Norwood

Seymour Gardens

Inspection report

33 Seymour Gardens
Ilford
Essex
IG1 3LP
Tel: 020 8518 4645
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 15 December 2015. At our last inspection in June 2014 the service met the regulations we inspected.

Seymour Gardens is registered to provide accommodation and personal care to five people with learning disability. The inspection was carried out by one inspector. At the time of our inspection five people were using the service who were all of Jewish faith.

People lived in a large terraced house in a residential area, close to public transport and other services. The house did not have any special adaptations but the ground floor was accessible for people with mobility difficulties.

At the time of the inspection there wasn't a registered manager at the service. An interim manager has been in charge of the home since June 2015. They have made an application to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

Systems were in place to ensure that people were protected from abuse or the risk of abuse. There were clear safeguarding and whistleblowing policies and procedures in place to protect people. Staff were aware of what action to take if they suspected abuse.

People were encouraged to meet their friends, family and relatives. We saw that people went out to various activities. People identified as 'at risk' when going out in the community, had risk assessments in place and we saw that, if required, they were supported by staff when they went out.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences of working at the home.

We saw that staff treated people with kindness and that people were relaxed and at ease at the home.

Care plans were person centred and were regularly reviewed and updated when people's needs changed.

The staff encouraged people's independence and care plans provided prompts for staff to enable people to do the tasks they were able to do by themselves.

People were consulted and activities reflected people's individual interests, likes, dislikes. Their religious and cultural needs were well accommodated.

People were supported to maintain links with the wider community. They were also supported and encouraged to maintain relationships with family members and were able to visit them when they wished.

The home had a clear management structure in place. Relatives told us that they felt able to approach the interim manager and could raise any concerns with them and knew that they would be listened to.

The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

We observed that all areas of the home were in need of refurbishment and updating. In discussion with the business manager they told us that they had identified these issues and were in discussion with the landlord to attend to these matters. **We recommend that** this issue is dealt with in a timely manner by the organisation in order to provide well-maintained accommodation and to ensure that people are cared for in a safe environment.

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 were protected as systems were in place to ensure their safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

People were supported by staff who were trained to administer medicines appropriately.

We found regular checks took place to make sure the service was safe and fit for purpose.

Is the service effective?

Requires improvement

The service was not always effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

We observed that all areas of the home were in need of refurbishment and updating. We have made a recommendation in relation to this.

Is the service caring?

Good

The service was caring. Caring relationships had developed between people who used the service and staff. Staff treated people with kindness and compassion.

People were treated with respect and dignity. They were encouraged and promoted to build and retain their independent living skills.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and specific to each person.

Staff supported and encouraged people to maintain relationships with family members and friends.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

Is the service well-led?

Good

The service was well led. An interim manager was in post who has applied to the Care Quality Commission to be the registered manager.

Summary of findings

We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from people and staff was positive and they felt the interim manager was approachable and proactive.

The staff felt supported and enjoyed working at the home.

Regular audits and checks took place. Issues identified were acted upon to make improvements to the service.

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 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 unannounced inspection took place on 15 December 2015 and was carried out by one inspector. This service was last inspected in June 2014 when they met the regulations we checked.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection as well as the previous inspection report. A notification is information about events that the registered persons are required, by law, to tell us about. No safeguarding concerns had been raised.

During our inspection we met all five people who used the service, spoke with them and observed the care and support provided by the staff. We spoke with two members of staff, the interim manager and one relative. We looked at two people's care records and other records relating to the management of the home. We also looked at a range of records relating to how the service was managed. These included training records, duty rosters, documents relating to the provision of the service, medicine records, quality monitoring records as well as policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe at the service. One person said, "Yes, I feel safe here. There are no problems." Another said, "I am ok. The staff are nice." A relative told us, "Yes, I think he is safe there."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure that people were safe. They were aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff told us that they were confident that the interim manager would take appropriate action in response to any concerns raised. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. They were aware of the whistle-blowing procedure and when to use it.

Systems were in place to identify and minimise risks in order to ensure that people were supported by staff as safely as possible. Risk assessments were up to date and were relevant to each person's individual needs. They showed how risks would be managed, enabling people to make choices and exercise their right to take informed risks. For example, we saw a comprehensive risk assessment for a person who travelled independently by cab when visiting their parent. Their records stated "staff to regularly discuss stranger danger with [the person] and check after each journey how it was and if there were any problems or concerns. If so "to report it immediately to a manager or senior person for action." The person had also undertaken a community awareness training which included stranger danger.

People's medicines were managed safely. Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Staff who administered medicines had received training and had been assessed as competent to do this. As far as possible medicines were administered from specific medicine administration aids filled by the pharmacist to lessen the risk of an error being made. Two staff members on each shift were responsible for administering medicines. We discussed the procedure with them and saw that they followed it in a safe way. Medicine administration records (MAR) were clearly signed with no gaps in the recordings. Medicines were stored safely in metal cupboards in people's rooms. Senior staff and the registered manager had responsibility for checking stocks, re-ordering and returning medicines to the pharmacy. The pharmacist undertook regular audits, to ensure medicines received in to the home and administered could be accounted for. There were appropriate storage facilities for controlled drugs. No one at the service received controlled drugs at the time of the inspection.

Staff rotas we looked at confirmed that the numbers of staff on duty ensured that people received safe and effective care. One staff member said, "Yes there are enough staff to look after people." We observed that staff responded promptly to people's needs and spent time encouraging them to take part in things they enjoyed. People had support in line with their care plans, both in the home and when out in the community. Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff told us that absences were covered by them and regular staff from another of the provider's services. This meant that people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety.

The organisation's human resources (HR) department had a robust staff recruitment system. The business manager for the home confirmed via e mail that all appropriate checks were carried out before staff began work. They informed us that references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. People were protected by the recruitment process which ensured that staff were suitable to work with people who need support.

The provider had appropriate systems in place in the event of an emergency. For example, there was a file containing details of action to be taken and who to contact in the event of an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Staff confirmed that they had received fire safety and first aid

Good

Is the service safe?

training and were aware of the procedure to follow in an emergency. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

No one at the home required any specialised equipment. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and safe to use. The manager carried out a yearly health and safety audit.

Requires improvement

Is the service effective?

Our findings

Staff had the appropriate skills and knowledge to meet people's individual assessed needs. They supported people to have a good quality of life. People who used the service told us that the staff knew how to help them and were "good".

People's needs were met by staff who were competent and able to carry out their roles and responsibilities. The staff we spoke with had worked with the organisation for several years, were aware of people's individual needs and wishes and how to meet these.

The organisation had an extensive induction training programme which all new staff were expected to complete prior to starting work. This included training about health and safety, fire safety, moving and handling, safeguarding people and the Jewish way of life. They also completed other specific training to ensure that they could meet people's individual needs, such as how to support a person with asthma, autism awareness and managing behaviour that challenges. Staff told us that they regularly attended training to keep their knowledge up to date and that it helped them to do their jobs. Hence, the training offered by the service ensured that staff were equipped with the skills and knowledge necessary to provide care for the people they supported.

Staff felt well supported by the interim manager and other senior staff. They received supervision six times a year with a senior person and told us they found this useful. Supervision is a process, usually a meeting, by which a line manager provides guidance and support to staff. Staff told us that they discussed any concerns about people as well as their individual needs such as training and development. The interim manager told us that where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required. A staff member told us, "The manager is very supportive. She involves us in decisions and informs us about what is going on."

We looked at how the manager was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty for their own safety where there is no less restrictive way of achieving this.

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 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 had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. People who used the service had the capacity to make decisions about their care and were encouraged and supported to do this. We saw that people were involved in discussing their care plans and other documents indicating their knowledge of and agreement with these. The interim manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit the interim manager had made an application to the local authority where relevant and was waiting for a decision to be made.

Staff told us that they obtained people's consent before assisting them with daily care and we observed this in practice. For example, staff knocked on a person's door and asked them if they could help with personal care. They asked people what they wanted for lunch as well as asking if they were ready to take their medicines. We noted that there was constant 'adult' conversation between staff and people in a respectful manner.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and drink. They had drinks and snacks throughout the day. Staff understood that it was important to ensure that people received adequate nutritional intake. We found the

Requires improvement

Is the service effective?

following instruction in a person's eating and drinking plan so that staff were aware of the person's specific needs. "[The person] has an allergy to fish. Staff to ensure they prepare an alternative dish separately." Menus were planned a week in advance but were not rigid, so that people could have a choice if they did not want what was on offer. Culturally appropriate food and drink was also available for people requiring a special diet for example, Kosher food, which was also prepared in a way that respected Jewish culture and tradition. We saw that staff observed appropriate storage facilities and preparation in relation to this. A person told us "I like the food. We do cooking, I like cooking."

People were supported to access healthcare services. They saw professionals such as GPs, dentists, and other health professionals as and when needed. They were supported to attend appointments and meetings with healthcare professionals by staff. Each person had a 'health action' plan and a 'hospital passport' in place. The health plans gave details of the person's health needs and how these should be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'hospital passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. Therefore, people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

There were no environmental adaptations required for the service's premises to be suitable for the people who lived there. There was a ground floor bedroom with shower facilities that could be used by a person who had sight impairment. However, we found that there was water leakage from the upstairs bathroom which had caused a stain on the lounge ceiling. There were several cracks on walls and ceilings. We observed that all areas of the home were in need of refurbishment and updating. The business manager told us that they had identified these issues and were in discussion with the landlord to attend to these matters. **We recommend that** this issue is dealt with in a timely manner by the organisation in order to provide well-maintained accommodation and to ensure that people are cared for in a safe environment.

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff speaking to people in a polite and friendly manner. We saw that people were treated with dignity and respect and their privacy was maintained. A person who used the service said, "I like my key worker and other staff." We saw that staff spent a lot of time with people. This was by talking to them, preparing food together, going out to do activities, providing encouragement when preforming tasks, discussing what they wanted to do and giving any support or reassurance that people may need.

People were supported by a small consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might indicate a change in their overall well being. There was a key worker system which meant that people's keyworkers knew them well and had overall responsibility for maintaining their health and well being as well as keeping records updated.

People were encouraged to express their views and wishes. We saw that staff encouraged and supported them to maintain relationships with their family and with people living in other homes nearby who they met at joint social events and celebrations.

People were treated with dignity and respect. It was evident in the way that staff communicated with people, that they were respected. They knocked on people's doors before entering their bedrooms and always gave support in a private area.

Staff respected people's confidentiality. They treated personal information in confidence and were aware of the importance of maintaining confidentiality. Confidential information about people was kept securely in the office.

Staff were aware of people's individual cultural needs and supported them to meet these. They attended training about 'the Jewish way of life' and actively participated in promoting people's religious and cultural needs. One person told us about how they all celebrated a recent Jewish festival and showed us the gifts they were given. Staff were also able to explain the customs and traditions they followed with people during each festival.

People were encouraged to be as independent as possible by staff and to participate in the day-to-day running of the service. They were encouraged to help with food preparation and to develop their cooking skills as part of increasing their independence. We saw people were involved in peeling potatoes and onions during lunch time. Others helped to load the dishwasher and all of them washed their own laundry. We saw active plans in place. For example, in order to promote independence for a person with impaired sight, the service had purchased a kettle which bleeped when it had reached a certain liquid level so that they knew when to stop filling it.

The service had not provided end of life care so far. The interim manager told us that there was an end of life care policy and if the need arose they would support people.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. The pictorial care plans were called 'My essential lifestyle plan.' This described what staff needed to do to make sure personalised care was provided to each individual.

A relative told us, "Staff look after [the person] well. [They] get the care and attention [they] need. I am involved in [my relative's] care and staff are brilliant."

People received individualised, person centred care and support. People's care plans were personalised and contained assessments of their needs and risks. The care plans described the individual support people required. They contained clear information to enable staff to provide the care and support in line with the person's needs and wishes. For example, one care plan for bathing stated, "[The person] can dry 'themselves' but need verbal prompts. They are very aware and proud of their skill in bathing and feeling clean. Staff must continue to maintain [the person's] independence and support [the person] verbally. This gives them a sense of dignity." Another person's care plan, who had impaired vision, stated, "I like people to respect my privacy and knock first before entering my bedroom. I need hand over hand support and enjoy doing simple tasks."

The care plans were reviewed every six months and updated when needed. Staff told us that as well as getting information at shift handover they read daily reports and the diary to ensure that they were aware of any changes in people's needs and were then able to respond appropriately. This meant that staff always had current information about people's needs and how best to meet these.

People received support from a stable staff team who knew and understood them. Staff told us about people's individual needs, likes, dislikes and interests. They knew people's individuals patterns, routines and methods of communication and described how they expressed themselves. Staff knew the signs or behaviours that showed people were not happy or were anxious and also how best to support them at that time. Staff told us, "The care plans are detailed and we do them together. They guide us about how people want support. "

We saw and heard continuous discussion and encouragement between staff and people who used the service. People were encouraged to make daily choices so that they were in control about what they did and how they were supported. Care plans included information about how best to support people to make choices. For example, a care plan stated "I like to be supported by female staff and I like to choose my clothes."

Residents meetings were held weekly to plan menus and activities and also to discuss forthcoming Jewish festivals and plan for these. People also told us about meetings they had when they discussed where they wanted to go for their next annual holiday. One person spoke excitedly about their summer holiday to Bognor Regis and how much they had enjoyed it and wanted to go again.

People were encouraged and supported to do a wide range of activities and trips that they liked both in the service and in the community. For example, attending a day service, visiting friends in other homes, going out to the cinema, meals out and to the pub. When they were at home they also did activities of their choice such as playing board games. Each person also carried out tasks such washing up, setting the table, and helping prepare lunch and the evening meal. A person told us about how they all celebrated a recent Jewish festival and showed us their presents. Hence, the provider was meeting people's equality and diversity needs in relation to religion and culture. People were also fully supported in promoting their independence and community involvement.

We saw that each person had an extensive health action plan in place which outlined their

specific conditions, the professionals involved in their care and how staff should work to

ensure that their needs were appropriately met. For example, we saw that people had regular routine dental, sight and foot care check-ups and were supported to see specialists, such as a dermatologist and had an annual check up at Moorfields eye hospital. Any advice given by healthcare professionals was recorded and available for all staff to see and act upon. Others were encouraged to attend healthy living classes and to follow their guidance. Hence, people were supported to access a range of healthcare professionals to promote their wellbeing.

We saw that the service's pictorial complaints procedure was displayed on a notice board in a communal area.

Good

Is the service responsive?

People knew how to complain and who to complain to. One person told us, "I tell the staff if I am unhappy and they sort it out." Staff told us that they tried to resolve minor matters straight away and logged others which required further investigation. A relative told us that they did not have any complaints, nor did their family member. They told us that they felt able to approach the interim manager and could raise any concerns with them and knew that they would be listened to. We looked at the complaints log and saw that when a complaint had been made, this was taken seriously and the necessary action was taken to address the issue. People and their families were supported and encouraged to raise any issues that they were not happy about and the provider took action to resolve these.

Good

Is the service well-led?

Our findings

People were happy with the service provided. Relatives spoke highly of the staff and felt the home was open and transparent. They told us, "It is very well run. I have not seen or heard anything concerning when I visit."

There was a clear management structure. Staff were clear about their roles and responsibilities. In addition to the interim manager there was a deputy manager and senior staff. Senior staff were responsible for the daily running of the shift and there was always a senior on duty. There was a sleeping in staff member at night and on call support was available if staff needed any advice or guidance.

Staff told us they felt listened to, supported and their views were respected by the interim manager. Daily handover meetings and staff meetings were used to discuss any issues and share information about any changes. The staff team worked in partnership with relevant health and social care practitioners.

People were involved in the development of the service. They were asked for their opinions and ideas at meetings with their keyworker and at reviews. Weekly residents meetings were held to seek people's views about activities and outings, planning menus and keep them informed for example, of forthcoming Jewish festivals and the customs to be followed. Hence, people were listened to and their views were taken into account.

The manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, staff and relatives. Formal systems included audits and checks of medicines, records and finance.

The business manager visited quarterly to carry out a quality audit. We saw that these audits covered a range of areas. For example, records and documentation, safety, medicines, safeguarding, complaints and staffing. Any points for action were highlighted for completion. These were followed up to ensure that action had been taken by the interim manager. They also sought feedback from people who used the service and stakeholders (relatives and other professionals) by talking to them and encouraging feedback via the organisation's 'something to feedback' cards. The feedback received was positive. Therefore, people used a service where their feedback and opinions were actively sought and valued to ensure that it was safe and met their needs.