision of staff was effective.

Work was ongoing to improve the environment for people who used the service.

Good ●

Is the service caring?

The service was caring.

People who used the service were treated with dignity and respect.

Staff were kind, caring and considerate in their overall approach.

Good ●

Is the service responsive?

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice.

Requires Improvement ●

Improvements had been made to assessment, care planning and reviews.

Work was ongoing to ensure people were supported to participate in meaningful, person-centred activities.

Is the service well-led?

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice.

Improvements had been made to systems for audit, quality assurance and questioning of practice.

The culture of the service had significantly improved since our last inspection and business was now conducted in an open and transparent way.

Requires Improvement ●

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. We last inspected Seymour Care Home in October 2017. At that inspection, we found multiple breaches of regulations. Consequently, the service was rated Inadequate and placed in special measures. 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 05 and 06 June 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR 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. However, we reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents, deaths and serious injuries.

Since our last inspection of Seymour Care Home, CQC liaised with the local authority on a regular basis. This included attendance at safeguarding meetings and liaison with the quality, contracts and commissioning team.

Due to the nature of the service provided at Seymour Care Home, some people were unable to share their experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition to this, we spoke with six people who used the service and three visiting relatives.

We spoke with nine members of staff including the registered manager; deputy manager; senior carers; care assistants; the chef; and, domestic staff. We also spoke with one visiting professional from the local authority.

We looked in detail at eight care plans and associated documentation; three recruitment records; supervision and training records; audit and quality assurance; policies and procedures and records relating to the safety the building, premises and equipment.

Is the service safe?

Our findings

At the last inspection of Seymour Care Home in October 2017, we found serious systemic failures which meant safe care was not being provided. This resulted in multiple breaches of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulation 2014 with regard to safe care and treatment. Consequently, this key question was rated 'Inadequate.' At this inspection, we found improvements had been made and there were no regulatory breaches. On this basis, we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. However, to improve the rating to 'Good' would require a longer-term track record of sustained safe care.

We asked people who used the service if they considered Seymour Care Home to be a safe place to live. Overall, people told us they had no concerns about their safety or the support they received. Comments included: "Yes I feel safe here"; and, "I believe the staff keep me safe." Additionally, a visiting relative commented: "I feel this is a safe home, my [relative] had many falls at a previous care home, at Seymour I feel this has reduced and the staff are very caring."

We checked the safeguarding records in place at Seymour Care Home. We noted that a tracking tool had been developed to provide an overview of incidents of safeguarding referrals which had been made and the outcomes of these. This information was stored electronically and provided the homes management team a clear overview. We saw safeguarding was discussed as part of team meetings and staff supervisions. This should help ensure that the people who used the service were protected from abuse.

Staff were aware of their responsibilities in relation to safeguarding. They could describe signs of potential abuse or neglect that they would report to the registered manager or deputy manager. Staff and the registered manager could provide examples of instances when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team. We saw safeguarding was a regular topic of discussion at staff team meetings, and the registered manager had emphasised that safeguarding was 'everybody's business'. This would help re-enforce the correct reporting procedures and ensure staff remained alert to identifying potential safeguarding issues.

At our last inspection we found people's medicines were not managed and administered safely. At this inspection, we found improvements were made in this area and the service was no longer in breach of regulations.

We found the arrangements for the storage, recording administration of medication and controlled drugs to be satisfactory. We inspected medication storage and administration procedures in the treatment room. We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge and room temperatures were taken daily and recorded. We noted that only the deputy manager and designated senior staff were responsible for administering medication. We were provided with evidence that confirmed staff responsible for the management of medication had completed appropriate training to help them understand how to manage medication safely. An assessment of competency was also undertaken

periodically by the registered manager to check staff knowledge and understanding.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. Some people were receiving their medicines covertly (without their knowledge). There were multidisciplinary agreements for this practice and clear guidance for the staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date. We found people had clear (PRN) protocols available to give guidance on the frequency or circumstances when these medicines should be administered. A monthly audit of medication was undertaken as part of the home's quality assurance system. We noted where areas had been identified during this audit an action plan was devised and followed up by one of the management team.

However at the time of our inspection we found there had been a lapse in the checking of medication stocks to ensure actual quantities in stock reflected the amount staff had recorded as being administered. We found that one of the senior staff undertook this role, but while they were on annual leave this task had not been delegated to another member of staff, therefore we unable to establish the correct amount of people's prescribed boxed medicines. The registered manager confirmed they would review this area straight away.

We recommended the service ensures responsibilities are appropriately delegated to cover staff absences.

At our last inspection we found insufficient numbers of staff were deployed to meet people's needs. At this inspection we found improvements had been made in this area and the service was no longer in breach of regulations.

During the inspection we observed that staff responded promptly to people's care needs. The main communal area in the home consisted of two lounges and a dining area that were open plan to one another. We saw staff ensured there was always at least one member of staff present in this area to provide support and assistance to anyone who should need it. Staff members we spoke with told us they found there were always sufficient numbers of staff on duty to allow them to meet people's needs.

We noted that a staffing dependency tool had been completed for each person using the service and that a system had been incorporated by the provider to keep under review the dependency of people using the service and to calculate approximate staffing hours. The dependency tool indicated that there should be a minimum of one senior care worker and three care workers on duty from 8am to 3pm. This changed from three to two care workers from 3pm to 9pm. Since our last inspection, the provider had increased the care staff from two to three care workers at night.

The registered manager informed us that the current staffing levels in the home at the time of our inspection exceeded the number of hours recommended by the staffing tool. This was confirmed by examination of the staffing rotas. The registered manager also advised they had the authority to vary the staffing levels in the home subject to changes in occupancy and the changing needs of people who used the service.

The people we spoke with told us there were enough staff on duty to meet people's needs in a timely way. Comments included: "There are always enough (staff)"; and, "Oh yes, I believe there are enough staff around."

We spoke to the registered manager about the use of agency staff who explained that long-standing staff had left for alternative employment, which had created vacancies within the service. The recruitment of staff was a high priority for the service and the provider had recently recruited three care workers to the home.

Whilst the recruitment drive was continuing the service was using agency staff, but this was as a last resort. Formal mechanisms were in place for staff already employed at the home to indicate when they could cover particular shifts, for absent colleagues or vacant posts. Any shifts still not covered were then offered to agency staff. We saw that the home used a local recruitment agency and tended to use the same agency workers, when this was possible. This meant that after an initial shift some agency workers were familiar with people living in the home and could support them accordingly.

At our last inspection we found risks associated with people's care and support had not always been assessed and documented to help staff know how to mitigate the risks. At this inspection we found improvements were made in this area and the service was no longer in breach of regulations.

Risks to people at the home were regularly assessed and reviewed. General environmental and specific risk assessments were completed. We found risk assessments in place in the care files we reviewed around choking, falls, moving and handling, infection control, oral health and other aspects of personal care. The service used evidence based standardised risk assessments such as the Malnutrition Universal Screening Tool (MUST) to assess people at risk of malnutrition. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition.

We looked at three newly recruited staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The files contained an application forms that documented a full employment history; a medical questionnaire; a job description and two references connected to the applicants previous employment. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

At our last inspection we found the registered provider had not taken reasonable steps to ensure the premises were safe. At this inspection we found improvements had been made in this area and the service was no longer in breach of regulation.

At the last inspection we established the passenger lift had required many breakdown call-out visits from a lift maintenance company. Records relating to call-outs demonstrated work was required for the lift to operate safely and reliably. As this work had not been carried out at the time of the last inspection, we were not assured that the lift met legal requirements. We raised these concerns with the registered provider and shortly after the inspection, all the essential maintenance work had been carried out.

Records showed that routine servicing and tests required in relation to the safety of the building had been completed. There had been checks at the required intervals of the electrical fixed wiring, gas, lifting equipment (such as hoists), portable electrical appliances and the water system.

We completed a tour of the premises as part of our inspection. We inspected the bedrooms, bath and shower rooms, and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions and all upstairs windows had tamper-proof opening restrictors in place. However, during our

tour we found the first floor bathroom was storing equipment such as a mattress and hair salon equipment, which posed a potential trip hazard. We discussed this further with the registered manager who took decisive action and ensured this equipment was immediately stored in an alternative locked room.

Since our last inspection, the provider had also installed a new call-bell system. This was in response to a number of breakdowns over a short period of time.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in the staff office. These plans detailed if a person was independently mobile or what support they would require evacuating the building during the day and at night. This meant information was available for the emergency services in the event of the building needing to be evacuated.

The details of any accidents and incidents that occurred within the home had been recorded each month. An overview of key information such as the time of an incident, type, location and level of intervention required and numbers had also been recorded to enable the registered manager to analyse the statistical data and identify any trends. Analysis was also completed to ensure 'lessons learnt' were recorded and what remedial action had been taken to reduce the likelihood of a recurrence.

Overall, we were satisfied sufficient improvements had been made and we have therefore revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. However, to improve the rating to 'Good' would require a longer-term track record of consistent safe practice. We will review progress at our next inspection.

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).

Since our last inspection of Seymour Care Home, significant improvements had been made which sought to ensure the service was working within the principles of the MCA. For example, new care planning documentation had been introduced, a robust framework for best interests decisions and the involvement of 'relevant persons' had been established and the registered manager and wider staff group had completed specific MCA training. This meant the service was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the need for consent.

We reviewed records relating to the management of DoLS and found the newly introduced system for recording and tracking DoLS applications and authorisations to be comprehensive and robust. This meant the registered manager maintained a good level of oversight and was able to extract reliable information relating to individual DoLS in a timely way.

We reviewed all aspects of induction, training and continuous development staff received to ensure they were skilled and competent to fulfil their respective roles. New staff completed an induction which was based on the Care Certificate. This certificate has been developed nationally by health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Since our last inspection we found the annual training plan had been reviewed and staff now received specific training for dementia and challenging behaviour. The registered manager and a senior carer had also completed an enhanced level of training with regards to dementia and the management of distressing behaviours. This training had also been cascaded to the wider staff group and people spoke positively about how this had helped them to provide a more responsive level of care and support.

More widely, the service used an external training provider for all aspects of training and this was delivered through a combination of classroom learning and self-directed study via workbooks. Once completed, all work books were externally examined and verified. Training topics completed by staff included moving and handling; infection control; health and safety; continence management; medication; and fire safety.

Supervision sessions were completed on a regular basis and appropriate records were maintained. Where particular issues had arisen within the service, records demonstrated that supervision sessions were being used to good effect in order to resolve matters in a timely manner. Annual appraisals were also completed

and records maintained.

We observed the mealtime experience and found this to be relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly. We saw people were offered a choice of meal and were asked if they had enough to eat. We visited the kitchen and saw there was a list of people's dietary requirements displayed. This included information on people's weights and any nutritional risk. This would help ensure kitchen staff were able to provide people with appropriate nutritional support.

A four-week rolling menu plan was in operation at the home which was reviewed periodically in consultation with the people who used the service. A copy of the menu plan was displayed inside the dining area on a white board for people to view. People who used the service were supported to make their individual meal choices on a daily basis and alternative options were also available upon request. However, we found no pictorial menus for people with dementia, memory loss or poor verbal communication to facilitate their involvement in choice around their meals. We discussed this with the registered manager and they confirmed this work was already taking place.

At the most recent local authority food hygiene inspection of Seymour Care Home, the service was awarded a food standards agency (FSA) rating of 'five stars' which demonstrated hygiene standards were very good.

Before a person moved into Seymour Care Home a pre-admission assessment would be completed. The registered manager described the process to us and we were told a pre-admission assessment was important for both the potential new resident and for the existing people living in the home.

People continued to be supported to maintain good health and we saw that people had access to their GP, district nurses and other specialist services. For example, people who used the service at Seymour Care Home had access to the NHS community intravenous therapy service. This meant where clinically appropriate, people could be cared for within the service without having to be admitted into hospital. We also saw that work was ongoing with the NHS community rehabilitation service for those people deemed a high risk of falls. This meant referrals were made in a timelier manner with the aim of preventing further deterioration and further falls.

At the last inspection we recommended that the service should consult relevant guidance in respect of the design and adaptation of the premises for creating an environment that was better suited for people living with dementia or memory difficulties. At this inspection we found an amount of work had been completed in that people's bedroom doors had been repainted to differentiate them from the surrounding walls and a number of bedroom doors had been personalised with photographs or images that people may easily recognise. For example, one person had chosen to display a photograph of their favourite football team. This assisted people to orientate themselves around the building and to recognise their own bedroom door.

During this inspection we also looked at how people who used the service were supported to access the garden and outside space. Seymour Care Home benefits from a large rear garden but this space appeared underutilised and was not being used to its full potential. We discussed this with the registered manager and talked about the service exploring potential opportunities with the charitable or corporate business sector for sponsorship or grant funding opportunities, to help in transforming the garden area for the benefit of people who use the service, their relatives and friends.

Is the service caring?

Our findings

Since our last inspection of Seymour Care Home, there had been changes in personnel which meant noticeable improvements were felt across the service in terms of the culture, ethos and quality of care being provided.

We asked people who used the service if they considered staff were kind and caring. Comments included: "The care staff here are great"; "I am happy here, I like all of the staff"; and, "The care I receive is lovely, it's like a mother caring for their daughter." One person's relative was also complimentary about the care their family member received. They told us: "I cannot fault the staff, never witnessed poor care and I feel the staff are very kind and caring."

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Due to the nature of the service provided at Seymour Care Home, some people were unable to share their experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Through our observations of staff interacting with people, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. Staff also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people. This was further confirmed by the relative we spoke to who also felt the staff knew their family member well.

During the inspection we observed one person becoming anxious. We saw a staff member quickly intervened to reassure this person. We spoke to the staff member who confirmed this person's anxiety was part of their diagnosis and they discussed the importance of redirecting the person to help reduce their anxiety levels.

People had access to advocacy services and information was displayed in the reception area. An advocate is a person who is independent of the service and who can come in to support a person to share their views and wishes if they wanted support.

At the last inspection we found the privacy and dignity of people who used the service had not been maintained. This was because the registered provider had installed a CCTV system in communal areas but failed to consult people before it was installed. This meant people did not know the CCTV was operational. During this inspection, we found improvements had been to the management and governance of the

communal CCTV system. For example, a full consultation had been completed with people who used the service, their relatives and other relevant stakeholders. The service user guide had also been updated to include information about the use of CCTV in communal areas. This meant the service was no longer in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to dignity and respect.

Is the service responsive?

Our findings

At the last inspection, we found serious issues in respect of the responsiveness of the service. In particular, the quality of assessment, care planning and review and evaluations of care. At this inspection, we found improvements had been made which meant the service was no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to person centred care.

We found each care plan had been reviewed and updated with new care plan documentation. People's care plans contained key information which helped staff to get to know them well. This included details about their family relationships, significant life events, previous occupation, hobbies and their likes and dislikes. Each plan was divided into six sections and covered a variety of topics including 'about me'; caring for me; assessing risks to me; MCA/best interest/DoLS; my wishes and reviews; and admission paperwork. Care plans contained comprehensive behaviour management plans and detailed information about the management of health conditions. We found these were regularly reviewed and updated.

Care plans were person-centred and comprehensive yet easy to navigate and information was readily accessible. Each care plan contained a one-page profile that provided key information about the person. For example, each profile contained a photograph and provided a snap shot of what was important to the person, how best to provide support, and a section entitled 'what those who know me, say they like and admire about me.'

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. However, despite the improvements described above regarding person-centred care planning, the AIS had not been considered. We spoke with the registered manager about this and assurances were given that care planning documentation would be amended to ensure the AIS was considered, in particular, at the point of pre-admission assessment. We will review the progress of this at our next inspection.

A framework had been established to ensure that reviews and evaluations of care were completed timely and/or in the event of a significant change. Records demonstrated that people who used the service were afforded the opportunity to participate in reviews and evaluations and that their relatives or other relevant person's had also been involved.

At our last inspection we found the service did not have effective systems in place to respond to complaints. At this inspection we found improvements were made in this area and the home was no longer in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to complaints.

People we spoke with told us they did not have any complaints, but would feel confident raising any concerns they had with a member of staff. We looked at records of complaints and saw three written complaints had been raised since our last inspection. Examination of records and discussion with the

registered manager confirmed action had been taken promptly in response to the concerns raised. This confirmed that feedback received was listened to and acted upon. Information about how to make a complaint was displayed prominently around the home and was included in documentation given to people as and when they moved into the service.

Staff at Seymour Care Home continued to provide a responsive level of care and support to those people who were nearing the end of life. Staff had completed end of life training to nationally recognised standards. This meant people who were nearing the end of their life could choose to remain at the home to be cared for in familiar surroundings by people they know and could trust. Support was also provided by local NHS community services such as district nurses.

Where appropriate, people who used the service at Seymour Care Home were supported to maintain links within the local community. The service had good links with local faith groups and people were actively supported to attend their chosen place of worship. People were also supported to visit the local shopping centre so they could purchase items for themselves. The service also had a good relationship with a local primary school and students would visit on a regular basis.

At our last inspection, a lack of activities had been a key feature in the failings of the service. However, since our last inspection, the staff and management at Seymour Care Home had been working collaboratively with Manchester Health and Care Commissioning (MHCC) in piloting a new project which sought to increase the quality of meaningful, person-centred activities being delivered by the service. Seymour Care Home employed two part-time activities coordinators covering a six day period between the hours of 10.00am and 4.00pm; from 4.00pm, they were deployed to assist with care related tasks.

Evidence based practice from across adult social care services clearly demonstrates that where people who use services are engaged in meaningful person-centred activities, this has a positive impact on health and well-being and improved outcomes overall.

We recommend the service continues to ensure a programme of meaningful person-centred activities are provided.

Overall, we were satisfied sufficient improvements had been made and we have therefore revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. However, to improve the rating to 'Good' would require a longer-term track record of consistent responsive practice. We will review progress at our next inspection.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with CQC 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.

At the last inspection we found serious systemic failures in the leadership and management of Seymour Care Home. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance. At this inspection, we found improvements had been made which meant the service was no longer in breach of this regulation.

At the last inspection we also found the service to be in breach of Regulation 20(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to duty of candour. This was because the service was not operated in an open and transparent way. At this inspection, we found improvements had been made which meant the service was no longer in breach of this regulation.

We asked people if they considered the service to be well-led. One member of staff told us: "We've really been through the mill over the last few months but the manager and business owner have been great and really worked hard to turn things around."; a second member of staff commented: "The place feels completely differently now. The changes have been really positive and I have faith in the manager."

During this inspection, we spoke at length with the registered manager and they shared with us their reflections on the circumstances that led to such systemic failures. Through these open and honest discussions, it was clear to the inspection team the registered manager demonstrated a renewed commitment and willingness to improving the quality and safety of care provided at Seymour Care Home. The registered manager also demonstrated a greater breadth and depth of understanding in respect of their role and legal responsibilities. Throughout the inspection, it was also evident that the deputy manager and wider staff team had invested much time and effort in supporting the registered manager drive improvements across every aspect of the service.

At our last inspection we had been highly critical of the role played by the registered provider, in particular their lack of oversight and a failure to ensure overarching good governance. However, at this inspection we also found the registered provider had committed themselves to ensuring the quality and safety of the service at Seymour Care Home improved. This meant the registered provider was now better placed to support the registered manager and to respond to new and emerging issues in a more timely way.

Since our last inspection an external social care consultancy firm had been brought in by the registered provider to support the service in developing new systems for audit, quality assurance and questioning of practice. A new suite of audit tools had been introduced covering key aspects of service delivery. For example, audits and quality assurance were now in place for accidents, complaints, use of bed rails, call bells, medication and for the environment. Spot checks were also completed by the management team on a

regular basis with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.

The registered provider had also introduced a new web-based management tool. This was a commercially available product which enabled the registered manager and provider to work collaboratively on projects and various work streams across the service. The registered manager reported that the systems were working well and being used to good effect to plan and prioritise work.

Staff meetings were now carried out on a regular basis. These were a combination of general staff meetings and 'stand up' meetings which were completed every month. Records demonstrated the stand-up meetings were an effective way of providing care staff with crucial pieces of information that did not necessarily require the full complement of staff to be present. Information was also shared amongst staff at the start and end of each shift.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were now made in a timely way and that appropriate records were maintained.

Without question, we found improvements had been made to the overall management and leadership of Seymour Care Home. We have therefore revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good leadership and management. The management team should continue to ensure that all aspects of the service meet, or exceed, regulatory requirements and that openness and transparency remains at the heart of everything the service strives to achieve.

We will continue to monitor the service.