

Norwood

# Seymour Gardens

## Inspection report

33 Seymour Gardens  
Ilford  
London  
Essex  
IG1 3LP

Tel: 02085184645  
Website: [www.norwood.org.uk](http://www.norwood.org.uk)

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05 February 2018

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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 unannounced inspection took place on 30 January and 5 February 2018. At our last inspection in December 2015 there were no regulatory breaches. However, we rated "Effective" as "Requires Improvement" and made a recommendation about the premises needing to be refurbished and made more adaptable for people. During this inspection we found that improvements had been made, including redecorating and a new carpet.

Seymour Gardens accommodates up to five people with a learning disability in one adapted building. At the time of our inspection there were five people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of our visit, a registered manager was in place and gave us access to all the records we needed. 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 told us they felt safe and trusted the staff that supported them. They knew staff by name and told us staff were kind and caring and treated them with dignity and respect.

Staff were aware of the steps to take to safeguard people from harm. They had attended relevant training and were able to explain how they would recognise and report abuse.

Medicines were managed safely by staff that had undergone the necessary training. However we made a recommendation to follow best practice guidelines for all as required medicines.

Accidents and incidents were managed safely. Any identified trends were discussed with staff and steps taken to reduce avoidable harm.

Risk assessments were in place for the environment and for people and these were known by staff in order to enable them to take appropriate steps to minimise harm.

People were protected from the risk of infection. Staff had attended food hygiene and infection control training and wore personal protective clothing when required.

People told us there were enough staff to meet their needs. There were robust recruitment systems in place

to ensure only staff that had undergone the necessary checks and were suitable to work in a care setting were employed.

People were assisted to be as independent as possible at times with the aid of assistive technology. They were enabled to eat a balanced diet that met their individual and cultural specific needs. Where required they were supported to see healthcare professionals in order to maintain their health.

Staff had attended relevant training and were supported by means of regular supervision and annual appraisal. They were aware of the Mental Capacity Act 2005 and how they applied it in practice.

People told us their consent was sought before support was delivered. Where restrictions were in place these had been done following capacity assessments and best interests decisions.

Assessments took place before people started to use the service. These were followed up by holistic personalised support plans which were reviewed regularly to ensure they accurately represented people's social, religious and physical support.

People were able to express their concerns and told us these were listened to. There was a complaints policy which was known and followed by people and staff. The registered manager monitored and investigated complaints to ensure they were resolved in a timely manner.

There were effective quality assurance systems in place to ensure the quality of care delivered was monitored. We made a recommendation about ensuring policies are kept up to date in a timely manner.

People, their relatives and staff reported that the management was approachable and worked to try and ensure people's needs were met.

## 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 remains Good.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who had attended relevant training and understood how to meet their needs.

Staff were aware of the Mental Capacity Act 2005 and could explain how they applied it daily in order to ensure no unnecessary restrictions were placed on people. People told us their consent was sought before care was delivered.

People were supported to maintain a balanced diet that met their individual and cultural specific needs.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Seymour Gardens

## 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 unannounced inspection was completed by one inspector on 30 January and was announced on 5 February 2018.

Before the inspection we looked at previous reports and notifications. Notifications are information about important events which the service is required to send us by law. We also looked at a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with all five people using the service although some could not respond to all our questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us."

We spoke with the registered manager, the deputy manager and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed two care records, five satisfaction surveys, menus, health and safety check records and handover records. We looked at supervision and appraisal records for four staff, policies and staff meeting minutes held in 2017. We also looked at incident and accident forms and maintenance records. On 5 February we looked at two recruitment files which had been brought in from head office and spoke with one of the Human resources team member.

We received written feedback from two healthcare professionals after the visit.

# Is the service safe?

## Our findings

People told us they felt safe living at Seymour gardens. One person when asked if they were safe replied, "Yes I am very safe." Another responded positively by nodding their head and saying, "Yes, there is always someone around to help." Staff had attended safeguarding training and were able to explain the steps they would take to record and report any allegations of abuse. There were processes and practices in place to safeguard people from abuse. We saw staff counting the petty cash at the beginning of every shift to ensure people's money was accounted for.

Risks to people were assessed and their safety was monitored and managed to ensure they were supported to stay safe. A positive approach to risk assessment was in place in order to balance safety with people's human rights. Risks assessed included mobility, scalding, choking, behaviours that challenge the service and falls. Risks outside the home included road safety awareness and stranger danger. Staff were aware of people with positive behaviour support plans in place and were able to explain the steps they would take to mitigate risks.

Daily health and safety checks were completed to ensure any identified risks were mitigated. We saw the cupboard containing substances hazardous to health (COSHH) was locked at all times in order to ensure people could not access these substances. Personal evacuation plans were in place to ensure people could be evacuated safely should a fire occur. Staff had attended fire and first aid training and were able to explain the process they would take in a medical emergency. One staff member told us, "We will call the emergency services and ensure the person is safe while waiting."

People told us there were enough staff to meet their needs. When asked about staffing they all pointed or mentioned staff names. One person said, "yes [staff] is here with us the [manager] is here a lot." We saw staff responded to people's calls for assistance. We reviewed rotas and found that two staff covered the day shift whilst one sleep-in staff covered the night shifts. During the day a deputy and the registered manager also assisted people. This enabled people to go out as often as they needed.

We reviewed recruitment files and found before staff started to work at the service, thorough recruitment checks took place. These included identity checks, occupational health clearance, two verifiable references, qualifications and disclosure and barring checks (DBS). DBS checks ensure staff do not have any convictions that may prevent them from working within a health and social care environment.

People told us they were supported to take their medicines as prescribed. One person said, "[Staff] give me my medicine." We checked medicine administration records and found no discrepancies. Staff had undergone the necessary training and were able to explain how they would manage conditions such as epilepsy and diabetes. Medicines were locked in cupboards within people's rooms and were checked daily to ensure they were accurate. We saw the afternoon staff check with the morning staff that all the medicine was correct. Room temperatures and fridge temperatures were checked daily to ensure all medicines were stored at manufacturers recommended temperatures in order to ensure the medicines did not lose their effectiveness.

We looked at three medicine administration records and also cross checked the stock counts and found no discrepancies. However we noted that only one person had a protocol for PRN (as required medicine). We spoke to the registered manager and on staff member about this and they agreed they would put PRN protocols in place everyone currently receiving as required medicines. We recommend that best practice guidance is followed and PRN protocols are put in place for all as required medicines.

People were protected from the risk of infection. There were adequate hand washing facilities for staff with paper towels available. Staff had access to and showed us where they kept gloves which they used for personal support. Staff had completed infection control training and food hygiene training and could demonstrate the precautions they took to prevent the spread of infection. We saw staff encourage people to wash their hands before they started to prepare their food or eat meals.

The registered manager, staff and records confirmed that lessons were learned and improvements were made when things went wrong. Incidents and accidents, and behavioural charts were analysed and used to identify any patterns and ways of reducing incidents from happening. For example, the service had worked with a person to try and support them effectively. They ensured they were in a quieter area of the service as they did not like noise and would shout or hit when there was noise or other people in close proximity. We observed on several occasions staff ensured the person was not too close to other people using the service. One staff member told us, "Yes we use all the information that has been collected from the behavioural charts. It's analysed to show triggers to help us better understand people." We saw another staff member use distraction to guide people from potential conflicts.

## Is the service effective?

### Our findings

At our previous inspection in December 2015 we made a recommendation about several issues related to the maintenance of the property including a leaking bathroom, flooring and rooms needing redecoration. During this inspection we found the refurbishment had taken place. All rooms were now bright, flooring had been replaced. The environment was adapted to suit people's needs. For example there was wheel chair access should it be required. There was enough space for people with sensory deficit to move around without the danger of tripping or bumping into objects. As a result, we observed people use the spaces independently.

People's needs and choices were assessed when they first started to use the service. A transitioning team was responsible for ensuring people visited and were prepared before they started to use the service. This was confirmed within the assessment records we reviewed. Care and support was delivered in line with current legislation, standards and evidence based-guidance to achieve effective outcomes for people living with a learning disability. This was achieved by use of comprehensive communication passports and assistive technology.

Staff told us and records confirmed they received a comprehensive induction when they started. This included shadowing, reading policies and attending sessions to orientate them to the culture specific needs of people they supported. One staff member told us, "The induction was very useful when I started. I got to learn about different festivals and celebrations people celebrated." They had annual training, in aspects of care such as first aid, moving and handling, infection control, food hygiene and medicine management. Training included a mixture of classroom based, practical training and e-learning modules with assessments at the end. Staff told us they found the training useful. One staff member told us, "The training is very good. We also have a chance to say if there is anything we think could be improved during meetings and handover."

We found supervisions were completed at least six times a year and appraisals were completed yearly. Supervisions included discussions of what staff were doing well, areas for development, a discussion about people they supported and any aspects of their support that could be improved. Annual appraisals included staff's goals and any additional training or roles they would like to take up. One staff member said, "The manager always tells us what the company is offering in terms of opportunity such as becoming a moving and handling lead if interested." The registered manager told us they had been supported to develop from a staff member until they were ready to take on a management role. The above ensured staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet. One person told us, "The food is lovely." Another person told us, "I like the food." Throughout the inspection we saw that people had access to hot and cold drinks and snacks in between meals. Staff told us and we saw how they prepared and assisted people to prepare food. One staff told us, "I had special training so I know to keep dairy separate from meat as required by people who follow a Kosher diet." Staff were aware of people's individual preferences. Care plans also confirmed people's preferences were taken into account. We saw weights were



monitored regularly and any weight loss or gain was referred to the dietitian. We saw evidence that people on special diets were catered for in accordance with what the relevant professionals had outlined. We saw evidence of staff trying to encourage people to stick to the recommended diets.

Staff maintained regular dialogue by means of a diary and comprehensive handovers to ensure all important information was passed on. Once appointments were received for people to attend their GP or local hospital they were diarised and arrangements made to support people to attend. We observed a handover and found it to be thorough including all aspects of people's needs. One staff member told us, ""Handovers are very good as they give us information to help us continue the care smoothly. This minimises anxiety as we have an idea of people's mood and what has gone on before, and what the previous shift have promised people."

People were supported to live healthier lives. They had access to healthcare services and received on-going healthcare support. One person told us, "I see the doctor and the dentist." Another person said, "I go doctor today." We saw staff support this person to attend an appointment with their GP. We saw logs in care records of visits to outpatient appointments for chronic conditions. We also saw evidence that people had annual health and medicine reviews. They had received treatment from the chiropodist and dentist. This showed that the service supported people to maintain their health.

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.

Consent to care and treatment was always sought in line with legislation and guidance. People told us that staff always asked them before offering support. One person nodded when asked if staff asked before they offered assistance. We observed staff asking people what they wanted to do, eat and when they wanted to have their bath or shower. One staff told us, "We always ask and wait for a response before we start supporting people. Sometimes it's a verbal response other times it's shaking their head or motioning with their hands to go away." Another staff said, "If we offer and they refuse we let it go until they are ready."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of all the people with a DoLS in place and the reason why. The registered manager had a system in place to ensure where required DoLS authorisations were renewed in a timely manner. We reviewed all DoLS authorisations and found them in date. We also found comprehensive mental capacity assessments in place for specific decisions demonstrating an understanding of the requirements of the MCA.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion. One person told us, "Staff are very good to me." Another person said, "[Staff] are lovely and kind." We observed people were given emotional support when needed. For example when someone was upset staff sat and spoke with them in a separate room. We saw several positive interactions between people and staff. We saw staff respond positively to someone who needed constant reassurance by agreeing with them and saying, "Well done" after they completed a task and by affirming them when they asked if they had been good. This made this person smile.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. This was evident in the annual care plan review meetings, monthly keyworker meeting and resident meeting minutes we reviewed. One keyworker review discussion outlined a person's low mood and we saw various activities had been sought to encourage them as they had recently been bereaved. We also saw annual satisfaction surveys which were in a pictorial format so people could complete and express their views.

People's privacy, dignity and independence was respected and promoted. One person told us, "They stay out when I am washing." Another told us, "Yes I choose to stay in my room." Another replied, "Yeah" when asked if their privacy was respected. Staff had attended regular training and told us how they maintained their distance during personal care in order to give people as much privacy as possible.

People were supported to be as independent as possible. We saw assistive technology had been sought to enable a person with a sensory impairment to make a cup of tea in a special cup that alerted them when the cup was almost full. Daily logs confirmed people were encouraged to clean their rooms. We saw people being supported by staff to make sandwiches of their choice during lunch time. We also observed minimal assistance being given to people to enable them to complete as much of their personal care as they could. After lunch another person helped to unload and reload the dishwasher and clear the table and told us this helped them feel useful.

Information was available in a format that people understood. Where required we saw documentary evidence that an independent advocate had been involved. We saw comprehensive communication passports to enable staff to effectively communicate with people. We received feedback from an advocate outlining that staff always contacted them and they had worked with people to ensure they were enabled to make decisions about their welfare.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One person told us, "They [staff] listen to what I want." Another person responded, "Yes" when asked if the service was flexible to their needs. A third person confirmed, "I get what I want. This is my home." Staff told us and we saw throughout the inspection that people's requests were granted and they were enabled to partake in activities they chose.

People's care records were pictorial, person centred and detailed their physical, emotional and religious and cultural specific needs. Care plans were reviewed monthly and updated if there were any changes. People and their relatives took part in annual care plan review meetings and outlined what their goals and aspirations were for the coming year. There were also key worker meetings which were held by the person and key worker monthly in order to establish what was working well and discuss strategies to improve what needed to be improved. We reviewed records of keyworker meeting minutes and found them to be comprehensive and clearly outlined people's wishes in a format they could understand. One person told us, "I choose what I want. I go downstairs at around 11am and go to bed around 11pm."

People were enabled to take part in activities they chose. On the day of our visit one staff member took three people to an activity. People told us they had had fun and chose to come back to the service for their lunch. One person told us, "I like dancing." Care plans and daily logs showed some people were attending a pottery class, others attended weekly hydrotherapy sessions, and another had a weekly foot massage which we witnessed on the day of inspection. People's records showed they had access to a, "Life Long Learning department" and took part in life skills assessments on various aspects such as folding laundry and making soup. We also saw staff planned holidays with people and we saw records of discussions of where people wanted to go in the summer and photographs of where people had gone last year. One person said, "I Like holiday." Another said, "I like the seaside and going for walks." We saw all these preferences had been accommodated at the recent holiday.

People's concerns and complaints were listened and responded to and used to improve the quality of care. One person told us, "I tell the manager." Another said they would tell staff if they had any issues. We saw a complaints policy was available in a pictorial format within people's service user guides. Staff were aware of this and told us they would tell the manager if there was a complaint and that they would also try and do their best to listen to the person or relative and assure them that some action would be taken. Staff told us, "We take complaints seriously. The manager investigates and all staff are made aware of any issue raised." We reviewed the complaints and found only two had been made since our last inspection. One had been fully resolved and another was still in the process of being resolved.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff were aware of cultural specific requirements which were clearly outlined in care plans including which religious leader to contact. One staff member told us, "It is always difficult to discuss end of life. However we have documented in care plans who to contact and what to do if someone passes away. Everyone has been here for a while and so far no one is on an end of life pathway." Although most people and their relatives were not keen to discuss this subject, where arrangements had been made these were clearly outline in care

records we reviewed.

## Is the service well-led?

### Our findings

People and staff told us the manager was approachable, operated an open door policy, was visible and hands on. On the day of the visit we saw people and staff go in and out of the registered managers office freely and discuss any issues. One person told us, "[Registered Manager] is very good. She talks with me." Another person said, "I like [manager] she is very good and listens." We saw the manager interact with people and encourage them to do any life skills they were able to such as emptying the bin.

We reviewed policies relating to the running of the service and found that most of them had gone past the review date. This meant that staff did not have access to the most up to date guidance. It showed the governance structures had not ensured policies were updated in a timely manner. We spoke to the registered manager about this and they told us and showed us an email to confirm that a named person from the head office was in the process of starting to update policies and would complete that over the next six months.

Staff were aware of the vision and the values of the service and told us these were discussed at staff meetings and during supervisions. This was confirmed within the records we saw where we saw themes related to the values such allowing people to choose the life they wanted to live. The service was part of a group of services specifically designed and run for people from the Jewish community some of who may have a learning disability. They ensured all staff underwent specific training to enable them to understand the culture and recognised important dates and celebrations that were important to people using the service.

There were clear roles and responsibilities which were understood by staff. This ensured quality, risks and regulatory requirements were understood and managed. The registered manager ensured all the notifications we required were sent. They told us they were supported by senior manager and currently completing a level five qualification in care. They told us and we saw documentary evidence that they were supported by the operational management team and part time administrator. Monthly manager meetings were held as well as monthly surgeries at various locations where staff were encouraged to attend to discuss various topics and support the managers.

Staff told us they were happy with the support they received from the registered manager. Staff had access to Norwood intranet, Norwood focus magazine, volunteer newsletter which all had further information about the latest initiatives the provider was involved in. One staff member told us, "We work well as a team as we have been here long. The manager is very understanding. She helps a lot and listens." Another staff member told us, "It's a good organisation to work for. I would not have stayed this long if it was bad place. It's a great environment to work in."

There were regular staff meetings which staff found useful. We were told by the manager and staff confirmed that the provider had started an initiative to reward staff that had worked within the organisation for five years or more by giving them an extra annual leave day and a gift. Staff on duty on the day of inspection had all worked at the service for more than five years and confirmed they had received their gift and 50%

confirmed they had been given an extra day of annual leave as recognition for long service the other half were due to receive it for the coming year. One staff member said, "It's a great place to work. It's good to be acknowledged for the work we do."

People who used the service, their relatives and staff were involved in the way in which the service was run. One person told us when asked if they felt involved said, "Yes, I choose what I want to do." Satisfaction surveys completed in 2017 showed that people were happy with the staff and the support they received. We also saw a relative's involvement in trying to ensure a person received a diet that met their dietary requirements. We saw staff send photo diaries of the person's meals as per the person and relatives request.

The service continuously learnt, and tried to improve. This was evidenced by staff being champions and being encouraged to develop and improve their knowledge in areas that interested them. Staff including the manager had progressed within the company and one staff commented, "[Manager] is an inspiration. She shows us you can achieve anything if you put your effort and work hard."

Accidents and incidents were monitored monthly as well as regular unannounced spot checks during the evening shift to check staff were completing their duties according to people's preferences. Medicines were also checked daily by staff and at least once a week to ensure there were no discrepancies. Health and safety and fire checks were also completed to ensure the environment was safe. We also saw all the service and maintenance checks for gas electricity, water were up to date.

The service worked in partnership with other agencies. This included volunteers coming regularly to support people. On the day of our visit people, staff and meeting minutes confirmed that some volunteers were currently undergoing the necessary checks before they were to start support people weekly with Shabbat meals and prayers. This had been agreed to by people who lived at the service who partook regularly in Shabbat meals and prayers and ensured they continued to practice their religious beliefs.