

# Seymour House Residential Care Homes Limited

## Seymour House-Northwood

### Inspection report

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Northwood  
Middlesex  
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Tel: 01923823466

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This focused unannounced inspection took place on 21 June 2018.

We carried out an unannounced comprehensive inspection of this service on 16 and 21 November 2017 where we rated the key questions, is the service effective, is the service caring and is the service responsive as good. We also inspected the two key questions, is the service safe? and is the service well led? And rated these as requires improvement and overall.

This inspection was carried out to check that improvements to meet the legal requirement planned by the provider after our November 2017 inspection had been made. Their action plan had stated improvements would be made by 2 February 2018. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seymour House Northwood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We also carried out this inspection because we had received concerns relating to the recruitment and training of staff and the overall management of the service. This report includes our findings in relation to these topics.

Seymour House- Northwood 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.

Seymour House- Northwood accommodates 36 older people in one adapted building. At the time of our visit there were 35 people using the service. Some people were living with the experience of dementia. The service did not provide nursing care.

On the 21 June 2018 we inspected the service against two of the five questions we ask about services: is the service safe? and is the service well led? This was because these two domains had been requires improvement at the November 2017 inspection and these were also linked with the concerns we received about the service. At this inspection we found that the service remained requires improvement.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and procedures had not been put in place to ensure safe management of medicines to reflect current legislation and national guidance.

There were some systems in place to monitor and assess the quality of the service. However, these needed to expand to cover more aspects of the service and identify what was working well and where improvements needed to be made.

Risk assessments for individuals were in place to mitigate risks. There was no clear system for reviewing people's risk assessments and this led to one assessment not being checked by the provider since August 2017. The registered manager confirmed they would re-check all risk assessments to make sure they were detailed and reviewed on a regular basis.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Overall people and staff felt supported by the registered manager, however, there had been the issues raised to us and some of the feedback from staff was less positive about how the service was managed.

There was a process in place for the recording of incidents but this information was not always reviewed by the registered manager to ensure appropriate action had been taken to address the incidents and to help prevent reoccurrence of similar incidents in the future.

Recruitment procedures were in place, although two references were not always sought in a timely way to ensure staff were suitable to work at the service, before they were offered employment.

Staff used appropriate personal protective equipment (PPE) equipment including aprons and gloves when providing support.

There were sufficient numbers of staff working to support people appropriately.

There were health and safety checks carried out to ensure people lived in a safe environment.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not always safe.

Medicines were not always being managed safely.

Most of the recruitment checks were in place to obtain information about new staff. However, the second reference had not always been sought by the provider in a timely manner.

The risks to people's safety and wellbeing were assessed to guide staff to support people safely. Systems were not in place to make sure there was sufficient detail in them and that all were reviewed on a regular basis.

The provider employed enough staff to meet people's needs as required.

There were systems designed to protect people by the prevention and control of infection.

**Requires Improvement** ●

### Is the service well-led?

Some aspects of the service were not well-led.

There were systems in place to assess and monitor the quality of the service. However, some audits and checks had not been formalised and the provider had not identified that certain areas needed to be improved.

Feedback on the running of the service was mixed. Most staff said the registered manager was supportive and the team worked well together. However, some staff questioned the culture of the service and that not all staff felt supported.

The provider sought the views of the people using the service and aimed to gain feedback from visitors and professionals to ensure they knew if improvements needed to be made.

**Requires Improvement** ●

# Seymour House-Northwood

## Detailed findings

### Background to this inspection

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

The inspection was prompted in part by anonymous concerns we received that care workers were not adequately trained to care for people using the service, the provider did not follow robust recruitment procedures when they employed care workers and general concerns were raised about the registered manager and how they worked with the staff team. During this inspection we looked at two of the questions we ask about all services, is the service safe? and is the service well-led?

This inspection took place on 21 June 2018 and was unannounced.

This inspection was carried out by one inspector.

Prior to this inspection, we reviewed information we held about the service. This included previous inspection reports, the provider's action plan that told us how they intended to address the breach of regulation found at the previous inspection and notifications we had received. A notification is information about important events that the provider is required to send us by law.

During the inspection we viewed the medicine administration record charts for four people and carried out stock checks of boxed medicines and the monitored dosage system blister packs. We also looked at three staff files, risk assessments for five people. We viewed a sample of servicing and maintenance records for equipment and the premises, audit reports and policies and procedures.

We spoke with three people using the service, one relative, the registered manager, one senior care worker and three care workers.

Following on from the inspection, we received feedback from the care homes pharmacist working for the Clinical Commissioning Group (CCG) regarding the medicines management systems in the service.

# Is the service safe?

## Our findings

At the last inspection in November 2018 we found a breach of the regulation relating to fit and proper persons being employed. We found at that inspection, some staff had a poor command of the English language and this had not been checked and assessed as part of the recruitment process. At this inspection on 21 June 2018 we found where the registered manager had concerns about an applicant's command of English, they now completed a written test so that their reading and writing could be checked prior to being employed.

At this inspection on 21 June 2018 we found in each of the staff employment records an application form, employment history, proof of identity and a Disclosure and Barring Service (DBS) check. In two of the staff files, we saw there was only one reference on each of their files and no evidence that the registered manager had tried to obtain the second references. At the time of the inspection one staff member had been in post approximately two weeks and the second had been working in the service since April 2018. The registered manager had not carried out any risk assessments when employing the staff with only limited information on their work history and performance.

During the inspection the registered manager showed us evidence that they had emailed the people they had wanted references from and telephoned them during the inspection to try to obtain these. They confirmed shortly after the inspection that they had been sent the second references for both members of staff. We spoke with the registered manager about having evidence of the interview questions and answers as this was not on any of the three employment files checked. We also discussed having the evidence to show how long new staff members had shadowed experienced staff members, so that the registered manager could be confident the new staff member was ready to work unsupervised and alone. They confirmed they would introduce this as part of the evidence recorded in the induction records.

We looked at the medicines management systems in the service. Two people who used the service confirmed they safely received their medicines and that staff observed them taking their medicines. They were unclear what they had been prescribed but told us they did not have any side effects from taking the medicines.

When we looked at a sample of people's medicines we found areas of concern that needed to be addressed to ensure people were not placed at risk of harm. We counted and checked the 'as required' (PRN) medicines for three people and the amounts we counted did not tally with the number recorded on the Medicines Administration Records (MARS). The quantities varied, with one person's paracetamol stock recorded on the MARS as 76 but we counted 85. A second person's PRN medicines stock was over by three and a third person's by two. A staff member confirmed that when they had given a person two paracetamol a few days prior to the inspection they had not counted the amount left but had written on the MARS following on from the previous amount recorded. For PRN medicines staff were expected to count the quantity before recording the amount left in stock. Therefore, it was not clear what had taken place and we showed the registered manager the issues we found. They also confirmed the following day after the inspection that they had checked every PRN medicine and they had found another person's quantity to be

incorrect and that there had been three extra tablets.

We asked to see the PRN protocols for the people prescribed this type of medicine and the registered manager and staff member confirmed they had only just started to complete these documents. The protocols record who was prescribed PRN medicines, with the dose, frequency, reason to offer the medicine and the expected outcome, so that staff had this information to hand when considering or asking if someone required a PRN medicine. A few days after the inspection the registered manager confirmed these had all been completed and seen by the GP.

The registered manager confirmed that for people who might find it difficult to express if they were in pain and required pain relief medicines where these had been prescribed to be given as required, they had not completed any pain assessments which would inform staff what signs to look for if a person was in pain and what action to then take. The registered manager confirmed they would seek advice on this so that they used an appropriate and current document.

We asked about the training staff received to be able to support people with their medicines. The registered manager confirmed staff completed online medicines training, which the sample of training records we viewed confirmed. In addition, they told us that staff received face to face training from the community pharmacist. However, we saw no evidence of when this training had occurred as there were no certificates. The registered manager contacted the community pharmacist during the inspection, who confirmed they would send certificates to them.

We saw the medicines policy and procedures. This did not include the details of any national guidance or legislation that the provider should be working with in relation to medicines management. It did not include details of the medicines audit processes that the registered manager and staff team needed to follow. The registered manager informed us that they would let the provider know so that this could be updated.

Two days prior to the inspection a pharmacist from the Clinical Commissioning Group (CCG) visited the service to carry out a detailed check on how medicines were being managed in the service. They also returned to the service for a second day a few days after the inspection to follow up on their findings. The registered manager told us they did not receive direct feedback from the CCG but the CCG report from their visit showed that they had found several issues with the medicines, including the problems that we had identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The monitored dosage system blister packs that we viewed tallied correctly with the MARS. There were dates of opening on liquid medicines and agreements via the GP were in place if people received their medicines covertly, usually hidden in food, or crushed, if they had difficulties in swallowing. We saw that for one person this agreement was from January 2016 and we highlighted this to the registered manager so that they could liaise with the GP to review if this was still appropriate and relevant.

Controlled drugs (CDs) were securely stored and records were up to date and clear and tallied with the amount recorded. Medicines requiring refrigeration were being stored appropriately and daily medicine fridge temperatures were recorded and those viewed were within safe ranges.

Staff were observed and had their competency assessed before handling medicines unsupervised and the registered manager confirmed this was done at least once a year.

People we asked said they felt safe living in the service as there was always staff available to keep them safe. One person said, "Oh yes, I feel safe here." A relative confirmed the staff were "pleasant" and the care was "brilliant." They also confirmed that if they or any family member had concerns they would speak with the registered manager and felt sure it would be dealt with.

Staff could tell us how they would recognise signs of abuse and what action they would take to ensure concerns were reported. Staff said they had received training on this subject and records confirmed this. Staff told us they would report any issues to a senior staff member and the registered manager. They were also clear who else they could report concerns to, for example the local authority and the Police. One staff member said, "I have not seen anything abusive here." The registered manager kept some of the safeguarding records to show the concern and outcome. They had not printed off the minutes from a meeting held for one safeguarding concern and they told us they would ensure they would check the records so that all the information linked to the concern were kept in order and available to view.

Assessments to identify risks faced by people while receiving a service included those for nutrition, skin integrity and moving and handling were in place. Where people needed to be re-positioned this was clearly noted by staff in the daily records. In the moving and handling risk assessment for one person it was not clear if one or two staff were required to assist the person safely. It was not evident how often risk assessments were reviewed. The majority had been checked in 2018 but one was dated August 2017 with no indication that staff or the registered manager had checked this. We highlighted this to the registered manager who confirmed they would check every person's risk assessment to ensure they had been reviewed.

Health and safety checks were in place in areas such as fire safety, checks on appliances and equipment was being serviced at the required intervals. The windows and fire doors were checked to ensure they were in good working order as part of the health and safety checks carried out. Personal and emergency evacuation plans (PEEPS) were in place, but some were not dated or signed off by the registered manager. They told us they would check these documents to make sure it was evident that they were up to date and been seen by them.

Incidents and significant events were recorded on the electronic system however, a member of staff spoke of an event involving a person using the service and the registered manager told us that they had not been made aware of this. No-one had been harmed. They agreed to remind staff that any event or incident should be reported to them so that they could see if any action needed to be taken. We also saw that the registered manager had not been filling in the section where following an incident they could record they had seen the details of what had occurred and then could record any decision made to minimise this happening again. The registered manager confirmed they would start checking this more closely so that there was clearer evidence that they made improvements and learnt from events as and when they occurred. The registered manager had been monitoring falls and this information was passed to the local authority for them to also identify if there were any trends.

We looked at infection control practices in the home. A relative told us, "The service doesn't smell it is kept clean." Staff confirmed they had access to protective equipment such as gloves and aprons to use when they were supporting people. We observed this during the inspection. Staff received training on infection control and the domestic cleaning staff had certain duties that they carried out to ensure the service was clean. The senior staff member checked that domestic staff were following best practice and the guidelines put in place to minimise people being placed at risk of harm.



# Is the service well-led?

## Our findings

Although there were various audits and checks in place to monitor the quality of the service we identified that there were issues in various aspects of the service provided such as with the medicines management, risk assessments, monitoring trends when accidents and incidents occur or with obtaining second employment references.

The registered manager confirmed that there were daily counts of the 'as required' (PRN) medicines. However, as we found issues with the amount of medicines in stock and the amount recorded on the Medicines Administration Records (MARS) it was evident that staff were not always counting each time they gave PRN medicines to people. The registered manager told us that there was a weekly check of all medicines, however, this audit was not recorded. The team leader usually carried out this audit, however, they sometimes did not work on a regular basis and so this was left to the registered manager or a senior staff member to complete. We saw that the registered manager carried out a spot check each month on a sample of people's medicines. The records we saw of these checks did not identify any issues with the medicines.

When we had looked at risk assessments, it was not clear how often these were checked. Some had dates for evaluation in 2018 but one risk assessment was dated 2017. The registered manager said they checked a sample of risk assessments when they had checked people's care plans but did not record this. They also told us they rarely looked at the daily records that staff completed and therefore could not know if these were informative, legible and person centred.

There were systems in place for the registered manager to check and record on action taken in the event of incidents and accidents or to look for trends in the occurrence of these but this had not been recorded to show that the registered manager was always aware of every event and incident that had taken place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager had some systems in place to monitor the quality of the service. There were some records to show that care plans were checked by the registered manager, although it was not recorded what was exactly checked and how they knew what information had been reviewed each month as these were checks on a sample of records.

Every three months the registered manager reported the number of falls people had to the local authority so that any significant changes could be addressed. Health and safety checks were carried out primarily by external companies commissioned by the provider, but staff also carried out checks to ensure the equipment was working and that the environment was safe for people to live in.

The registered manager had worked at the service for several years. They had a management in care qualification. They kept themselves updated with best practice and changes in legislation by liaising with

other organisations and subscribing to updates relating to health and social care provision. The provider carried out monthly checks where they spent time talking with people using the service and the staff team. Their reports noted that they looked at records but the most recent monitoring report did not highlight any issues that we had found. We found that as there was no deputy manager or team leader, who worked regularly, much of the audits and running of the service fell to the registered manager. They expressed their concern for not having the time to always carry out all the tasks expected of them.

People we asked said they knew who the registered manager was and would go to them if they had a complaint. A relative told us the registered manager was running the service well. Prior to the inspection, we had received concerns about the registered manager and how they did not always support staff. During the inspection we received mixed feedback from the staff team, with most staff saying they found the registered manager, "supportive" and "approachable".

We saw evidence that staff met as a team with the last meeting held in May 2018. One staff member told us, "We work well as a team, we all work together." They also said, "The communication is good." Another staff member confirmed, "We have had group supervision as there are others who are new here and we can go to the registered manager if we have any queries." However, a staff member told us that the registered manager had told the staff team what to say to us during the inspection regarding the training they had received. They also said the registered manager would blame the staff team for the rating of the service if it did not become a "good rated service".

People's views were sought in different ways. Meetings were held every month and the registered manager confirmed they addressed any negative feedback. We saw in the minutes of one meeting that people had asked for one meal to be taken off the menu which we were informed it was. We saw the registered manager had analysed the results from the most recent satisfaction survey that was carried out in December 2017 where people using the service, their relatives and professionals had taken part. The feedback had been very positive with no specific areas needing to be improved.

The registered manager and staff team worked with external professionals in people's best interests. People confirmed they saw healthcare professionals when they needed to and records showed there was regular contact with the GP.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not provide care in a safe way for service users and did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established and did not operate systems and processes effectively to assess, monitor and improve the quality of the services provided.</p> <p>The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of the service users.</p> <p>Regulation 17 (1)(2)(a)(2)(b)</p>