

Seymour House Residential Care Homes Limited

Seymour House-Northwood

Inspection report

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Northwood
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Tel: 01923823466

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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

The inspection took place on 11 December 2018, and was unannounced.

The last comprehensive inspection of the service was on 16 November 2017, when we rated the service requires improvement. We carried out a focussed inspection of the service on 21 June 2018 because we had received concerns about the service. We continued to rate the service requires improvement because we found it was not always safe or well-led.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'is the service safe?' and 'is the service well-led?' to at least 'good'.

At this inspection of 11 December 2018, we found improvements had been made.

Seymour House-Northwood is a care home for up to 35 older people, some of whom may be living with the experience of dementia. 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. At the time of our inspection 32 people were living at the service.

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 and associated Regulations about how the service is run.

People living at the service, as well as their friends and relatives, were happy living there. They commented about the "family atmosphere" and told us they were well cared for. They said the staff were kind and caring. They had access to the health services they need, a range of different activities and told us their needs were being met. People were able to make choices about their care and the provider had acted within the principles of the Mental Capacity Act 2005 to make sure people consented to their care and treatment. People liked the food they were provided with, had a choice of what they wanted to eat and had enough to eat and drink.

The staff felt well supported. They liked the manager and told us they were invited to contribute their views about the service and felt listened to. The staff had access to a range of training and had regular meetings with their manager. There were effective systems to monitor staff performance and make sure they had the information they needed about their roles and responsibilities.

People were supported to meet their cultural and religious needs. The staff had not received training or

information about how to provide an LGBT+ (Lesbian, Gay, Bisexual or Transgender) inclusive environment. The registered manager agreed that they would look into ways they could provide support for people to feel included.

The environment was appropriately designed, accessible and safe. There were checks on the building and equipment being used to make sure it remained safe. People had their own rooms with en-suite facilities. There was information for people on display, such as menus and when activities would take place.

People received their medicines in a safe way and as prescribed. There were procedures designed to safeguard them from the risks of abuse. People knew how to make a complaint and felt confident these would be responded to appropriately. Incidents and accidents were recorded and the management team analysed these to help prevent similar incidents from occurring in the future.

There were effective systems for monitoring the quality of the service and making improvements. The views of people using the service and other stakeholders were sought and used to help with improving the service.

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.

Systems and processes were designed to safeguard people from abuse.

Risks to people had been assessed and their safety was monitored.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People received their medicines in a safe way and as prescribed.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed so that care and treatment could be planned to meet these.

The staff had the skills, knowledge and experience to deliver effective care.

People's individual needs were met by the adaptation, design and decoration of the premises.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported so that their healthcare needs were met.

People had enough to eat and drink to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind, compassionate and caring.

People were able to make choices about their care.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which met their needs and choices.

There were suitable procedures for investigating complaints.

There were plans which explained how people wishes to be supported at the end of their lives if this was needed.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems and processes for monitoring and improving the quality of the service.

People using the service, staff and other stakeholders were well informed and had opportunities to contribute their ideas about the service.

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 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.

This comprehensive inspection took place on 11 December 2018 and was unannounced.

The inspection was conducted by an 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.

Before the inspection visit we looked at all the information we held about the service. This included information from members of the public and notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also looked at information which was publicly available, such as the provider's website, care home review websites and the Food Standards Agency report on the service. We contacted the London Borough of Hillingdon quality monitoring team and they shared their report about the service from visits they undertook in July and November 2018.

During the inspection visit we spoke with five people who lived at the service, three visiting friends and relatives and staff on duty who included the registered manager, deputy manager, senior support worker, support workers, the chef and the activities coordinator. We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the care records for four people who used the service, personnel files for five members of staff, records of accidents, incidents and complaints, meeting minutes and records used by the provider to monitor the quality of the service. We also looked at how medicines were managed and the safety of the environment and equipment being used.

At the end of the inspection, we gave feedback about our findings to the registered manager.

Is the service safe?

Our findings

At the inspection of 21 June 2018, we found that medicines were not always being managed safely.

At the inspection of 11 December 2018, we found improvements had been made.

People received their medicines in a safe way and as prescribed. Medicines were stored securely. The staff made regular checks on medicines supplies and the storage areas to make sure these were safe, clean and the right temperature.

All of the staff responsible for administering medicines had undertaken training from the supplying pharmacist. The registered manager assessed their competency at administering medicines to make sure they followed the procedure. One senior member of staff was responsible for overseeing how medicines were managed at the service. They carried out weekly audits so that any problems could be identified.

We found that medicines records were clear, well recorded and up to date. Where people had specific instructions regarding the administration of medicines these had been recorded and were followed. There was evidence of regular medicines reviews with the doctor to make sure people were being prescribed the right medicines. Where people had PRN (as required) medicines, there were guidelines telling the staff when and how these should be administered.

At the inspection of 21 June 2018, we found that 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.

At the inspection of 11 December 2018, we found improvements had been made. We looked at the recruitment records for a selection of staff, some of these staff had been employed since the last inspection. There was evidence of a range of recruitment checks including references from previous employers, a full employment history, checks on their identity and eligibility to work in the United Kingdom, an interview and checks on any criminal records with the Disclosure and Barring Service. Following recruitment, the staff had undertaken an induction to the service, and their competency was assessed, to make sure they were suitable to work there.

There were enough staff employed to meet people's needs and keep them safe. There were some staff vacancies, however the registered manager told us that these were covered by familiar temporary staff. People told us they did not have to wait for care and if they needed support they were happy with how this was offered. We observed that the staff were attentive and quick to respond to people throughout the inspection. Since the last inspection, the provider had recruited a deputy manager. The registered manager told us that the inclusion of this new role at the service had helped them to make improvements at the service. The staffing levels had also been reviewed and increased which meant that more care staff were available to support people.

The provider had procedures for safeguarding adults and whistle blowing. The staff had training in these and were able to tell us what they would do if they suspected someone was at risk of or being abused. Information about reporting abuse was on display. We saw that safeguarding was discussed at team and individual staff meetings so the registered manager could ensure that the staff had good information about this.

The risks to people's safety and wellbeing had been assessed and planned for. The staff had assessed risks relating to people's mental and physical health, assisted moving, nutritional risks, risks of falling and skin integrity. There were clear guidelines for the staff about how to minimise these risks. Assessments were regularly reviewed and updated.

The risks in the environment were also minimised. There was a clear fire safety procedure, and regular checks on fire safety, firefighting equipment, electrical gas and water safety. Cleaning products were stored safely and equipment, such as hoists, beds and window restrictors were checked as part of regular health and safety audits of the service.

The provider had a contingency plan for dealing with different emergency situations and there were individual evacuation plans for each person, explaining the support and equipment they would need to safely evacuate the building. The staff were able to describe how they would respond in an emergency, such as a fire, to make sure everyone was safe and emergency services were alerted. Bedrooms, bathrooms and communal areas were equipped with call bells, which were accessible.

The provider had systems for learning from accidents, incidents and complaints. These were recorded and investigated by the registered manager. They were discussed with the staff so that all of them could learn from these.

People were protected by the prevention and control of infection. There were procedures for ensuring the service was clean and staff wore protective equipment such as gloves, hair covers and aprons. We saw that this was the case and that clinical waste was disposed of appropriately. The registered manager carried out infection control audits and took action where problems were identified. The kitchen had been assessed by the Food Standards Agency as clean and having effective systems for infection control.

People who lived at the service and the staff had been advised to have a flu vaccination and these were provided free of charge.

The registered manager recorded and analysed all incidents of infections each month so that these could be responded to appropriately.

Is the service effective?

Our findings

People's needs and choices were assessed before, or when, they moved to the service so that care could be planned to meet these needs. The registered manager met with people using the service and their relatives to find out about how they wanted to be cared for. There were a number of different assessments, which were designed to gather information about physical and mental health needs, nutritional needs, oral health, skin integrity and find out about the person's life before they moved to the home, including their interests and preferences. These assessments were used to create care plans and were regularly reviewed and updated.

The staff supporting people had the skills and knowledge to deliver effective care. New members of staff took part in training which was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

New staff also shadowed experienced staff before they were able to work on their own. The management team assessed their confidence and abilities. New staff were asked to read information about the service and meet with the registered manager to discuss this.

The deputy manager was a qualified trainer and provided training at the service, such as how to move people safely and use equipment. They assessed the staff knowledge and competency as part of this training. Staff also completed computer based learning. The registered manager had an overview of when staff had undertaken training and when refreshers were due.

The staff took part in group and individual team meetings to discuss their work. These were recorded. The staff told us they felt well supported and able to ask for additional information or help if they needed.

Four members of staff were being supported to undertake vocational qualifications in health and social care at the time of the inspection.

The staff team worked effectively to communicate with each other. There were daily handovers to discuss any changes in people's needs or the service. There were also records for the staff to communicate with each other. The staff told us that they worked well as a team. There was a planner for each day to state which members of staff undertook which duties. The staff told us this worked well.

At previous inspections, people raised concerns about some members of staff not having good English language skills. One person told us they felt this was still a problem. However, since the last inspection the registered manager had introduced an assessment for new staff to determine their English language skills. The registered manager told us that they did not feel this was a problem and monitored staff closely, however they acknowledged that some people found the different accents of some staff hard to understand.

People's needs were met by the adaptation and design of the premises. Everyone had their own bedroom with en-suite shower and toilets. There were also communal bathrooms with specially adapted baths. Equipment had been provided to help reduce risks such as wheel chairs, lowered bed, hoists and walking frames. The corridors and communal rooms were light, with plenty of room to walk and grab rails. Different rooms were labelled so people knew where rooms were and there were pictorial information boards showing the menus and planned activities. There was a large garden with a wide walk way leading down to the lawn.

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 that, 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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

People told us that the staff always asked for their consent before offering care, and this is what we observed. People felt comfortable with the staff and told us they were listened to if they were unhappy about anything.

The provider had assessed people's mental capacity when they moved to the service and following any changes in their needs. People who had the mental capacity to consent to their care plan had been asked to do so, and this was recorded. There was evidence the provider had followed their best interests process to discuss people's care with those who were important to them, when they lacked the mental capacity to make decisions themselves. This was recorded and the provider had made applications for DoLS when necessary.

People were supported with their healthcare needs. These were recorded in their care plans and there was clear information about how these needs should be met. The staff monitored people's health and responded appropriately when they became ill. There was evidence of regular consultations with different healthcare professionals and their guidance and recommendations were incorporated into their care plans. The staff had good communication with people's GPs and recorded information for the GPs so they knew about changes in people's health or conditions.

People were supported to have enough to eat and drink. People told us they liked the food. They were offered choices at mealtimes. We spoke with the chef who had a good understanding about people's individual likes as well as specialist diets. They prepared some individual meals to meet particular requirements. They met with people to receive feedback about the food.

All meals were freshly prepared on the premises and there were fresh fruit and vegetable available. The chef made high calorie milkshakes for people who needed these. We saw that people were offered hot and cold drinks throughout the day and jugs of water and squash were available in communal rooms and bedrooms at all times.

People's care plans included nutritional assessments and information about their dietary needs. The deputy manager had started to create individual photographic guides for each person to show their particular preferences and needs. They told us they would be developing these guides for everyone so that the staff knew how to support people and make sure they always had food the way they liked it, for example, portion

sizes, brands of food or the way food was presented. The deputy manager told us they had worked with families to create these plans.

Some people had been referred to dietitians or speech and language therapists for specialist needs. We saw that information from these professionals was included in the care plans so that the staff knew how to meet specific needs.

Is the service caring?

Our findings

People using the service told us they had a good relationship with the staff, who were kind, friendly and caring. They told us the staff always spoke with them respectfully. We observed this, with the staff approaching people in a kind and supportive way. The staff addressed people calmly, explained what they were doing and encouraged people. They also greeted them in a friendly and positive way.

During the inspection we observed incidents where people became distressed or needed something. The staff were attentive and provided both emotional and practical support when needed.

People told us their privacy was respected. We saw that care was provided behind closed doors and the staff were discreet in the care they provided and when talking about people's needs.

People told us they were able to make choices about their care and had been consulted about this. We saw the staff offering people choices about what they wanted to do, eat and where they wanted to spend their time. People confirmed that they were able to go to bed and get up when they wanted and have showers or baths as often as they chose.

The registered manager told us that they had not got any specific guidance or support for people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). They were not aware if anyone living at the home identified as LGBT+. They said they were hoping to provide training and guidance for the staff to have a better understanding about how to provide an inclusive environment and were planning to look into specific training following our inspection.

The majority of people living at the service were white British. The registered manager explained that they were supported to celebrate traditional events and we saw that preparations for a number of different Christmas celebrations were taking place. There were regular Church of England and Catholic services at the home for people who wanted to join in. A small number of people were from other countries. The chef spoke with us about how they supported them with different meals. They told us they had purchased some new ingredients to reflect one person's wish for traditional food from their country. The registered manager told us that Christianity was the only religion people actively practiced at the service at the time of our inspection. Other people confirmed they did not practice their religion or need support with their faith.

Some people living at the service had physical disabilities. The layout of the environment supported people to move around independently if they were able, and to reduce risks to their health and safety. People were encouraged to do things for themselves. For example, some people found eating independently hard. The staff provided the equipment, support and encouragement for people to do this if they were able. In one case, we saw the staff encourage one person for the majority of their meal, but providing assistance when the person made it clear they could not do any more themselves.

One person told us they had not been asked whether they wanted same gender care workers. We spoke with

the registered manager about this and they said that they had offered people the choice but would make sure people were offered again if they felt uncomfortable.

Is the service responsive?

Our findings

People told us that their needs were being met. They said that they had a care plan which they were happy with and the staff followed this, offering them choices about their care and making sure they were safe and healthy. People said they had regular baths and showers and opportunities to visit the hairdresser when they came to the service.

We saw that people were well presented in clean clothes. The staff were attentive to their needs and responded when people requested something.

The care plans were clear and appropriately designed. They outlined people's needs and how they should be cared for. These were regularly updated and the registered manager told us a senior member of staff was assigned each day to review and update any care plans where people's needs had changed. The plans incorporated people's views and information from healthcare professionals. The staff monitored people's needs each day and recorded the care they had provided. These records were electronic and could be accessed by the registered manager so they could check people were receiving care as planned. The deputy manager showed us some new systems they had introduced to make sure key workers attended to people's additional needs, such as checking their bedrooms and toiletry supplies, on a regular basis.

There was an activities coordinator employed to organise and run leisure activities. The provider had worked hard to improve this area of the service. There was evidence of regular events and trips out of the service. Most people said they liked the activities, although some people requested planned opportunities for more mentally stimulating activities. We gave this feedback to the registered manager. The planned activities included visits from entertainers, local schools and trips to places of interest, meals out as well as games and quizzes. There were a range of special events for Christmas, including a trip to the pantomime, a trip to see the Christmas lights, carols from visiting schools, Christmas lunch at local cafes, a Christmas shopping outing and a party at the service. The registered manager had started a project to request equipment from the local community. For example, they had requested golf equipment for the garden because one person had said they wanted this.

There were photographs of events and activities on display at the service.

There was a suitable complaints procedure and people using the service and their visitors were aware of this. They told us they felt confident speaking with the registered manager about any concerns. There had not been any formal complaints since the last inspection, however there was a process for dealing with and recording these if there were in the future.

People's care plans included information about preferences they had for care at the end of their lives and funeral arrangements. Some people, or their relatives had agreed not to be resuscitated in the event that their heart stopped and their agreement was documented on a DNAR (Do Not Attempt Resuscitation) form. Although some of these forms did not include clear details about the discussions medical professionals had had with people to help them make their decision. There was no one being cared for at the end of their lives

at the time of the inspection. The provider was not registered to offer nursing care.

Is the service well-led?

Our findings

At the inspection of 21 June 2018, we found 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.

At the inspection of 11 December 2018, we found improvements had been made. The staff and registered manager carried out audits of the service. These included information about where improvements were needed. There was evidence of medicine audits, infection control audits, health and safety checks and audits of care provided. The registered manager had made improvements identified at the last inspection report.

In addition, the London Borough of Hillingdon quality monitoring team had visited the service in July and again in November 2018. They reported that improvements had been made between their two visits and they were satisfied with the way in which the provider responded to the actions they had identified.

People using the service and their visitors told us they felt the service was appropriately led. They said the registered manager was visible and they were happy speaking with them. The registered manager knew people well and could tell us about their individual needs and how these were being met. People said they were invited to share their views about the service. Visitors said they were kept informed about changes and the wellbeing of the people who they visited.

There were a number of positive reviews on a care home review website which spoke about the "friendly service" and how well people were looked after. One review from August 2018 stated, "[Seymour House staff] looked after [my relative] so well and I had never seen [them] happier." Another review from October 2018 stated that the person's relative received, "exemplary care and kindness." This review went on to state, "A special mention for the manager whose professionalism is a shining testament to this care home."

The staff told us they felt well supported by the registered manager and that they were listened to and valued. The registered manager had managed the service since it opened and had previously worked in health and social care for 17 years. They had a level 7 management in care qualification.

The provider asked people using the service, staff and other stakeholders to complete quality surveys each year. They were in the process of gathering the responses at the time of our inspection. Some of the comments from recently received surveys included, "The dementia care is excellent", "[Staff] are very knowledgeable and helpful", "Friendly staff", "The staff are very caring and professional", "Staff are smiling and helpful", "Staff are committed and friendly" and "The care home is wonderful and they look after [relative] with dignity and compassion."

The staff were supported to develop their ideas for the service. For example, the deputy manager spoke about a number of different processes they and other staff had introduced and how these had provided a more effective service. There were regular meetings for people using the service, relatives and staff. Minutes

of these showed that they were well informed and able to contribute their views. A recent relative's meeting included information about the Mental Capacity Act 2005, dementia awareness and DNAR (Do Not Attempt Resuscitation) forms.

The registered manager reported on the service to the providers outlining any changes or developments, information about any accidents, incidents, infections, complaints or deaths and how these were responded to. The providers visited the service most days and the registered manager said they were supportive and helpful. They were a small privately run company who also ran another local care home.

The registered manager had implemented some new schemes designed to improving the service. These included creating a wish list of items people wanted and asking the local community for support in providing these. They were also planning to create a 'wish tree' at the service where people could request a specific activity or wish which they would try to fulfil.

The registered manager met with other local care home managers at regular meetings organised by the local authority to share ideas and support one another.