

Committed Care Services Limited

Seymour House - 21, 23 & 25 Seymour Road

Inspection report

21, 23 & 25 Seymour Road
Slough
Berkshire
SL1 2NS

Tel: 01753820731
Website: www.seymour-house.co.uk

Date of inspection visit:
29 October 2015

Date of publication:
01 December 2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 29 October 2015. It was an unannounced visit to the service.

Seymour House is a care home for adults who have a learning disability or autism. It is registered to provide accommodation for nine people. At the time of our inspection seven people lived at Seymour House.

We previously inspected the service on 30 October 2013. The service was meeting the requirements of the regulations at that time.

The service had 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.

The home had a relaxed atmosphere and staff supported people in a respectful and friendly way. Staff understood the needs of people they supported and independence was encouraged.

People told us they felt at home at Seymour House. They felt safe and had confidence in management to deal with any concerns. Relatives told us they were very happy with the service their family member received. They had confidence that people were supported in a dignified manner.

People who could go out independently did so frequently. People were supported to have meaningful activities, one person attended college another was supported with voluntary work.

Risks to people were clearly documented. Risk assessments were comprehensive and reviewed at regular intervals. Staff were knowledgeable on actions to mitigate risk.

Medicines were managed in safe way. There was clear guidance about the use of medicines prescribed for occasional use. This meant that staff were consistent in when these medicines were administered to people.

Staff had a good understanding of what constitutes abuse. People using the service had access to information on how to raise concerns about safety.

Staff had a good understanding of the implications for them and their practice of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a given time. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely.

The service was managed well. The registered manager supported staff to develop themselves and the service. Each staff member had a role within the home.

We have made a recommendation about staff training on the subject of manual handling.

We have made a recommendation about supporting all staff in particular one to one meetings and annual appraisals.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Potential risks to people were clearly identified and mitigating actions were available to all staff. Risk assessments were reviewed regularly.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not supported by staff who always received appropriate supervision and support. This meant they were cared for by staff who had not kept up to date with good practices and safe ways of working.

People were encouraged to make decisions about their care and day to day lives. The service worked within the guidance of the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to access a range of healthcare and appointments were made promptly when needed.

Is the service well-led?

Good ●

The service was well-led.

People and relatives had confidence in the management. Management were visible and accessible.

Staff felt supported by the management team and were confident that any issues raised would be dealt with.

Seymour House - 21, 23 & 25 Seymour Road

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 took place on the 29 October 2015 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was planned and carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the four people living at Seymour House who were receiving care and support, two relatives; the registered manager and three care staff. We reviewed four staff files and four care plans within the service and cross referenced practice against the provider's own policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and Seymour House was their home. "This is my home, I feel safe", "It's nice here", "I used to run away because I didn't like it, now I don't run away anymore, and I like living here." Relatives told us, "They manage X well", "It's very nice" and "X is safe."

People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Information about and contact details of the local safeguarding team were available for people living at the service, visitors and staff.

People were protected from avoidable harm. Risk assessments were completed for a wide range of activities, including pain, mental health and medicines. Risk assessments were comprehensive. They gave prompts for staff to identify changes in people's behaviour which indicated that risks were escalating and how to mitigate them. The risks to people's wellbeing were reviewed regularly by a keyworker. A log of any changes to people's care plans was maintained. This ensured that any changes to risks were clearly documented and communicated to the rest of the staff team. The registered manager informed us that they were introducing a positive risk taking system. We saw an example of the new documentation that supported people in managing risk in a positive way. It supported a greater level of independence and choice to people.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where staff were awaiting a full enhanced DBS, a first response check had been undertaken. The registered manager had identified this as a risk and the staff did not work alone with people living in the service. This protected people from the risk of harm until all clearances were received.

We observed there was enough staff to support people within the home. People who required one to one care were provided with this and supported in their chosen activity.

Incidents and accidents were recorded and acted upon as required. The registered manager had delegated the auditing of incidents to another member of staff. Although not in operation, it would provide an overview of trends in incidents. Currently information was collected on all incidents but the information was not analysed.

People's medicines were managed safely. Staff who provided support with medicines had received training. The service tried to ensure that two people administered medicine. The registered manager stated that this was an additional safety precaution. Medicines were stored securely. We observed good hygiene techniques prior to and whilst medicines were administered. The service had robust procedures in place for as required medicine (PRN). This included a PRN protocol for each medicine. A record was kept of when the PRN medicine was used, the reason, and the outcome of its use and alternative remedies taken prior to administration. The service had a pharmacy audit on medicines on 14 July 2015, no issues were noted or

recommendations made. The registered undertook bi-monthly audits to check staff followed safe practice.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency.

People were protected against the risk of unsafe premises. The service ensured that maintenance and safety of the building was kept up to date. The service commissioned a company to undertake regular health and safety checks. The last inspection was carried out on 02 July 2015. Two recommendations were made regarding fire signage. We observed that these actions had been responded to. The service ensured that equipment used by people was inspected routinely. Electrical and gas safety certificate were in date.

Is the service effective?

Our findings

People and relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

The service supported new staff through an induction period, this involved shadowing existing staff, regular one to one meetings and training. Most staff received regular supervision. The registered manager advised that not all staff received supervision. We questioned this with them. They advised us that the deputy manager did not receive formal supervision or an annual appraisal, but received on going support from the registered manager. This is a requirement for all staff employed as it ensures staff are supported in their role.

Staff undertook a wide range of training to assist them in their role. This included specific training on autism and learning disabilities. Staff we spoke with were knowledgeable about the subjects they had been trained in and spoke highly of the training they had received. The service did not support staff to undertake manual handling training. We asked the registered manager about this. They advised that staff did not undertake this as no physical assistance with movement was provided. However, staff did support people with personal care. This meant that some staff may place themselves and people at risk when supporting people with personal care.

Management and staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make a certain decision, at a certain time. Staff had received training and were able to communicate how they obtained consent from people. We observed that people were involved in decision making. Consent was clearly demonstrated in care plans.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. This is the legal framework which authorises levels of support and safeguard measures for people who lack capacity in specific decisions. At the time of our inspection four people were subject to an authorised deprivation of liberty. The registered manager was aware of how to apply the legislation and worked with the local authority to ensure people who lived at the service were protected and supported.

We observed that people's food preferences were recorded. All people were invited to join a weekly meeting about the menu. Food choices were available to people. One person told us "I don't always like the food, so I have something different." Another said "I can make a drink whenever I like." We observed a meal time and it was clear that choice of meals was offered and support was given to people to have a healthy balanced diet. The meal time was relaxed and informal. We saw where concerns were raised regarding people's weight this was managed appropriately. We observed that people had access to food in their rooms as well as communal areas. Menus of food were readily available in easy read format including pictures of food choices.

People were supported to maintain their health. The outcome of visits by health professional was noted so there was a record of any advice or follow up that was required. One person who attended diabetic clinics

was supported with regular eye sight tests. We saw that when concerns over health were noted, these were acted upon quickly. Relatives informed us that they had confidence in the service to access healthcare when needed. We saw easy read information was available to people to help them understand issues regarding health.

There were systems in place to ensure that important information about people's welfare was shared with staff. This included face to face handover sessions and written notes. We observed a handover session which communicated to staff who was in the building and what needed to be completed for the shift.

We recommend the provider takes into account good practice in relation to staff supervision and appraisals.

We recommend the provider takes into account good practice in relation to staff training

Is the service caring?

Our findings

People told us the service was caring, comments included "I like living here", "I get on with the staff" and "staff are nice to me." Relatives told us they felt the staff supported people well. One relative told us "I am very happy with how they support X", another said "when Y is upset the staff comfort Y, they are all well trained."

One person told us they had a keyworker. They had chosen this staff member as they could talk to them. "I can talk to X about personal things." The keyworker took the lead in co-ordinating people's care. They were responsible for updating care plans. We observed that one to one time with keyworkers was recorded for each person living at the home. This was analysed by the service to help monitor changes in need. One person we spoke with had been out with their keyworker, it was clear from interactions between them that a good working relationship had developed.

We observed caring and compassionate support by staff, who understood people and were knowledgeable of their personal preferences. We saw that information was gathered about personal choices, likes and dislikes. Meaningful relationships were recorded. New staff members were given time in the induction period to read this information.

We observed staff speaking to people in a manner that promoted dignity and respect. Staff we spoke with were knowledgeable on how to promote people's dignity. People appeared very relaxed in the company of staff, laughing and joking with staff. Easy read format information was available to assist staff in communicating with people who live at Seymour House. For instance when staff discussed food preferences and choices pictures were used to help people make choices.

On the day of inspection we saw that people were supported to be as independent as they could be. We observed people were involved with meal preparation and were able to make their own drinks.

One person we spoke with told us about their room. This was personalised to them. The registered manager advised us that people were welcome to bring any items of furniture into the home. Another person we spoke with advised us of a plan to create a sensory corner in their room.

We observed that people were relaxed in each other's company and group discussions were respectful. We overheard people discussing a forthcoming holiday. People told us they were looking forward to this.

People's confidentiality was respected. Information regarding people was kept securely. Handover meetings took place away from people as to ensure sensitive information was not discussed in the open.

Is the service responsive?

Our findings

Pre-admission assessments were undertaken to ensure the service could meet the needs of people prior to moving into the home. The registered manager advised us that they had changed the way they undertook the assessments. We reviewed the assessment for the last person who was admitted. We observed that it was very comprehensive and gave a good insight into how the home needed to support the person.

People received individualised care that met their needs. The service undertook person centred care planning; we saw a wide variety of person centred information. This included a 'personal passport', 'my life now', these documents recorded things people liked to do and their dislikes. Information on what was important to each person was recorded. Care plans were reviewed regularly and any changes were recorded.

We observed people engaged in activities throughout the day. One person had been out independently for the day. Another person was supported to go to the library. The registered manager informed us that one person was supported with voluntary work.

Relatives we spoke with were contacted by the service when important events took place. For instance, one relative informed us that they were always contacted when their family member was unwell and the GP had been called.

Relationships with people outside of the service were encouraged and supported by staff. Some people who lived at the home attended a day centre. One person had decided that they were not going to attend anymore. They were supported with activities of their choice within the home. The service kept a record of activities undertaken within the home and outside. We observed staff discussing with people about what activities they would like to undertake.

One person spoke fondly of the newly created garden. They liked to look at the flowers developing. The registered manager advised us a local gardener would be supporting the service. People who were interested in gardening would be able to work with the gardener and learn new skills.

People who required one to one support to go out were supported. One the day of the inspection one person was out with staff.

We observed that people could get up when they wanted to. One person was having a lie in on the day our inspection. Later they advised us that "I am not a morning person."

The service had a complaints procedure and information on how to make a complaint was available. We saw that the service responded to complaints. People and relatives we spoke with were aware of how to raise concerns if needed. One relative told us, "I would not hesitate to contact X if I had concerns."

Is the service well-led?

Our findings

People were supported by a service which was well- led. The registered manager demonstrated a commitment to continuous improvement for the service. An example of this was the pre-admission assessment.

Staff informed us the registered manager was approachable and always available to offer support. One staff member described the service as having "an open culture with good communication." Another staff member told us "I feel empowered, if I have ideas on how to develop the service I feel these are taken on board."

The registered manager had undertaken an exercise of personality and leadership skills of all the staff. This helped them understand their staff and each individual learning style. They advised us that this will be used to develop skills in the staff group. We saw that meetings held with staff members were two way and helped develop knowledge and skills. One team leader was being encouraged to develop their knowledge by additional learning.

People and relatives we spoke with had confidence in the management to deal with any areas of concern they had. Staff felt able to address concerns with the registered manager.

The service sought feedback on their performance from people, relatives and stakeholders. Regular meetings were held with people who live at Seymour House. This provided an opportunity for the management to keep people informed of things that affected them. We saw evidence that a holiday had been discussed in one meeting.

The registered manager undertook regular audits; these included bi-monthly medicines audits, home premises and health and safety audits.

We saw that the service had a variety of policies in place to assist with the running of the home; these included safeguarding people, infection control and complaints.

The registered manager was fully aware of their role and responsibility and what information they needed to share with us. They had notified us of significant events, this included when a decision had been made about a DoLs application.