

The Seymour Home Limited

# Seymour Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Seymour Care Home is a residential care home, registered with the Care Quality Commission (CQC) to provide personal care and accommodation for up to 27 people over the age of 65, including people living with a diagnosis of dementia. On the day of the inspection there were 22 people living at the home.

People's experience of using this service and what we found

In October 2020 we carried out a targeted inspection in response to concerns. At that inspection we recommended the provider should consult national guidance around creating an environment where people could freely 'speak up' to raise concerns. Progress had been made in this area but there was more work for the provider to do in ensuring this learning was fully embedded in every aspect of service delivery.

Staffing levels had improved to ensure a safe and responsive level of care and supervision was maintained. Systems were in place to ensure people were protected from the risk of abuse. Medicines were managed safely. We were assured staff followed safe infection prevention and control procedures. Current government guidance was being followed to support visitors into the home, and to enable people to participate in visits outside the home.

Staff were caring and sought to ensure people were treated in a dignified and respectful way. Improvements had been made, and were ongoing, to create a more inclusive and supportive environment for everyone. People living in the home benefited from a team of staff who knew them well. Staff were knowledgeable about people's likes, dislikes, interests and hobbies.

The registered manager understood the importance of not only sustaining recent improvements, but the need for continuous service improvement, centred around evidenced based best practice. Systems for audit, quality assurance and questioning of practice were operated effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 11 September 2019) with one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, caring and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Seymour Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an adult social care inspector.

#### Service and service type

Seymour Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means 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

We gave the service short notice of the inspection. This was so we could check the COVID-19 status before the onsite inspection commenced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who lived in the home about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including the registered manager, deputy manager, senior carer, care assistants' and the cook.

We reviewed a range of records included care plans and a variety of records related to the management of the service.

#### After the inspection

We requested additional information to validate evidence found during the inspection. We looked at recruitment records, premises safety certificates and staff rotas.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection in July 2019, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found insufficient numbers of staff contributed to an increased risk of unwitnessed events occurring in communal areas, for example, unwitnessed falls. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 12

- Staffing levels had been increased at peak times during the day. This enabled staff to provide care and support in a timelier manner. Communal spaces had also been reorganised to improve people's access to care staff when they required support.
- The registered manager kept people's needs under review to ensure there were enough staff, with the right skills and experience to keep people safe and meet their needs.
- We observed staff had the time to spend with people individually. One member of staff told us, "The changes in staffing during the day have helped. We also have a little more time to sit and chat with our residents'."
- Staff were recruited safely. Records demonstrated staff were recruited in line with accepted safe practice and all relevant pre-employment checks had been completed. An additional maintenance operative had recently been recruited and two new activity coordinators were about to start in post.

### Using medicines safely

- Medicines administration systems were robust, well organised and regularly reviewed.
- People received their medicines and creams when they should. Person-centred guides for staff to follow when administering 'when required' medicines were also in place.

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

- Systems were in place which sought to protect people from a risk of abuse. One person told us, "I feel very safe here and the staff are lovely."
- Records showed staff had received safeguarding training and staff confirmed this. Staff knew how to recognise and report abuse.

### Assessing risk, safety monitoring and management

- Equipment used by staff to ensure safe care could be provided was maintained and used in line with manufactures' recommendations.
- Checks and testing associated with buildings and premises safety were up to date and in order.
- Care plans contained individual risk assessments and steps staff should follow to ensure safe care could

be provided.

#### Learning lessons when things go wrong

- Analysis of accidents, incidents, and untoward events was completed on a regular basis. Audits showed key information was accurately cross referenced across several documents, and any actions required were completed.
- Learning was shared amongst the staff team to reduce the likelihood of an untoward event occurring again in the future.

#### Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures.
- Staff were robust in their approach to IPC standards and had a good understanding of current government COVID-19 guidance. This included ensuring before everyone entered the home they were tested onsite in a safe area, or official evidence of a negative test needed to be shown. The regular COVID-19 testing programme for staff and people living in the home was operated effectively.
- We observed staff using PPE safely and in accordance with current guidance. Cleaning schedules were in place which included frequent cleaning of high touch points, such as tabletops, door handles, handrails and light switches.
- A dedicated visiting room had been established on the first floor which allowed for safe, private and dignified visits. A marque type structure had been set up in the rear garden to support external visits, but we were told this was rarely used.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection in July 2019 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People living in the home benefited from a team of staff who knew them well. We observed staff anticipating people's needs with support being provided in a timely manner. One person told us, "The staff help me when I need it. I would say they're caring." Another person commented, "I don't really want for anything. I have everything I need here."
- Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. We were assured care and support was delivered in a non-discriminatory way and the needs of people from diverse backgrounds were taken into account.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a caring and dignified manner and staff always sought to encourage independence in activities of daily living.
- Interactions between staff and people living in the home were good natured and often light-hearted. People clearly responded well to this and enjoyed the interaction.

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

- The registered manager had sought to ensure people and their representatives remained involved and engaged throughout the period of COVID-19 restrictions. This included utilising platforms such as virtual meetings.
- Information about independent advocacy and support services was readily available within the home. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection in July 2019 this key question was rated required improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

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

- In October 2020 we carried out a targeted inspection in response to concerns. At that inspection we recommended the provider should consult national guidance around closed cultures, with a view to making improvements which support people to feel confident to 'speak up' and raise concerns, safe in the knowledge they will be taken seriously.
- Progress had been made in this area but there was more work for the provider to do, in ensuring this learning was fully embedded in every aspect of service delivery. We were given assurances that now the home was returning to a state of 'business as usual' improvements would continue to be made in this area. For example, there were plans for a staff away day to help with team building.
- We asked staff if they considered the service to be well-led. One member of staff said, "The past year has been really hard for everyone, but [registered manager] has been supportive and the business owner has been good too." Another member of staff said, "Compared to where we've been in the past with some of the issues here, I think things have got much better." A person living in the home told us, "If I had an issue I would definitely speak to the staff. No issues there at all."

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

- Leadership and management were effective. The home benefited from a long-standing registered manager and deputy manager. They were well supported by senior carers, and as a team, good levels of oversight were maintained.
- Systems for audit, quality assurance and questioning of practice were operated effectively. Spot checks were completed on a regular basis with appropriate records maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager fully understood their legal responsibilities in relation to duty of candour. A framework was in place which sought to ensure investigations into accidents, incidents and untoward events were completed in a timely manner and findings shared with relevant people.

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

- People were encouraged to provide feedback on how the home was managed. The registered manager sought views from people, their relatives and staff about how well the service was supporting people through annual questionnaires, although response rates remained relatively low. The registered manager told us they would continue to explore more creative means of engagement that were accessible to everyone.

Working in partnership with others

- Opportunities for partnership working had been reduced during COVID-19 restrictions, but we saw good relationships were in place with local primary care teams such as GP's, district nurses and therapists.

- The registered manager had worked collaboratively with the local authority to ensure improvements were made. An officer from the local authority told us, "Overall this is a much improved home and appears to have come a long way in the last two to three years. Their governance has much improved and they have a very robust set of audits in place. Their care plans are also a big improvement."

- We spoke at length with the registered manager about the importance of not only ensuring improvements are sustained, but how as registered manager they should strive for continuous service improvement that aims to exceed best practice quality standards. The provider continues to play a key role in ensuring quality improvements are embedded in future business development plans.