Committed Care Services Limited

Seymour House - 21, 23 & 25 Seymour Road

Inspection report

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

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

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 5 and 8 January 2018. It was an unannounced visit to the service.

Seymour House - 21, 23 & 25 Seymour Road is a residential care home for 11 people with a learning disability and or autism. The care home is located across three semi-detached properties in Slough. One of the properties has two annexe buildings in the garden which two people have on- suite bedrooms. The home is within easy walking distance of the local shops. Each property has a mixture of private bedrooms and communal areas.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were supported with their prescribed medicines. We received positive feedback from people about how staff did this safely. However the records relating to medicine management did not always follow safe practice. We have made a recommendation about this in the report.

People were treated with kindness and compassion by staff who were supported in their role. The service ensured staff with the rights skills and attributes were employed. People told us there was enough staff to support them on a daily basis.

Risks posed to people were identified and systems were in place to minimise the risk of harm to people.

People were supported to achieve their potential and maintain independence living skills. The service regularly monitored changes in people's health and behaviour to enable them to have a better quality of life.

Where people had expressed an interest in work, the service helped them access support to obtain work. Other people were supported to attend social and support groups.

People were supported to maintain a healthy lifestyle and diet. People had access to specialist external healthcare professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Systems were in place to monitor the quality of the service and the registered manager had a clear vision to help improve people's experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Seymour House - 21, 23 & 25 Seymour Road

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and carried out by one inspector.

This inspection took place on 5 and 8 January 2018 and was unannounced.

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

We spoke with seven people who were receiving care and support. We spoke with the registered manager, deputy manager and five care staff. After the visit to the home we sought further feedback from five relatives and five staff. We reviewed four staff recruitment files and four care plans within the service and cross referenced practice against the provider's own policies and procedures. Whilst at the home we made observations of people's interactions with staff and observed medicine administration for four people.

We contacted health and social care professionals who work with home to seek feedback. We asked the registered manager to send us some additional evidence after the inspection. We received this and have used it in our judgement.

Requires Improvement

Is the service safe?

Our findings

People told us they continued to receive safe care. This was supported by what people and their relatives told us and feedback from professionals. Comments included "I feel safe here," "I know what to do if I was worried" and "I am very happy that [Name of person] is looked after so well."

People who required support to take and manage their prescribed medicines, had support from staff who had received training to ensure this was provided safely. The level of support required with medicines was detailed in the person's care plan. Two staff always administered medicine to ensure this was carried out safely. We observed four people being supported with their medicines. Staff did this in a calm and professional manner. People's privacy was respected when medicines were administered. We noted people had provided feedback to the service that they were happy with how the staff supported them with their medicine. One person had difficulty chewing and was prescribed a chewable tablet. Staff had decided to crush the tablet; however they had not sought advice from a pharmacist or GP. The registered manager confirmed with us after the inspection advice had been sought and new guidance provided. Another person visited family over the Christmas and New Year period. Staff had dispensed the person's prescribed medicine into unlabelled privately purchased medicine pot. This is called secondary dispensing and is not in line with national clinical guidance. The registered manager confirmed with us after the inspection that an alternative method would be used if the person was away from the service in the future.

We recommend the service seeks advice and training from a reputable source to ensure medicine management is in line with national guidance.

Where people were prescribed medicines for occasional use (PRN), staff had access to additional guidance on how and when the medicine should be used. An audit was carried out on medicines. The PRN audit looked at any trends in behaviour and the circumstances as to why the medicine was used. This was to ensure people were receiving the medicine only when needed. The registered manager used the information from the audit to work with the GP in managing a person's medical condition. One person who we observed being supported with their medicine told us "I trust them; they know what they are doing."

People were supported by staff with the appropriate experience and character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People told us there were enough staff on duty. Throughout the inspection we observed staff were visible and available to support people. One person returned home from their voluntary work and stated they were hungry. This was immediately responded to by staff. The person was supported to decide what they wanted to eat. The registered manager maintained staffing levels to ensure people had a choice of activity either inside or outside the home.

People were protected from abuse and avoidable harm. Staff had received training and were able to tell us

about potential signs of abuse and what action they would take if they had concerns. People told us they would report any concerns they had to the management team. People who lived at the home had access to a pictorial version of what to do if they felt someone was taking advantage of them. The service had received positive feedback from people about the guidance.

Risks posed to people as a result of their medical condition had been identified and staff received guidance on how to minimise the risk of harm to people. The service had developed a risk matrix which detailed the level of risk to the person. The registered manager told us it helped staff be more aware of risk and how to minimise them. The registered manager told us people were encouraged to live their life and manage risks. One person was at high risk of putting themselves into vulnerable situations. The staff worked with the person to support them to access the local area with staff to ensure they were kept safe. Another person had been supported to develop confidence in going out of the home independently. When we spoke with the person they told us "The staff have been my saviours."

Staff had received training in managing difficult and challenging behaviour. Staff had access to information regarding each person's behaviour, triggers for aggressive behaviour and how to respond to people to ensure the persons' and staff safety.

The home operated safe infection control practices. One member of staff was the infection control lead. They told us the registered manager had provided them with nationally recognised good practice guides. Throughout the inspection we observed staff followed good infection control and the appropriate coloured equipment was available. We observed a meal being prepared and the correct colour chopping board was used. Staff who prepared food had received training in safe food preparation.

The registered manager and staff took a reflective approach to working with people. They took every opportunity to examine what could be improved when things did not go as planned. The registered manager was able to provide a lot of examples of what they had done following certain events.

The registered manager ensured appropriate health and safety checks were carried out. We noted gas safety tests had been carried out on 6 April 2017 and portable appliance testing was carried out in April 2017. An annual review of the health and safety of the building was carried out by an external company. We noted where advice was provided this was acted upon.

Accidents and incidents were recorded. Each person had a personal emergency escape plan (PEEP) detailing what support they required in an emergency. Staff carried out fire tests and stimulations to ensure they knew what to do in the event of a fire.

Good

Is the service effective?

Our findings

People told us they continued to receive effective care. People could be confident their needs were met as a detailed assessment process took place prior for a person moving into the home. The service received information from the health or social care worker referring the person and also carried out their own assessment of a person's needs. Where additional equipment was identified to ensure people's safety this was in place for when the person moved in. For instance one person who had been at high risk of falls before they moved into the home, had a motion sensor fitted to their bed to alert staff when they were at higher risk of having a fall.

All new staff were supported through an induction period. We spoke with two staff who were new to the service both told us they had felt supported. One staff member told us "From the moment I walked in, I was made to feel really welcome [Name of deputy manager] has been so supportive." Each new member of staff was given two handbooks, one detailing policies in relation to their employment and an operational guide book on Seymour House. On-going support was provided to staff through one to one meetings and an annual review of their performance. The registered manager recognised staff member's aspirations and provided opportunities for training. New staff were supported to achieve The Care Certificate, which is a nationally recognised set of standard expected for health and social care workers.

One person told us the staff were trained to support them. "They [staff] know what they are doing, I don't need a lot of support … I go out by myself…but they [staff] know me." The registered manager advised us they had introduced a 'time in motion' exercise. Staff were asked to detail their shift and what they had completed. The information was used to help develop better working practise. The registered manager informed us they were hoping to achieve the National Autistic Society Accreditation which is an internationally recognised process of support and development for all those providing services to autistic people.

People were supported to make their own decisions about how they would like to be supported. Some people who lived at the home had been assessed as not having mental capacity to make informed decisions about where they would like to live. However staff encouraged people to make day to day decisions. People signed consent forms and were invited to regular 'outcome' meeting with a dedicated member of staff (Keyworker). We observed staff seeking verbal consent from people, for instance, prior to the administration of medicines.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and deputy manager had a good understanding of the MCA. Applications to deprive people of their liberty had been made when required and two people had been assessed and had been granted a DoLS. Staff were aware of the conditions placed on the DoLS.

People were involved in decisions about how they liked their bedroom to be decorated. We noted bedrooms

were personalised. People had access to communal areas within the home. We noted people were free to use all areas of the home. The garden was accessible and raised soil beds provided easy access for people to grow flowers and vegetables.

People were supported to manage their healthcare. This involved an annual review of their health at the GP. One person had required a medical procedure. They had been assessed as not being able to consent to the treatment. The staff within the home worked alongside the person's family members and healthcare professionals to make a best interest decision. The person then received appropriate medical treatment. Referrals were made to external healthcare professional when needed. For instance one person had been referred to a physiotherapist when concerned was raised about their mobility. Another person had been seen by an occupational therapist.

Each person had a health action plan detailing how they could keep healthy and what support they required. This was available to share with third parties when needed to ensure people received effective care when they moved between services, for instance, when a person was admitted to hospital.

People were supported with their hydration and nutrition. People were involved in menu choices. Where people required specific food as a result of their religious belief this was provided. People gave us positive feedback about the food. Staff supported people to be aware of healthy options. One person had successfully lost weight since they moved into the home.

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. This was confirmed by our observations of care and support provided. People continued to receive a caring service. People told us "I like living here don't I," "I love my room … Oh it's very nice here." Relatives we spoke with also gave us positive feedback. One relative told us "I find all the staff friendly and understanding. Another relative told us "I don't feel like an outsider, they support me as well as my daughter."

We observed staff treated people with respect. People were addressed by their preferred name and staff were knowledgeable about people. For instance they were able to have conversations with people about what they liked to do and about their family members.

People had access to information in a way they could understand and the service was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. There was a range of communication styles used within the home. Pictorial version of care plans were available for people to read. Each person had a communication section within their care plan which gave staff a clear picture of how best to support people with their communication.

People were supported by staff to maintain their personal relationships. Staff had an understanding of who was important to the person, their life history, their cultural background and their sexual orientation. One person told us they were able to speak to staff about close personal relationships and gained advice from staff about safe sexual relationships.

Staff were able to show us how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care. One person was supported to observe their cultural beliefs when outside of the home, staff supported them to change into different clothing when out in the community. Information was available for staff regarding different religions practised in England. These gave staff guidance on the background of the faith, language, examples of food preferences, customs and main festivals celebrated. This meant staff could support people with their religious belief. One person told us about a forthcoming festival they were going to celebrate.

People were involved in decisions about their care. Regular meetings were held with people to ensure information was up to date. In addition the service held 'house meetings' where ideas were shared about activities and any suggestions on how to improve the experience of people who lived at the home.

When required people had access to formal and informal advocacy support. Advocacy gives a person independent support to express their views and represent their interests. One person had been supported by an Independent Mental Capacity Advocate (IMCA) when they were being assessed for a DoLS.

People's privacy was upheld. Records relating to care and treatment were stored confidentially. One professional told us "If the conversation with the person I'm visiting is of a confidential nature an appropriate office or room has always been made available." Another professional told us "I am then shown into the dining room area and if we require DH's file it is brought in from a locked cupboard."

Good

Is the service responsive?

Our findings

People and their relatives told us they continued to receive a responsive service which was personalised to their needs. People were fully involved in the development of their care plans. Plans were written with attention to detail. The care plans we looked at fully reflected people's physical, mental, emotional and social needs.

The main care plan document was supported by additional documents to ensure people received a personalised responsive service. For instance where people had an identified challenging behaviour a 'challenging behaviour guidelines and support plan' was written. These detailed each person's behaviour and how staff should support the person. It was based on a traffic light system where information detailed in green indicated when the person was calm and content. The plan outlined behaviours and signs for staff to look out for if a person was becoming distressed, anxious or aggressive and what strategies were needed to prevent an escalation.

Care plan reviews took place at regular intervals and when needed if a new issue arose. One relative told us "We work together… I have had meetings with the social worker…I am very happy with the support [Name of person] receives.

People were supported to be independent. The registered manager told us they had introduced an 'essential life skills plan', the document provided evidence on how the staff supported people to celebrate what they could do rather listing what they could not do. People were encouraged to be responsible for small tasks around the house. On day two of our inspection a member of staff was supporting a person to peel vegetables for the evening meal. It was clear from the person's smile and body language they enjoyed helping and it made them feel valued. Another person took pride in showing how they kept their room tidy.

People's progress was monitored by a keyworker. Monthly outcome meetings were held to seek the views of people and help them celebrate what they had achieved in the last month. In addition to the formal reviews each person had a progress record which recorded their progress and achievements.

People were encouraged to explore meaningful activities. Two people who lived at the home were in work placements. One person we spoke with told us they really enjoyed the work they did. They went onto to tell us they were soon going to be moving into a supported living home. A professional involved with the person told us "Following a discussion with the manager [Name of person] has been given extra freedom to go out unaccompanied to town or to visit his mother and grandmother. This was a real benefit to [Name of person] and having taken him out initially he is now gaining in confidence and his quality of life is enhanced."

Other people who lived at the home were supported to explore social clubs and groups. The home worked with the external clubs and ensured important information was shared with them when required.

People were supported to access support groups and be involved in community matters. Some people were supported to attend a local 'speak out' group. An open forum held every month for people with a learning

disability to attend and speak about issues affecting them.

The service had policies and system in place to respond to concerns and complaints. We looked at some of the complaints received by the home. We found they had been responded to appropriately. People and their relatives told us they knew who to speak with if they had a complaint. Relatives told us they had confidence in the registered manager to respond to any concerns.

At the time of the inspection the home was not supporting anyone at the end of life. The service had supported one person to make a funeral plan. This was in conjunction with their family members. Due to the person's level of cognition decisions were made in the 'best interests' of the person.

Good

Is the service well-led?

Our findings

People could be confident the service was well-led as there was an experienced 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.

Seymour House - 21, 23 & 25 Seymour Road, is a family owned and run care home. It has a clear embedded culture to provide a high quality, person centred service to people. The registered manager demonstrated a committed to supporting people and staff reach their potential. We received positive support from staff and external professional about how the service was managed. One professional told us "The team at Seymour House are led by a very experienced and conscientious manager… Whenever I've visited the house I've always been treated professionally and asked to sign in and out." Another professional told us "[Name of registered manager] has always responded to my emails and assisted in joint meetings with [Name of person] along with aiding [Name of person] to become more independent and gain a better quality of life. [Name of registered manager] is always ready to advise [Name of person] when he is not doing what is expected and I have also seen her interact with other residents in a caring and firm manner."

The registered manager ensured they kept up to date with changes in health and social care. They had links with the Berkshire Care Association and the Skills for Care. The registered manager shared learning with their deputy and senior staff.

A number of meetings were held to ensure communication was passed onto staff in a timely manner. The registered manager and deputy met to review identified work streams on weekly basis. In addition to this they met with the team leaders who were in charge of each shift. Main team meetings were also held for all staff.

There were quality assurance processes in place to monitor and improve the experience of people living at the home. A monthly analysis of health and safety was carried out to ensure the premises were safe. Weekly and monthly audits were carried out on the management of medicines, and regular stock of medicine is counted and recorded.

Any change in people's behaviour was recorded and an analysis of this was carried out to reflect on how best the staff could support the person. The registered manager told us work was on-going to learn more about people and how to improve their experience. For instance, where people had a tendency to use repetitive speech, different techniques were used to manage the situation.

The registered manager was aware of their responsibilities to report certain events to CQC. There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of

this regulation. The registered manager was aware of this requirement.

The service worked well with people, their relatives and staff. The registered manager advised there were plans in place to introduce group family meetings so all relatives could met each other. They felt this would be an opportunity for relatives to gain peer support.

The service worked in partnership to get better outcomes for people. Examples of external agencies the service worked with are Slough Employability, Social Work Teams and Independent Advocates. One social care professional told us "The provider works well in partnership with the Social Work Team. Recent positive feedback was given within the social work team for dealing with client's challenging behaviour as well as transition from home to supported living with Seymour House has been smooth for one of our clients. I personally attended an annual review with the family and the provider (the manager and key worker) which was informative and person centred.