Seymour House Residential Care Homes Limited

Seymour House

Inspection report

13-17 Rectory Road
Rickmansworth
Hertfordshire
WD3 1FH

Date of inspection visit:
15 June 2016
16 June 2016

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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

We carried out an unannounced inspection on 15 and 16 June 2016.

The service provides care and support to older people with a range of support needs, including chronic health conditions, physical disabilities, and those living with dementia. At the time of the inspection, 39 people were being supported by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from avoidable harm. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People had adequate food and drinks to maintain their health and wellbeing. They were also supported to access other health services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were involved in reviewing their care plans. People had been provided with enjoyable activities and some had been supported to pursue their hobbies and interests outside of the home.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives other professionals and staff, and they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. Staff said that the manager provided stable leadership and effective support, and they also promoted a caring and culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and there were effective systems in place to safeguard them.

The provider had a robust recruitment procedure in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received adequate training and support in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and friendly towards people they supported.

People were supported in a way that protected their privacy and dignity. Where possible, they were also supported in a way that maintained their independence.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that their needs were appropriately met.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Good

The service was well-led.

The manager provided stable leadership and effective support to staff.

People and their relatives were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes had been used effectively to drive improvements.

Seymour House

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.

The inspection took place on 15 and 16 June 2016, and it was unannounced. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with eight people who used the service, two relatives, three care staff, an activities coordinator, a laundry member of staff, the deputy manager, the registered manager, and briefly with the provider. We contacted four relatives by telephone, but we were not able to speak with any of them.

We reviewed the care records for six people who used the service. We checked how medicines and complaints were being managed. We looked at four staff files to review the provider's staff recruitment and supervision processes, and we also saw the training records for all staff employed by the service. We looked at information on how the quality of the service was being monitored and managed, and we observed how care was being provided in communal areas of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "I feel safe here and the staff keep my things nice." Another person said, "I feel safe and carers are very good here." A relative told us that they had never been concerned about their relative's safety.

A member of staff said, "Our role is to look after residents and they are safe." Another member of staff said, "Residents are very safe. We have policies and procedures to follow." We noted that the provider had processes in place to safeguard people, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to safeguard people was displayed in prominent areas around the home to give people who used the service, staff and visitors guidance on what to do if they suspected that a person was at risk of harm. This also contained relevant contact details of organisations where concerns could be reported to. Staff had been trained on how to safeguard people and they were able to describe the actions they would take to keep people safe, including reporting any concerns to the manager, the local authority safeguarding team or the Care Quality Commission.

The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed and detailed risk assessments were in place to manage the identified risks. There were assessments for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. These had been reviewed regularly or when people's needs had changed. There was evidence that people were involved in decisions about how to manage potential risks. For example, we saw that the manager had a discussion with a person in March 2016 about using a bed sensor to reduce the risk of them falling. They had agreed to being checked every 30 minutes while in their bedroom, and their GP had referred them to attend a 'falls prevention' class. We observed safe procedures when staff used equipment to support people to move.

There were systems in place to ensure that the physical environment of the home was safe. We noted that staff carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, firefighting equipment and emergency lighting. The fire risk assessment had been updated in November 2015. Each person had a personal emergency evacuation plan (PEEP) to ensure that in a case of an emergency, staff knew how to help them leave the building safely. The service also kept records of incidents and accidents, with evidence that these had been reviewed and actions taken to reduce the risk of recurrence.

The provider had robust recruitment procedures in place. Staff records we looked at showed that thorough pre-employment checks had been completed before staff worked at the service. These included obtaining appropriate references for each employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that there was enough staff to support them safely. However, some said that staff were

always busy resulting in some delays in supporting them. One person said, "There is enough staff. There is a shift system, and both the night staff and morning staff are always helpful." Another person said, "Staff here are very busy. I wonder how they keep up with it." Only one person told us that there was not enough staff, but this view was not supported by the evidence we saw in the staff rotas. We noted that there was sufficient numbers of staff to support and interact with people sitting in the lounges. There were work areas for staff in both lounge/diners and this meant that most of the time, there was a member of staff in each room to support people. We also observed that staff frequently checked and supported people who were mainly cared for in their bedrooms. A member of staff said, "We always have enough staff. We usually have between eight to ten staff to cover hospital appointments and taking people out." The manager told us that they did not use agency staff to cover shortfalls resulting from staff sickness or leave because they had a group of occasional staff who worked there when needed. Shifts were also covered by staff willing to work additional hours to support their colleagues.

People we spoke with had no concerns with how their medicines were being given to them. One person said, "I have medication, but I don't know why. One is in the shape of a heart so it must be for the heart." People's medicines had been managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home. We saw that medicines were being administered by staff who had been trained to do so. The medicine administration records (MAR) we looked at had been completed fully, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors. However, where recording errors had been identified, these had been addressed with the individual members of staff in order to minimise the risk of recurrence.

Good

Is the service effective?

Our findings

People told us that staff had the right skills to provide the support they required. One person said, "I'm happy with my care. Everyone is good and helpful." A relative said, "I am very happy with how my [relative] is being cared for. I had to bring [relative] here because I couldn't manage at home anymore." Staff told us that they provided good care to people who used the service and that it was effective in meeting their individual needs. A member of staff said, "Residents get the care they needed. From the moment they wake up, we always make sure they are well looked after." Another member of staff said, "I have never been worried about the quality of care we provide. I wouldn't be working here if it was not good. We support residents really well." A third member of staff said, "All staff have had training and know what to do to support residents."

Staff told us that the training they received had helped them to develop the knowledge and skills necessary to support people effectively. A member of staff said, "I have done all my mandatory training and I have also been trained to administer insulin." However, they told us that they were not administering insulin at the moment because the person could it themselves. They added, "It is very useful for us to learn how to do this so that we can support the person if needed. We ask the manager if we feel we need more training." Another member of staff said, "I have had good training, but I know that I will need to learn more in the future."

We saw that the provider had an induction programme for new staff and regular training for all staff in a range of subjects relevant to their roles. There was a mixture of face to face and e-learning, and staff told us that they found both useful. A member of staff said, "My last training was Deprivation of Liberty Safeguards (DoLS) which was classroom based, and I liked the interaction and discussions with others. I do some of the training online." Some members of staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) in order to further develop their skills. A member of staff said, "I am doing NVQ level 2 and I would do level 3 when I have finished this one. The manager told us that the deputy manager had recently completed a 'dementia pathway' training to enable them to support staff to provide effective care to people living with dementia. They also said that the activities coordinator was going to register to start 'engagement pathway' training in September 2016 to enable them to plan and facilitate enjoyable activities.

Staff told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. A member of staff said, "I get individual supervision every two months and group ones during team meetings. We can discuss what support we need, but we could go to the manager or deputy manager anytime for support. They are good." Another member of staff said, "Every two months we have supervisions and team meetings. Supervision is helping us to develop and the manager said that we can see her anytime if we need help." A member of staff told us of the benefits of them supporting each other. They said, "We all support new staff and show them what to do. That way, they will know how to do things properly."

Where possible, people had given written and verbal consent to their care and support. Some people had signed forms to show that they consented to being supported with their personal care, and medicines, their

care plans, and their photographs being taken for identification and during activities. We observed that staff asked for people's consent prior to supporting them and they respected people's views and choices. A member of staff said, "We ask for residents' permission before we do anything. We do not force them to do anything they don't want."
However, some of the people's needs meant that they did not have capacity to make decisions about some aspects of their care and they were not able to give verbal or written consent. In order to ensure that people's care was managed in line with the requirements of the Mental Capacity Act 2015 (MCA), we saw that relevant mental capacity assessments had been completed and decisions to provide care and supported were made on their behalf. The 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.

We also saw that when required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but the manager was still waiting for responses for the other referrals they had sent. 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they enjoyed the food provided by the service and they always had enough to eat. We observed that they had been provided with a variety of nutritious food and drinks, and they were supported to choose what they wanted to eat. One person told us, "I eat enough." Another person said, "I always enjoy the food." A third person told us that they did not always like what was on the menu, but staff tried to give them food they liked when they asked for something different. A member of staff said, "Residents like the food. One Monday a month we have meal choices like Indian, Italian and Chinese food. Otherwise, English food is served most of the time." We observed that the food served to people at lunchtime appeared well-cooked and appetising. There were jugs of diluted fruit juices available to people in the lounges, and hot drinks and snacks were offered at frequent intervals.

People with specific dietary requirements had also been supported to eat well. A variety of options were available for people who required soft food, high calorie food or food low in sugar content for those living with diabetes. Staff regularly monitored people's weight to ensure that this remained within acceptable ranges and this had been monitored more closely if people had been assessed as being at risk of not eating enough. None of the staff we spoke with had concerns about people not eating or drinking enough. A member of staff confirmed what we saw in the records that when necessary, they had charts they completed to monitor the amount of food and drinks people had on a daily basis. This ensured that they could identify if people did not eat or drink enough and they could take prompt action to improve this.

There was evidence that people had access to other health services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care and treatments necessary for them to maintain their health and wellbeing. One person said, "I have my feet looked at." Another person said, "The district nurse comes here and make my care plan as I am diabetic." We observed that a member of staff was accompanying a person to a hospital appointment on the first day of the inspection. Additionally, there was evidence that staff worked collaboratively with other professionals to ensure that people's needs were being met. For example, we saw that a person had been referred and seen by an occupational therapist in February 2016 to assess what support they needed with their mobility.

Good

Is the service caring?

Our findings

People made positive comments about staff who supported them and some described them as kind and caring. One person said, "I am happy, perfectly happy." Another person said, "They're lovely girls." A relative told us, "Wonderful staff who have never failed us in anyway or anything. When I'm here I put my feet up and they do everything for [relative]." Another relative said, "They are very caring staff, the lot of them. They are very nice indeed from the manager downwards."

We observed that staff interacted with people in a positive and respectful manner. For example when asking a person if they wanted help at lunchtime, a member of staff said to the person, "Would you like me to butter your bread, shall I do it?" The person said that they would do it themselves. There was a friendly and relaxed atmosphere, and people appeared happy and content. Staff spoke with people whenever they came into the communal areas and when not busy, they sat down and spoke with people about a subject of interest to them. A member of staff said, "We are very close with residents and have chats about what they like. It's a nice place and we are supporting them well." Another member of staff said, "When I ask residents if they are happy, they smile and say they are happy. I always ask this at residents' meetings too." A third member of staff said, "Residents are happy in their home and enjoy time with staff." A member of staff showed compassion towards people they supported when they said, "When residents are upset, I feel my heart breaking." We observed that staff gently supported a person who was prone to becoming distressed and then engaging in arguments with other people. A member of staff stayed with the person until they were calm.

People told us that their views were listened to and they were able to make choices about how they lived their lives, including their bedtime and what time they got up. One person said, "I go to bed when I am ready at 10.30 pm. I get up about at 10 minutes past 8 and it is breakfast at 9am." A member of staff told us that they supported people to make choices and to be as independent as possible. They also said, "We have no strict routines, so residents are able to choose what they want to do. Residents are supported to get up when they are ready and they can have their breakfast whenever they are up." Another member of staff told us that where necessary, they worked closely with people's relatives, friends or social workers to ensure that their individual needs were met in a way that protected their rights. The manager told us that most of people's relatives and friends visited at the weekend. One person told us that they had regular visitors. They added, "My brother came yesterday and on Friday, and my other family will come at the weekend." A relative told us that they were always welcomed when they visited. A member of staff said, "Everyone is like family here. We work well together."

People told us that staff supported them in a respectful way and they protected their privacy and dignity. One person said, "They are always lovely and respectful." Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. As much as possible, people had been supported to maintain their independence. For example, people with limited mobility had been provided with equipment necessary to help them move around the home safely. A member of staff said, "We always try to make sure that people can do as much for themselves as possible. It gives some people satisfaction when they can still do some tasks without help." We saw that staff understood the importance of maintain

confidentiality. They told us they would not discuss about people's care outside of work or with anyone not directly involved in their care.

People had been given information in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given a range of information about the service, including the level of support they should expect and who to speak with if they had concerns about their care. Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to them moving to the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at were person centred, and a record titled 'My life story', detailed people's life history, hobbies and interests, significant life events, and people who were important to them. People told us that they received person-centred care, planned to meet their individual needs. Those who could recall said that they had been involved in planning and reviewing their care plans and we saw evidence of this in the care plans we looked at. Relatives told us that they were involved in discussions about their relatives' care. One relative said, "They always let me know either by phone or email if there are concerns." A member of staff told us that people's care plans had enough information for them to provide the required care and support. They also said, "We also talk to residents and their relatives for more information. Residents are really involved in making decisions about how they are supported."

We observed that staff responded quickly when people needed support. Staff regularly checked if people needed anything and they supported them quickly. One person told us that they sometimes had to wait to be supported when staff were busy, but they said that this rarely happened. For example, a member of staff covered a person's legs with a blanket when they said that they were cold. A member of staff said, "We try our best to support people when they need it. With nearly 40 people to care for, it's obvious that at times, someone will have to wait a bit. We have to sometimes decide whose needs are more urgent." People were able to express their individuality by choosing how they dressed and their bedrooms were decorated to their tastes. In order to support people living with dementia to find their way around the home, bold signs were displayed on each door to tell people what the room was used for. Also, each person had a memory box outside their bedroom, with memorable photographs and items to help them identify their bedroom. Some people were proud to tell us about the happy memories they had from looking at those photographs and items. It was evident that staff knew what people did prior to moving to the home and the manager told us that a person had a photograph of a well know music star because they had been their manager in the past. However, the person's needs were such that they were not able to speak with us.

People had mixed views about whether there was enough to entertain them or they had been given opportunities to pursue their hobbies and interests. However, photographs displayed in communal areas of the home showed that varied activities were offered for people to take part in. Also, there was a record of what people did on a daily basis to positively occupy their time. The provider had two activities coordinators to plan and facilitate a range of activities that people enjoyed. There was a weekly activities plan and an annual one which showed themed activities and entertainments planned for notable dates such as St George's day, the Queen's 90th birthday, summer barbecue, Halloween and the festive season. External entertainers were also periodically booked to entertain people. We saw evidence that staff supported people to go shopping locally and they visited the local Aquadrome.

The activities coordinator told us that people were not bored because they always had an option to take part in an activity. They also said, "A few residents like to go out, but some people are just comfortable sitting and listening to music or watching TV. We encourage people to be active as much as possible, but we

can't force them." We observed that the activities coordinator had supported people to do activities such as jigsaw puzzles, colouring, painting, nail painting, although some people were dozing on and off throughout the day. One person watching football in the afternoon said that they did not hear it very well because the volume was too low. We later noted that the music had been switched off so that they could hear the TV better.

Two friends had left during early afternoon of the first day of the inspection to go to a local café. They told us that they enjoyed going out together. Staff told us that people always had something to do, if they chose to. One member of staff, "Residents can choose to take part in activities or rest in their bedrooms. A variety of themed activities are provided." Another member of staff said, "There is always something for residents to do." We saw that some people chose to sit in the garden area, just outside the main entrance to the home. One person was sitting there while doing some knitting. They said, "I try to get some fresh air whenever the weather is good."

The provider had a complaints policy and procedure which had been updated in March 2016. There was a system to manage complaints and people told us that they knew who to speak with if they had any concerns. None of the people we spoke with said that they had complained before. A relative told us, "I have mentioned little niggles and they have been dealt with straightaway." We noted that there had been one complaint recorded in the last 12 months and other concerns about a person's care had been investigated under safeguarding procedures. Appropriate action had been taken to investigate and respond to these.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager and senior care workers. People knew who the manager was and we observed that they had positive relationships with people who used the service. Staff were very complimentary about the manager and they told us that the manager provided effective leadership and supported them really well. A member of staff said, "The reason I have chosen to continue to work here is because of the manager. She is understanding and will do anything to support staff. She makes it a lovely place for everyone." Another member of staff said, "The manager is always responsive to staff's concerns. That's why I'm happy to work here." The manager told us that the provider was supportive and they normally visited the home daily.

Staff told us that they felt valued and they were able to discuss with the manager any ideas they might have for the development of the service. A member of staff said, "Staff are able to give suggestions about what to do to improve the service. Everybody always says what they are thinking." We saw that regular staff meetings had been held for them to discuss issues relevant to their work. Staff said that these discussions ensured that they had up to date information in order to provide a good standard of care to people who used the service. Staff also told us that they worked well as a team and they supported each other. A member of staff said, "I wouldn't say we are all friends, but we work really well together." The manager told us that they attended at least one morning or night handover a month to enable them to share important information and to monitor how staff planned and managed people's care.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they had the information needed to continually improve the service. Monthly meetings gave people the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see. We saw the results of the survey completed in 2015 which showed that people, relatives and professionals who responded said that the service provided good quality care, with some positive comments and suggestions for improvements. The manager had developed an action plan to show what action they had taken to make the required improvements. They had also held a meeting with people and their relatives to discuss the results of the surveys. The minutes of the meeting held in September 2015 showed that people and their relatives made suggestions on how they could improve the décor of the home. This included having hanging baskets of daffodils that would not only make the outside space look nice, but it was felt that this might also prompt people to know which season of the year it was. Also, suggestions had been made about improving the menus and the variety of the activities provided. We saw that the majority of these issues had been addressed. People gave positive feedback about the caring nature of the staff and a number of compliments had been received by the service.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that action had been taken to address these. For example, an improvement plan in May 2016 had identified environmental

improvements including replacing the curtains in the lounges, repainting some areas of the home and garden furniture, and the need for a 'sluice room' to safely store and dispose of clinical waste. Although some of the improvements had been made, the manager said that the 'sluice room' would only be possible as part of planned extension to be built in 2017. In the meantime, they ensured that staff followed appropriate infection control and prevention procedures.