

Seymour House Residential Care Homes Limited

Seymour House

Inspection report

13-17 Rectory Road
Rickmansworth
Hertfordshire
WD3 1FH

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14 March 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

Seymour House is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Seymour House provides a service for up to 40 older people, some of whom may be living with dementia. At the time of the inspection there were 39 people living at the service. Accommodation is provided over three floors and people have access to communal areas.

People's experience of using this service:

- Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.
- Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.
- People were supported to maintain good health. Staff made referrals to health professionals when required.
- People were provided with the care, support and equipment they needed to stay independent. Staff were kind and caring and had developed good relationships with people using the service.
- People were supported to maintain their health and had access food and drink based on their individual choice and preferences. People had access to a wide range of activities in the community and within the service, that reflected their specific needs and interests.
- Care plans were in place which guided staff to provide support that met people's needs which were in line with their preferences.
- People's privacy, dignity and rights were respected and upheld. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible
- Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

Rating at last inspection:

Good (report published 9 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Seymour House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Consisted of an inspector, an assistant inspector 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.

Service and service type:

Seymour House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the Care Quality Commission. This means that the registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. Following the inspection, the provider completed 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.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with nine people, three relatives/visitors, the registered manager, a

representative of the provider and three members of staff.

We looked at three people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Safeguarding systems and processes.

- Effective safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People's body language and verbal expressions showed that they were relaxed and comfortable with the staff. This showed people felt safe. People who lived at the service told us they felt safe. One person said, "This feels like home because I feel safe and free. The alarm bells make me feel safe, staff are everywhere during day, there is always somebody around." One relative told us, "I know [family member] is safe day and night, they have somebody next to them all the time."

Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Records used to monitor those risks such as falls; nutrition and pressure care were well maintained.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels.

- People and their visitors told us people received care in a timely way.
- The registered manager assessed people's needs on a regular basis and ensured there were sufficient staff on duty on each shift. Permanent staff covered shifts if there were unplanned staff absences. Staff we spoke with confirmed there were sufficient staff to meet people's needs.
- We saw there were sufficient numbers of staff who responded to people's needs when required in a timely way. We observed call bells being responded to quickly.

Using medicines safely.

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines. They also told us they had their competency checked on a yearly basis.
- Systems were in place to ensure that medicines were managed appropriately.
- People told us they were happy with the support they received to take their medicines. One person who had diabetes told us, "Staff check my sugar level twice a day. I don't want to know the result, but they tell me

if it's ok and ask me if I feel ok."

Preventing and controlling infection.

- The service was clean and tidy. People's rooms were clean and bins had been emptied and liners had been replaced.
- Staff understood how to protect people by the prevention and control of infection. A member of staff told us, "I have plenty of cleaning materials, we never run out."
- The provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager and staff reviewed risk assessments and care plans following incidents.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this

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

- Assessments of people's needs were undertaken. Staff regularly reviewed people's care and support.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff knew people well. Care plans contained information about people's needs. A visitor told us, "The staff are so tentative to her needs, always coming and softly chatting, asking if they need anything."

Staff skills, knowledge and experience.

- Staff had received appropriate training and had the skills required to meet people's needs. Training plans were in place. The registered manager reviewed and updated the training records on a regular basis. Staff told us the registered manager responded to any training requests. A staff member said, "The (registered) manager enrolls us onto extra courses. We also have social care TV, or if I feel I need extra training I can request and the (registered) manager will enrol us on the training."
- Staff told us they had regular supervision meetings with the registered manager to support their development. Staff confirmed there was an open-door policy and they could also speak with the provider at any time. One member of staff said, "The (registered) manager is open, they talk with us, the (office) door is always open for us and people who use the service."
- Staff also told us they felt supported. One member of staff told us, "The (registered) manager is very supportive and we get our supervision."

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

- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. One person said to us, "I am diabetic but after staff check my blood in the morning they tell me what I can choose to eat, I never have sugar, I have puddings but they are made especially for me with no sugar. I usually eat, light meals with loads of salad." One visitor told us, "The food is always home cooked, even sandwiches, they made them here from scratch. [My family member] eats ok, they were never huge eater. They've lost some weight so staff watch them and give them fortified drinks. Staff change the flavours. They love strawberry."
- People had choice and access to sufficient drink and food throughout the day. Food was well presented and people told us they enjoyed it. Mealtimes was a pleasurable experience and people were encouraged to be as independent as possible. One person said, "I have snacks whenever I like, I can ask for jelly or rice pudding instead of dinner."

Staff providing consistent, effective, timely care within and across organisations.

- Referrals to healthcare professionals such as dieticians and chiropodists were made in a timely manner.
- Staff knew people extremely well and ensured that any changes in a person's condition were noted and discussed with the registered manager.
- People's care plans showed the involvement of health care professionals, for example, chiropodists and GP's.

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

- People were involved in decisions about the premises and environment; for example, the colour of their rooms, and support to make their rooms homely with their own belongings. One person told us, "My room is actually like my home, I am settled here. I do think this is very homely place."
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment, such as call bells and sensor mats, was used effectively to meet people's care and support needs.

Supporting people to live healthier lives, access healthcare services and support.

- Where people required support from external healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited the service weekly and we were told that there was a good relationship with the them. One relative told us, "We were lucky to have a good consultant from the start of [family members] illness, they are still coming here every 6 months. (to check up on them). We are happy with their medicines. A district nurse was called to tend their leg few months back, and they are now all better. They will go to dentist next week, but only for a check-up. I am confident that staff would know to recognise if they need any other medical assistance. Staff are very professional here: [Family member] had some chest problems, started to become wheezy, and GP came same day to give them antibiotics. I would not have a clue what to do."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported.

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and visitors which supported this. One visitor told us, "The care here is unbelievable, carers are respectful, soft spoken, polite, and they work well together. They are like real team."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person told us, "Staff know all about me."
- Staff we spoke with all enjoyed working at the service and ensuring people received good care and support. One member of staff said, "I can go home and feel good about what we've done." Another person told us, "Staff are very careful when I have to dress / undress, they are extra careful and gentle, but encourage me to be independent and do as much as possible. I have as many showers as possible, but I like my weekly bath."

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to get up.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

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

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose what they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice. One person said, "All carers are very polite, always knock on the door, wish you good night and ask how you are feeling, I know it sounds silly but actually these small things do matter to me." One member of staff told us, "I encourage people every day, I ask them every day what they like or don't like in the best possible way."
- People were supported to maintain and develop relationships with those close to them. One relative told us, "As a family we come in at different times of a day and we are always welcomed. I remember once one of our family were on short visit from abroad and they had tight schedule, they came very late, [family member] was already in bed. The night staff checked on family member. They were awake and happy to see them. It

was such a precious time for both of them."

- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff knock on my door and ask to come in."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protecting people's choices and preferences.
- An activities programme was on display and people told us that various activities took place. Activities included musical entertainment, reminiscence sessions and cake making. Religious services were held on a monthly basis.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. One person said, "I am more than happy with service they provide. I have my freedom and access to the support I need. Staff look after me very well. I join all activities, I do knitting and enjoy sitting in this garden, especially when weather is nice. I think they have plans to make some of green area into flower bed so I can help with putting few bulbs in". One relative told us, "As a family, we are very happy with care this place provides. Staff encourage them to join with activities. Staff always ask them if they would like to move to a quieter area when we visit. [Family member] attends the church service here every Sunday, they still remember the songs."

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One person said, "I know the (registered) manager, she is very nice, her office is always open and she can be often found around the home."
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- The registered manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support

at the time of this inspection.

Is the service well-led?

Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager had a good oversight of what was happening in the service. They were in the service daily and knew the people using the service, their relatives and staff extremely well.
- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. One relative said, "I can describe the ethos of this place as very conscience of people individual needs; they really accept every single resident like unique and make their care around it. Staff also help us as a family, we always go back home happy that our relative is well cared for-no concerns what so ever". Another relative told us, "I would happily recommend this place to others, the overall feeling we have about it is that is very homely, but also it has great facilities, nice rooms and excellent staff."
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

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

- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.
- Staff received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. One member of staff said, "I have supervisions ever two months, I can raise concerns about residents. I also talk about my training." Another member of staff told us they received an annual appraisal.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their visitors all told us they felt involved in the running of the service. One visitor told us, "The (registered) manager comes out to greet personally each visitor. It is very nice to see their friendly face. I would be very happy to recommend this place."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.
- A culture of continuous learning meant staff objectives focused on development and improvement.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

- The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.