

The Seymour Care Home

Enter and View Report

Contact Details	327 North Road Clayton, Manchester, Lancashire, M11 4NY
Visit Date and Time	05/04/2022 10:00am - 12:00pm
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Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Contents

About us.....	3
What is Enter & View?.....	3
General information about the service.....	4
Purpose of the visit.....	4
Executive summary of findings	5
Summary List of Indicators	5
Methodology	5
Enter and View Observations.....	7
Findings from speaking with residents, friends or family members, and carers	9
Findings from speaking to staff	9
Recommendations	11
Response from service provider	11
Acknowledgements	11

About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter & View?

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

General information about the service

Name of the Care Home: The Seymour Care Home

Type of Care: Residential

Number of Residents: 19

Description of Facility: The care home provides residential care, day care and respite care, and has provisions for people living with dementia. Although this facility offers day care we will refer to service users as residents for the purpose of this report.

Specialism: Caring for adults over 65 years, Dementia.

CQC Rating*: Requires improvement (inspection conducted 22 December 2021) - the report can be viewed [here](#)

See Care Quality Commission (CQC) website to see their latest report on this service.

** Care Quality Commission is the independent regulator of health and adult social care in England.*

Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

Executive summary of findings

Overall impression of the visit was satisfactory. We were made to feel very welcome by the staff who appeared to have a positive relationship with residents. There is evidence of ongoing training for staff, satisfactory methods of monitoring the residents' health conditions and personal needs, and an improved provision of scheduled activities.

The communal areas felt homely and pleasant and we witnessed staff engaging with residents in a number of activities, including dancing and drawing. The toilets and washing facilities which were viewed were clean, well-maintained and easily accessible. All of the residents who we spoke with felt that they were being well looked after. However, we noticed that a number of staff did not have a visible ID badge nor did we see a staff noticeboard with their photos so they are easily identifiable. Some residents became confused during our conversations - we recognise that the home cares for some people living with dementia.

There was a mix of long standing and relatively new staff, where agency carers are needed an effort is made to reuse people who are familiar with the home and residents.

Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the Independent Age Report). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- Have good knowledge of each individual resident and how their needs may be changing.
- Offer a varied programme of activities.
- Offer quality, choice and flexibility around food and mealtimes.
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

Methodology

We informed the care home of our intention to conduct an Enter & View visit a number of weeks beforehand, in order to ensure that they were comfortable with our attendance due to the ongoing COVID-19 pandemic.

Prior to the Enter and View taking place

An internal matrix system was used to give an overall rating of the service prior to the visit. The system pulled together results from past Enter and View reports, previous feedback from users on Healthwatch Manchester's Feedback Centre, and other information about the service such as CQC inspection reports.

All Enter and View representatives were fully trained in how to carry out an Enter and View. They were also checked through the Disclosure and Barring Service (DBS).

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration meal times, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or are unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report.

During the visit

The visit consisted of a team of Healthwatch Manchester representatives who spent time talking to the staff and residents using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to a total of three service users and conducted short interviews about their experiences of the service using guided questionnaires. Two members of the staff team were also interviewed.

Following the Enter and View Visit

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced within **10 working days** of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

Enter and View Observations

The external environment

All walkways were wheelchair accessible with no uneven surfaces, enabling easy access. The front of the building was well kept and presentable.

The internal environment

- Lighting in central corridor on the ground floor was good and the communal areas were also well-lit. However, we did note that there was poor lighting outside three rooms on the first floor (14, 15, 19). The communal rooms were well-furnished and looked comfortable for residents.
- Whilst the walkways were accessible and easy to walk around, we did notice a small number of items which were left on the floor. On the first floor we saw a box of personal protective equipment (PPE) which had been left in the corridor, and in the central corridor on the ground floor there was two 'wet floor' signs which were leaning against the wall. This is further referenced in the 'Signage' section below.
- The communal areas were warm and radiators had guards to protect residents.
- The level of cleanliness of carpets and skirting areas could be improved, although the general level of cleanliness was satisfactory. For example, in the central corridor on the ground floor, near to the entrance, we noticed a small amount of dirt around the skirting areas.
- Food appeared to be readily available from the kitchen area (which was staffed throughout the visit) on request. Whilst there is a set menu, residents do have the option to request a specific meal which is not on the menu. There did not appear to be any information displayed about meal times. One of our members of staff overheard a resident being told what they were having to eat that day, and the impression given was that resident did not seem to have any choice.
- The stairs were securely gated, the back door was securely locked, an access code was required for each.
- Information leaflets signposting to advocacy services did not appear to be easily available to residents. A small number of leaflets were displayed in the entrance, but these are through secure doors and not freely accessible.

Staff

- Some members of staff were observed not wearing an ID badge. Of those that did have an ID badge, some had them in a lanyard and others did not.
- Staff were well presented and seemed to have good infection control in place.
- Good interaction was observed between residents and staff, including chatting and dancing. The staff approach was conducive to a relaxed environment.

Signage

- There was signage on the doors of residents' private rooms and the toilets, including clear signage in the central corridor.
- There was no display of staff pictures or 'on duty' list observed in communal space on the visit.
- We observed an 'entrance' sign which had fallen off the wall and two 'wet floor' signs which were leaning against the wall in the central corridor.

- The signs appeared to be only in English and we did not see any other language options available.
- There did not appear to be an activity timetable on display. See 'Responding to people's needs'.
- Feedback we received from residents indicated that they felt they could speak to staff or management if they wanted to raise any issues. A feedback box is located by the entrance, however we did not see any paper/pencils attached for residents to record their comments.

Responding to people's needs

- During the visit we could not see a displayed timetable of planned activities. However, we were informed that two new staff members had been employed to coordinate activities and this would lead to an increase to the current offer.

Social Activities

- During the visit we observed people dancing with staff and talking with each other.
- As stated in the section above, two new members of staff have been appointed to coordinate future activities. We were informed that a wide range of activities would be organised to ensure that there was something for everyone to enjoy, and that there would be a regular timetable of events.

Dignity and Care

- Toilet and shower facilities are not single sex but are individual cubicles.
- All residents seemed well presented and groomed, no outstanding issues witnessed.
- Residents' rooms were named and secure.

Overall Atmosphere

The atmosphere throughout the care home was calm and relaxed.

Findings from speaking with residents, friends or family members, and carers

Three residents were interviewed.

Overall the experiences of living in the care home were very positive although improvements were suggested in the following areas:

- There could be more opportunity for trips out and more varied in-house activities
- Greater level of access to health services (one resident stated that they needed to visit the opticians and dentist but were unsure when this would happen)

Residents reported overall positive feedback towards the staff and the care which they provide. However, one resident stated that they did not know the names of the staff and they didn't think that the staff knew their likes and dislikes.

Findings from speaking to staff

Two members of staff were interviewed, including the general manager. We were unable to interview staff working 'on the floor' as they were attending to residents.

Have a strong, visible management.

- Manager was confident that staff were being managed appropriately and were being sufficiently supported to conduct their role to a satisfactory standard. Staff are encouraged to feedback any issues and to make suggestions with regards to any improvements they feel could be made.
- Supervision sessions were reported to occur on a regular basis to ensure effective management of staff. There are also group meetings to supplement the one-to-one supervision sessions. During the COVID-19 pandemic a WhatsApp group was set up for staff due to the restricted face-to-face contact.

Have staff with time and skills to do their jobs.

- Training is provided for regular updates to qualifications and staff reported that their additional training needs are responded to.
- Staff seemed confident and competent. They answered questions well. They were familiar with residents and their needs.

Have good knowledge of each individual resident and how their needs may be changing.

- Residents have a comprehensive and up to date individual care plan document which introduces staff to their situation. Following this staff reported that they create a rapport with each resident and are alert to changes in their behaviour, mood, appetite and health and wellbeing.
- As referenced earlier in the report, two new activity coordinators have been appointed to oversee the programme of activities for residents. Residents are encouraged and assisted to take part by staff.

Offer quality, choice and flexibility around food and mealtimes.

- Residents are offered a variety of meal choices which also caters for vegetarians and people with specific cultural and/or religious dietary requirements.

- Meal provision accommodates requests outside of mealtimes.
- Snacks and finger foods are available at any time to residents.

Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.

- GPs visit regularly and they had regular visits from a dentist during the pandemic. Opticians and chiropodists also visit regularly.

Accommodate residents' personal, cultural and lifestyle needs.

- A priest from a nearby church used to visit regularly but this has stopped. Once the restrictions enforced by the pandemic allow, the intention is there from the home to restart this initiative. There were no reports of current residents with non-Christian faiths.

Be an open environment where feedback is actively sought and used.

- Regular joint meetings with staff and residents.
- Staff reported that residents speak freely with them and can raise issues. This was corroborated by our interviews with residents.

Recommendations

- Management should take a more hands-on approach to ensure that staff are given the support and training that they require. This could be achieved by a more structured approach to staff management. Improved feedback procedures to ensure that residents are able to easily raise any issues.
- An activity timetable should be clearly displayed in the communal areas and a wide range of activities should be considered to meet the needs of all residents.
- Lighting in all the corridors and rooms should be checked and any faults repaired.
- Information leaflets should be easily accessible to all residents and their families so they are aware of services which could be of assistance, such as the Independent Mental Capacity Advocate (IMCA) service provider (the Gaddum Centre).
- The menu for the day should be clearly displayed and staff should take extra time to discuss the food options with residents so their dietary needs are being met.

Response from service provider

The Management of Seymour Care Home would like to thank you for your visit and inspection of our service. We are really pleased that you commented on our relaxed and calm atmosphere; this is essential to helping our residents feel at home and to help limit any distress.

As you did not notice our staff picture noticeboard we will make steps to make it more visible and obvious, especially as it is primarily in place to aid our residents. This will be coordinated with a refreshed information made easily available to residents, to include: information leaflets, daily menu display, activities timetable board and better provisions for resident/visitor/staff feedback.

As part of ongoing quality management, we are planning a review of management personnel's, skills, responsibilities, deployment and reporting line to help better support staff and build a more positive culture.

Thank you once again for your thorough and honest assessment of Seymour Care Home.

Acknowledgements

Healthwatch Manchester would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.