Care Quality Commission

Seymour House Residential Care Homes Limited

Seymour House - Northwood

Inspection report

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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

Overall summary

The inspection took place on the 5 and 6 October 2015 and the first day was unannounced.

Seymour House- Northwood provides long term accommodation for up to 24 older people, some of whom were living with dementia. Staff received training in dementia so that they understood how to support people appropriately. There were 24 people living in the service at the time of the inspection.

We last inspected Seymour House-Northwood in June 2014. At that inspection we found the service was meeting all the regulations that we assessed.

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.

People were very happy with the service and we received positive feedback from people, relatives, visitors who were friends of the people living in the home and the

Summary of findings

visiting healthcare professional. They were complimentary about the staff and the care people received. Staff showed respect for people, listening to them and supporting them in a caring and gentle way.

Risk assessments were in place that reflected current risks for people in the service and ways to try and reduce these. Care plans were being regularly reviewed to ensure the care provided met people's changing needs.

People were encouraged to take part in both group and one to one activities and these were appropriate to what were people's interests and understanding.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted. Where people were at risk and unable to make decisions in their own best interest, they had been appropriately referred for assessment under DoLS. People's capacity had also been considered to ensure staff supported people where possible to make daily choices and decisions. We saw staff supporting and helping to maintain people's independence.

People had a choice of meals and staff were available to provide support and assistance with meals. Where food and fluid intakes were being recorded for some people, the results were being effectively monitored. Staff referred people for input from healthcare professionals when required.

There were recruitment procedures and checks in place to ensure staff were suitably vetted before working with people.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. Staff had received training about safeguarding and records were kept of any concerns.

People received their medicines safely and as prescribed. Input from the GP and other healthcare professionals was available to address any health concerns.

There were systems in place to monitor the quality of the service being provided and staff met as a team to look at what was working well and where improvements could be made to ensure people received a good caring service.

Summary of findings

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 and their relatives were happy with the service and people said they felt safe. There were safeguarding procedures in place and staff understood what abuse was and knew how to report it.

There were enough staff to care for and support people.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face.

Staff received training in administering medicines. People were given their prescribed medicines when they needed them and these were stored safely.

Appropriate staff recruitment procedures were being followed.

Is the service effective?

Good

The service was effective. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People were involved in the assessment of their needs and had consented to their care, treatment and support needs.

We found staff were well supported through training and development and had the right skills and knowledge to meet people's assessed needs.

Is the service caring?

Good

The service was caring. Staff demonstrated a high level of care and compassion and people were very happy with the care they received. Staff listened to people, communicated well with them and provided help and support in a gentle and professional manner.

Staff described to us the individual support people required and how they promoted people's independence depending on their needs and abilities.

People were involved with making choices and decisions about their care. Staff treated people with dignity and respect and understood the care and support each person required.

Is the service responsive?

Good

The service was responsive. Care plans were in place and were kept up to date so staff had the information they required to provide the care and support people needed.

People's interests were identified and activities and events planned to meet these.

People and their relatives knew how to raise any concerns and said they were listened to and felt any issues raised were appropriately addressed.

Summary of findings

Is the service well-led?

Good

The service was well-led. People using the service and staff were encouraged to give their opinions about the service. Staff were supported by the management team.

There were detailed checks and monitoring of the service to assess the quality of the services provided and to look at ways to make improvements.

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 inspection took place on 5 and 6 October 2015 and the first day was unannounced.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us. We also contacted the local authority's quality assurance and safeguarding team for their views about the home.

We used different methods to obtain information about the service. As the majority of people were not able to contribute their views to this inspection, we used the Short Observational Framework for Inspection (SOFI) to observe care and interactions between people and staff. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with six people who live in the service, two friends (visitors) of people living in the service and two relatives. We also spoke with the registered manager, a senior care staff member, three care staff, a domestic staff member, the cook, the hairdresser, the activities co-ordinator, laundry assistant and a visiting professional.

We looked at three people's care records. We reviewed records relating to the management of the service including medicines management, three staff records and incident and accident records.

Good

Is the service safe?

Our findings

All the people living in the service told us they felt "safe" and one said "I am well looked after here." The visitors we spoke with felt that the home was safe for those living there and had no concerns. Relatives we met also confirmed their family members were safe and one commented, "I feel X is safe here."

We observed people were supported in a way that kept them safe. For example, where a person had been identified at being at risk of falls, staff were seen to walk with them to help make sure they were safe.

Policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with good practice guidelines. Staff knew about reporting concerns both to the registered manager and external organisations, such as the local authority or the police.

We reviewed the safeguarding records and there was a log of incidents which indicated two notifications for 2015, both of which were now closed. However there was limited documentation of these incidents with the minutes of one strategy review meeting being kept in the folder. The registered manager said they would address this to ensure all relevant information was made available. Care Quality Commission (CQC) notifications were seen for both safeguarding referrals.

There were appropriate systems for managing people's personal money if they were unable to do so themselves.

Staff wore uniforms and badges and it was clear that people were familiar with staff. The entrance hall had a noticeboard which displayed the photographs, names and designations of all staff working in the service so that people and any visitors would know who was working in the service.

Risks to people's wellbeing had been assessed and where significant risks were identified, action was taken to minimise these. Risks including those relating to falls, pressure care, moving and handling and malnutrition were assessed and management plans put in place as necessary.

Any accidents or incidents were recorded to ensure people were supported appropriately. The completed forms provided detailed information along with action taken or if a follow up was required and whether the GP and family were informed.

Staff could telephone the provider or registered manager if there was an emergency out of hours. They also had contact information for informing organisations if there was a problem for example with the gas or water. The registered manager confirmed that staff received basic first aid training and that they were identifying more in depth training on this subject for senior staff members.

Maintenance and servicing records were up to date and we saw systems and equipment including gas safety, hoists and lifts were being serviced at required intervals. Fire drill practices took place with the last one held July 2015 and fire equipment such as extinguishers were checked in September 2015. The home had a fire risk assessment in place which was reviewed on an annual basis and the fire brigade had last visited in 2013 and made no recommendations at that visit.

Staff, people living in the service and relatives confirmed that they considered there were adequate levels of staffing. We saw that staff were always available to help people promptly when they needed assistance. We viewed the staff rota for a two week period starting from the 5 October 2015. The majority of care staff worked a 12 hour shift and we saw they took a break whilst working these shifts.

There were systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references which had been verified to ensure they were genuine, proof of identity and Disclosure and Barring Service checks.

People safely received their medicines. Medicines were stored securely and at the correct temperatures to remain effective. We checked medicines records and supplies for all of the people living at the home. Medicines records were clearly completed, and up to date. There were no discrepancies when we checked supplies of medicines against medicines records, providing assurance that people were receiving their medicines as prescribed. We noted one issue with the timing of a few medicines. Six people were prescribed medicines such as antibiotics or medicines for osteoporosis which should be given at

specific times to be most effective. Their pre-printed medicines records from the pharmacy did not contain accurate instructions on the timing of these medicines, such as spacing between doses. Staff had followed the pre-printed instructions, but we discussed with the registered manager that staff received more training about certain medicines, to ensure that people received their medicines at the ideal times to receive the most benefit. They confirmed this would be sought and that they would discuss this with the pharmacy.

Medicines information leaflets were available, and peoples care records contained information about their medicines. One person was prescribed a high-risk medicine, warfarin, and this was managed safely. A risk assessment was in place, together with guidelines, to help staff to manage this medicine safely. When people were away from the home, there was a process to ensure they received their medicines. The district nurse visited the service to administer injections to three people, and records were kept in the service of what had been administered. People's medicines were reviewed regularly. Some people were prescribed medicines for Alzheimer's disease, and they were kept under review by the community mental health team.

People's care plans identified when people required pain relief and whether they needed regular assessments of their pain. We saw that for people prescribed "when needed" pain relief, staff carried out these assessments informally, by asking people whether they needed pain relief during medicines rounds. We noted that two people were not able to communicate very well, and their care plans said that they could not tell staff if they were in pain. A senior member of staff told us they observed the person to see if their body language changed to ensure if they were in pain that they received pain relief medicine. The registered manager confirmed they would make sure if needed that pain assessments were completed.

The registered manager carried out a monthly medicines audit, checking medicines records and supplies of medicines for three people. The supplying pharmacy also carried out a detailed medicines audit annually. This was last carried out in January 2015.

All areas of the service were very clean including communal areas, bathrooms and toilets which were all well- equipped and contained liquid hand wash. Individual bedrooms and en-suite facilities were also clean and well maintained. Staff wore protective aprons and gloves when delivering personal care and when serving food. All areas of the kitchen were clean and well ordered. Records of daily safety checks for fridge and freezer as well as food temperatures were up to date. A cleaning schedule was seen and this was also up to date.

Good

Is the service effective?

Our findings

People said they were cared for by staff who understood their needs. One person told us, "Staff will ask, can I help and were always around to make sure everything was ok."

New staff received an induction and staff we spoke with all confirmed they had spent time shadowing experienced staff and reading the care files to become familiar with the service. The registered manager confirmed that they were aware of the new Care Certificate and had incorporated this to the new induction programme. Staff confirmed that they received regular training in all relevant aspects of their work and were positive and enthusiastic. Staff mainly received training on subjects such as, moving and handling, safeguarding adults, dementia care and fire awareness and they had the opportunity to study for a social care qualification.

Staff told us they received support through daily talks with each other and the registered manager. Staff confirmed they received one to one and group support. One staff member told us, "If I need something I just ask, I don't wait for supervision." They also said the team was "good" and that they "helped each other." We saw from staff records that regular one to one supervision took place and the registered manager confirmed that annual appraisals would be taking place later in October 2015.

We observed that staff helped people appropriately and care staff said that they understood the needs of the people living in the service and were able to describe the needs of the people they supported. We saw staff communicated information about people who lived in the service to each other.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood their responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted.

We observed people making decisions for themselves and they were able to move freely around the service and the garden. Staff had received training in DoLS and the Mental Capacity Act 2005 (MCA) and understood the importance of encouraging people to make daily decisions for themselves. We saw DoLs applications were made to the local authority when it was considered necessary to restrict someone's choices and freedom. One section of people's care plan was entitled "resident's rights and consent". This contained useful details on any named Lasting Power of Attorney and if they had an advocate. Another section of the care plan contained information on people's mental capacity.

We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in two of the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a person. These had been fully completed, involving people using the service, and their relatives, where appropriate, and signed by their GP. The registered manager was aware of their duty to ensure they followed the correct procedures to make sure the correct documents were in place.

We looked at the meal provision in the service. We observed lunchtime and people were supported in a patient and unhurried way if they needed help to eat their meals. One person we asked said, "the food is good, I like it." A visitor confirmed that "the food is excellent." Food preferences and dietary requirements such as soft food, assistance to eat or swallowing difficulties were well documented in individual care records. There was guidance available for staff where relevant and reminders to maintain food and fluid charts where necessary.

Jugs of juice were available in all communal lounges and we saw that people were also offered hot drinks if they wished throughout the day. Where appropriate food and fluid intake was monitored and recorded. We checked a selection of these forms and saw that they were well completed. Where people had been identified as being at risk of malnutrition assessments had been carried out. We saw records of correspondence and advice received from dieticians in some cases where there had been a referral. People were regularly weighed with any weight loss highlighted and monitored closely.

Arrangements were made for people to access the healthcare services they needed. One relative told us, "staff keep me informed of any changes." A healthcare professional commented, "It's a nice home, well organised and always spotlessly clean. The staff refer immediately if there are any problems and they are always pleasant and helpful." People living in the service were registered with

Good

Is the service effective?

different GP practices and visits were arranged as required. There was a file to record visits from health care professionals, mainly the GP for each person. These detailed reason for the visit and the outcome and these records were well completed. Separate folders were kept in individual bedrooms to record visits from district nurses; including records of any wound dressings and other nursing care.

Good

Is the service caring?

Our findings

Comments on the staff team were complimentary. One person told us, “I am well looked after here.” and “Staff always knock and wait for an answer before coming into my bedroom.” A second person said, “The staff are very kind.” Another person commented, “I am treated well.” A visitor said the interactions they observed between people living in the home and staff were “positive.” A relative told us the staff were “caring” and that they were “happy with the service.” Both the people living in the service and visitors said that staff were kind and were always respectful to people.

Numerous signs of individual wellbeing were observed with many people positively engaging with others, laughing and joining in with what was going on. Staff spoke with people at their level, making good eye contact and speaking clearly. Where a person needed reassurance, members of staff were quick to comfort the person and respond to their questions.

Care records contained information outlining the daily routine for each person, including details on sleeping and waking routines, personal care preferences and social routines. These forms were well completed and gave a clear picture of each person’s daily routine and preferences. This meant that daily care could be tailored to each individual, to suit their needs and wishes.

People mainly had support from their family members or friends. One person had previously had an advocate when they needed independent support. A relative confirmed they had been invited and attended an annual review of their family member’s care. They said they felt involved and any queries they had were answered. One visitor, who was a friend of a person living in the service, confirmed there was regular discussion with staff and the registered manager and reported that communication from the service was responsive and effective.

We observed that staff were respectful of people’s privacy and dignity and ensured that toilet doors were closed when assisting people with personal care. Staff we spoke with described the methods they used to ensure that they respected people’s privacy and dignity such as closing doors and curtains and offering choices before helping people.

People living in the service were clean and well dressed and we saw that care and attention had been paid to people wearing accessories. Some people had their nails painted and were wearing jewellery. A hairdresser attended the home every week and they told us they observed that people always looked “well presented.” They spoke positively about interactions they observed between the staff and people in the service. A chiropodist also attended regularly to maintain people’s toenails and ensure these needs were addressed appropriately.

Good

Is the service responsive?

Our findings

Relatives confirmed the registered manager assessed their family member prior to them moving into the service. The registered manager explained there was a pre-admission process where they would assess the person's needs and where possible the person along with their relatives would visit the service to ensure their needs could be met.

People's care plans reflected their views and aspirations and included information about what they could do independently and areas where they needed support from staff. The care plans were individual and gave a clear picture of people's abilities and needs along with a high level of person centred detail and were tailored to each person's care and support needs.

There was a range of personal information in each care file and care plans for each different aspect of care which took account of physical, medical, emotional and social needs. There was good evidence of routines and personal preferences and choices in care plans.

Care plans had recently been checked and updated to ensure staff were supporting people in a safe way. There were also mini care plans for each person which were kept available for easy reference by care staff.

Daily records were maintained electronically. We checked a sample of these and saw that they contained a good level of detail with symbols to indicate different aspects such as personal care, visits or activities. All records seen were up to date.

The activity co-ordinator engaged with people in an enthusiastic way prompting people to take part in activities. We also observed the care staff providing activities when the activities coordinator was not present. One visitor said "There's always a buzz at the home when the activities coordinator is here." Apart from monthly church services no other forthcoming events or entertainment was advertised or displayed in communal areas. We discussed this with the registered manager who confirmed they would ensure information was in a larger format and more accessible for people to see.

We spoke with the activities coordinator who described the range of different activities on offer inside and outside of the service which included one to one interaction with those who were unable or unwilling to participate in group activities. The activities coordinator also helped with accompanying people to hospital appointments and also at mealtimes when required. At times throughout the year the service also had students on placement who were organised to support activities in the service. The activities coordinator maintained a record of people's activities so it was possible to see who had been involved along with their level of engagement and interaction.

The service encouraged people to give feedback so any issues could be promptly addressed. Those people we asked said they would "talk with the manager" if they had a concern or complaint. A relative told us, "I haven't had any complaints but would feel confident to go to the manager and I am certain any complaint would be dealt with." Another relative said they would know if their family member was unhappy which they said currently they were not.

No complaints had been recorded during the year and the registered manager confirmed there had been none. We saw a copy of the complaints procedure provided for people which a relative confirmed they had seen. The registered manager told us they gave copies to people and their relatives when they were admitted in the service.

We saw the results of the latest satisfaction survey from December 2014 sent to people, relatives and health care professionals. This covered a range of subjects and was rated on a 4 point scale from poor-excellent. It included the quality of care, friendliness of staff, cleanliness, ambience, response to complaints and laundry service. All completed forms reported a very high level of satisfaction with all aspects of the service.

Meetings were held monthly for people who lived in the service. We saw the minutes for recent meetings which recorded issues discussed which were well recorded.

Good

Is the service well-led?

Our findings

A visitor told us, “The staff are excellent, they and the manager are very good at communicating.” Another visitor said, “I’m very impressed with the home. The manager is available if needed and very helpful. It would be good to have a newsletter or more information about any meetings or events that are happening.” The registered manager confirmed they were looking to increase the number of meetings held for relatives and friends of people living in the service as the last one had been in October 2014. They were also considering introducing a newsletter so that they could easily share information about the service.

Staff feedback on the registered manager and the culture of the service was positive. They said the registered manager was “visible and approachable.” They confirmed they worked well as a team and communication was effective as the team was small and worked closely with one another. Staff commented that they would feel confident to raise any issues or concerns with the registered manager.

The registered manager had relevant management and social care qualifications and had been in post for over three years. They had attended a workshop for managers and providers at a nearby local authority to keep up to date with current good practice and received updates from Skills for Care and the Care Quality Commission (CQC). The registered manager also met with the manager from the provider’s other care service so that they could share ideas and experiences. Notifications were being sent to CQC for any notifiable events.

There were various systems in place to monitor the quality of the service and the care being provided. Audits were available on care records and the registered manager checked these on a monthly basis to make sure they were up to date and accurate. The registered manager had also increased the unannounced night checks carried out to ensure night staff were carrying out their roles appropriately.

Health and safety checks took place on an ongoing basis to ensure the service was safe for people and the registered manager monitored this to ensure checks were taking place. They had also arranged for the refurbishment of a bathroom to meet people’s needs and it was now a walk in shower room for people who did not want a bath.

The provider had introduced and was carrying out monitoring checks so that they could look at different aspects of the service, such as talking with some of the people living in the home and looking at a sample of care records. We saw the last report from August 2015 where there had been no issues identified.

At the last environmental health inspection in 2013 the food hygiene rating for the service was 5, the highest score awarded by the Food Protection Agency, indicating food safety was being effectively monitored in the service.

Although all electronic and paper records of any accident or incidents were well completed, dated and clear there was no overall analysis or summary for the service so it was not possible to track total numbers of accidents or incidents or detect any trends or themes which may indicate required action. The registered manager said they would ensure this was addressed so that they knew if there were particular issues to address and/or monitor.