

# Seymour House Residential Care Homes Limited

# Seymour House-Northwood

## Inspection report

34 to 38 Chester Road  
Northwood  
Middlesex  
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Tel: 01923823466

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## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Seymour House-Northwood is a care home for older people, some of whom may be living with the experience of dementia. The home accommodates up to 36 people residing in single bedrooms with en-suite facilities. There were 35 people living at the home when we inspected. There are two lounges, a dining room, a quiet room and a large garden area. The home is operated by the provider Seymour House Residential Care Homes Limited. The provider also operates another care home for older people in Rickmansworth, Hertfordshire.

### People's experience of using this service and what we found

Systems to monitor the quality of the service had not always been effective as they had not enabled the provider to identify and take timely action to address some of the issues we found.

Relatives told us they felt people were safe. Relatives and adult social care professionals consistently spoke positively about the service and the caring approach of staff. One relative told us, "I would want someone to treat me the way they treat my [family member]."

People received their medicines as prescribed, although some medicines records were not always up to date. There were arrangements in place for preventing and controlling infection. We signposted the registered manager to additional resources to inform their approach to promoting COVID-19 vaccinations to staff.

There were procedures in place to ensure the provider only employed fit and proper people to provide care and support.

The service worked in partnership with other agencies to support people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 18 March 2021).

### Why we inspected

We undertook this targeted inspection in response to specific risks we had found at the provider's other care home. These included concerns about providing safe care, adult safeguarding, supporting people with wound care and the management and governance of that service. A decision was made for us to inspect and examine those issues at Seymour House-Northwood. We inspected and found there was a concern with the governance of the service so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seymour House-Northwood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Seymour House-Northwood

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector undertook this inspection.

#### Service and service type

Seymour House-Northwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and from the local authority. This included information received about the provider and the provider's other service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the deputy manager and a senior care worker. We also spoke with five relatives and one healthcare professional who were visiting the people who used the service. We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures and medicines systems.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We spoke with the relative of a person who used the service and five health and social care professionals who had recently worked with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- There were processes in place to manage the risks to people's safety and well-being. However, in two people's rooms we saw beds had a piece of wood attached to them with exposed screwheads where a motion sensor had been fastened. We raised this with the registered manager who stated the sensors had been removed several weeks prior to our visit as the people no longer required them. They acknowledged the wood should also have been removed. The provider had arranged for this to be done before the end of our visit.
- Staff used a mobile hoist when supporting some people to stand. Staff informed us during the inspection that people's care and risk management plans did not stipulate the size of hoist sling staff should use so as to support a person safely and the registered manager stated they would correct this. However, after our visit the provider presented evidence that this information was included in people's care plans.
- The registered manager completed risk management plans to assess and reduce risks to people's health, safety and well-being. These considered risks such as health concern, nutrition and oral hygiene and set out actions for staff to help people to mitigate those risks.
- The registered manager and provider completed regular checks to monitor the home environment. These included checking people's rooms, laundry facilities, water temperatures and mobility equipment. We saw the provider had recently identified people had water-damaged cabinets in their en-suite washrooms and had taken action to replace these.
- The provider made sure there were appropriate fire safety arrangements in place.

### Using medicines safely

- The registered manager had systems in place for the ordering, handling and storing of medicines, to help make sure people received their prescribed medicines safely. However, we found the register recording the handling of a controlled drug for one person was not up to date in the days prior to our visit. We discussed this with the registered manager so they could address this. Medicines administration records (MARs) did provide assurance that the person had received the medicine as prescribed and the home was storing the correct amount.
- Care plans and MARs set out information about people's prescribed medicines, including medicines to take 'when required'. These are medicines given or taken only when needed. Staff signed MARs to indicate they had supported people to take their medicines as prescribed. The MARs we viewed had been completed appropriately.
- The registered manager completed monthly and weekly checks of the medicines support systems to make sure they were being used effectively. These checks included auditing the medicines handling records and the completion of MARs.
- Only some staff supported people to take their medicines. They had completed training on how to do this

safely and the registered manager had assessed them as competent to do this.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to safeguard people using the service from the risk of abuse. However, we found the provider's safeguarding adults policy that supported these systems was out of date and not in line with the requirements of the Care Act 2014. We raised this with the registered manager and they promptly updated the policy.
- Staff had completed safeguarding adults awareness training and this was recorded. The registered manager and deputy manager promoted staff awareness through staff supervisions, team meetings and workshops.
- Relatives told us they felt their family members were safe.

Staffing and recruitment

- The registered manager arranged for enough staff to be on shift to support people to stay safe. We saw staffing rotas indicated this. Health and social care professionals and people's relatives said they thought there was sufficient staffing. They told us, "[Staff are] busy but not rushing around" and "I think there are always enough staff around." We observed staff providing timely care and support to people.
- The registered manager reviewed staff requirements on a monthly basis to make sure there were enough staff to meet people's needs. After the inspection visit the provider supplied information to indicate how this suitable staffing levels were determined.
- The service worked in partnership with health professionals to support some people to manage the risks of developing pressure wounds. Staff had completed online training on promoting continence to inform their understanding of pressure wound care. Professionals told us people were supported to manage their skin integrity. Professionals said staff were attentive and proactive in providing this care and raised potential skin care concerns to them, which care records also indicated. The registered manager told us they would also organise face to face pressure wound care training for staff.
- Staff recruitment records showed the registered manager had completed necessary pre-employment checks to make sure so they only offered roles to fit and proper applicants.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- Staff were supported to self-isolate to prevent and control the spread of COVID-19.
- We were assured that the registered manager was preventing visitors from catching and spreading infections. We saw a visitors protocol needed updating to reflect the role of visitors in people's care in line with national guidance at the time of our visit. We raised this with the registered manager and they sent us an updated protocol promptly.
- People using the service and staff accessed regular COVID-19 testing in line with current guidance. This helped the registered manager monitor people's and the staff team's safety.
- People had been supported to access COVID-19 vaccinations. The registered manager provided information to staff about this and some had taken up vaccinations. We signposted the registered manager to further resources to support their ongoing approach to promoting staff vaccinations so as to keep people safe from infection.
- The registered manager had ensured staff received training and information on COVID-19 and infection prevention and control. Staff were provided with suitable personal protective equipment (PPE) to work with people safely and we saw staff using this appropriately during our visit. This included gloves, aprons and face masks. The registered manager told us they could always access sufficient supplies of this.
- The registered manager had processes in place to admit people to the service safely.
- Staff completed regular cleaning of the home, including the communal areas, frequently touched



surfaces, and people's rooms each day. This was recorded in daily cleaning schedules. We saw people's rooms being cleaned when we visited recorded . The home appeared clean and free of offensive odours.

- The kitchen was clean and tidy and there were systems in place for ensuring food was labelled correctly, food and fridge/freezer temperatures were checked, and stocks were managed appropriately. The local environmental health officer had recently inspected the home and awarded a five stars Food Hygiene Rating. This is the highest rating for maintaining food hygiene standards.

Learning lessons when things go wrong

- The registered manager maintained a system for recording and reviewing incidents and accidents.
- Staff recorded information about incidents, such as what happened and actions they took in response to this. We saw staff also noted incidents on the shift handover notes to inform staff about what had happened.
- The registered manager used incidents records to monitor people's care and take action to address issues. For example, when a person was regularly refusing care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leadership and governance did not always promote the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider carried out a range of audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not enabled them to take timely action to address some of the issues we identified. For example, the removal of wood pieces from two people's beds and updating the safeguarding adults policy.
- One person's care and risk management plans stated they needed support to reposition regularly when they did not do this independently to maintain their skin integrity. While we found no evidence the person experienced harm, daily care records for the week prior to our visit did not record if either this support was provided or if staff had assessed that it was not required. This indicated the provider could not always be assured this person's care records indicated they consistently received safe, person-centred care. We discussed this with the registered manager so they could address this.
- The registered manager stated there was not have an improvement plan for the service when we visited. However, after our visit the provider presented evidence that a service improvement plan was in place.
- The provider conducted monthly monitoring visits of the service. At the last inspection we found these gave only limited assurance of the provider's governance arrangements as the visit records regularly repeated the same information and feedback from people and staff. At this inspection we found these now recorded a variety of favourable quotations from people about their experience of the service.
- The registered manager completed regular quality checks on the service. These included checking cleanliness, medicines support, incidents, care records, and environmental safety. They also visited the service unannounced late at night to monitor the service outside of usual office hours.
- The provider displayed the previous inspection ratings on their website and at the home. This helped people to find out about the quality of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had processes in place to respond to concerns about people's care when things may have gone wrong. Relatives and adult social care professionals also told us they found the registered manager polite and approachable.
- The deputy manager held workshops on the duty of candour with staff so they were aware of the need to be open and transparent with relatives and people about their care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and health and social care professionals told us they found there was "a nice feel about the home" and the staff were caring, attentive and compassionate. Relatives had also posted two positive reviews online since our last inspection. Their comments included, "I consider the staff to be my [family member's] second family" and "I cannot fault them, all the staff are efficient and caring." One relative said, "[Their family member] has completely changed for the good since being here."
- During our visit we saw staff support a large group of people to enjoy a singing session and later support some people to celebrate a person's birthday. Pictures in corridors showed people engaging in other parties and activities since our last inspection. A relative told us, "They've managed to engage with the residents [and] keep them occupied," and a professional commented, "There's always something going on."
- Some people's rooms were personalised with individual decorations while others appeared to have little personalisation. The registered manager told us people and their relatives were able to personalise rooms if they chose and they welcomed donations from people's families for this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff had opportunities to be involved in and influence the running of the service.
- The registered manager held team meetings with staff to discuss the service. Records indicated a recent meeting was used to consider infection prevention and control, COVID-19 vaccinations, training and adult social care qualifications. Senior care staff meetings also took place periodically and we saw these had discussed issues such as roles and responsibilities, care plans and personal care.
- The activities coordinator consulted with people regularly to suggest and discuss the activities they planned for people.
- Relatives told us the staff kept them informed about the service and their family members' well-being. For example, the visitor arrangements or if there was a change in a person's health.

Working in partnership with others

- The service worked in partnership with other agencies to provide coordinated care to people, such as social workers and healthcare professionals. Professionals told us, "[The staff] are very good at flagging up any concerns" about people using the service and implemented their advice recommendations.