

Seymour House Residential Care Homes Limited

Seymour House

Inspection report

13-17 Rectory Road
Rickmansworth
Hertfordshire
WD3 1FH

Date of inspection visit:
18 January 2022
26 January 2022

Date of publication:
02 March 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seymour House is a care home providing accommodation for up to 50 people older people. At the time of the inspection there were 34 people living at the home.

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

At the last inspection, the service was failing to ensure people's safety was promoted, did not have effective governance systems and did not send the required notifications. As a result, there were found to be multiple breaches of regulations and was put into special measures.

At this inspection we found that the required improvements had been made and systems implemented to address the shortfalls had been effective. Therefore, the service is no longer in breach of regulations and will be taken out of special measures.

People felt safe and told us the staff were kind and helpful. Relatives felt the staff team were very good and they were happy with the care and support people received. People's safety and welfare was monitored. The management team identified and resolved any incident or concern whenever they arose. Incident, events and unexplained injuries were recorded and investigated. Where needed, incidents were reported appropriately.

People were treated with dignity and respect. People and staff had good relationships and staff knew people well. Care plans had been updated giving staff the information to meet people's needs. Records were reviewed to help ensure people's needs had been met. Staffing was monitored and call bells audited to ensure staffing numbers were effective. Feedback from people and staff was that there was enough staff available to meet people's needs.

Staff felt they had enough training and support to do their role and found the leadership of the management team to be good. Training relating to infection control and COVID-19 had been delivered. Staff knew how to reduce the risk of transmission of and worked safely in relation to COVID-19.

The recruitment process was robust, including all required checks to help ensure staff employed were fit to work in a care setting. Medicines were now managed safely and these were checked through an audit system. Governance systems needed to monitor and identify concerns had been developed and these had been effective in driving improvements.

Rating at last inspection

The last rating for this service was Inadequate (8 and 22 June 2021) and there were multiple breaches of regulation. The provider sent us an action plan stating how they would make the required improvements.

Why we inspected

We carried out an unannounced focused inspection of this service on 8 June 2021 and 22 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when. This was to improve Governance, safe care and treatment, duty of candour, Notifications of other incidents and safeguarding service users from abuse and improper treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

Please see the safe and well led section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seymour House on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Seymour House

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had made the required improvements following the last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was undertaken by five inspectors. Two of these inspectors carried out the site visit and three inspectors made telephone or video calls following the visit.

Service and service type

Seymour House 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 who was 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

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 members of staff, the registered manager and the nominated individual. We spoke with five people who used the service and received feedback from two relatives. We spoke with a visiting health care professional. We received feedback from the local authority.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. At this inspection we found that the rating has improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, the provider failed to ensure people were protected from the risk of harm due to poor risk management, poor infection control and unsafe medicines practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us they felt safe. One person said, "I feel safe here." Another person said, "There has not been any nasty [thing] going on here, things are better." A relative said staff were, "Compassionate and caring."
- Staff told us that the registered manager spent time observing staff care practices and checking staff were working safely.
- People had individual risk assessments, and these were updated as needed.
- Staff were observed to be working safely on the day of the visit and when we spoke with them on the day of the inspection visit were mostly aware of people's risks. However, we spoke with some staff following the inspection visit, and some of those staff were unable to understand questions about people's individual risks. We discussed this with the registered manager and nominated individual. They told us about information that was displayed for staff and the first aid training staff had received and the team were always supported by a senior staff member. We also reviewed records provided to us showing staff had attended training and supervision relating to safe practice.
- Staff told us they had attended fire training and fire evacuation drills. They felt confident in what to do in the event of a fire. Records showed staff undertook fire drills.
- Accidents and incidents were monitored. Where needed, action was taken to help reduce a reoccurrence. One staff member said, "We always have meetings after accidents and how to prevent them, we are always asked how it happened from the [registered] manager and we are asked all details and told to document them. Then we have a meeting to make sure we can stop it happening again."
- Pressure care was managed safely. Records showed that people were supported to reposition, cream was applied and pressure relieving equipment was in place and checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Family and friends were supported to visit people living at the service in line with current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Using medicines safely

- Records were accurately maintained for medicines and they were stored securely.
- Medicine audits were completed, and staff training and competency checks were carried out.
- A sample of medicines checked showed that the quantities held matched the quantities recorded.

Staffing and recruitment

- People told us staff were around when they needed them and relatives did not identify any staffing shortfalls. One person said, "[Staff] are absolutely nice."
- Staff told us that there were enough staff to meet people's needs and they had time to spend with people. One staff member said, "We are now focusing on them as there are more staff to focus on them. To have chat and have a laugh."
- There were enough staff who were safely deployed and were responding to people's requests when needed. Call bells were monitored to check they were responded to promptly.
- Staff told us training and supervisions were ongoing. The training and supervision matrix showed that good progress was being made in the completion of training. The home had been supported by the local authority to access training and this had improved staff skills. One staff member said, "I am very happy to work in this supported environment where I am getting more knowledge and everybody here working as a good team. We have always done our best. It has always been a very happy and safe place."
- The recruitment process included appropriate checks to help ensure those employed were fit to work in a care setting. We asked the management team about how they ensured staff had the required communication skills to ensure they could support people safely and engage with them effectively as we had experienced some challenges with communicating with staff. The registered manager and nominated individual both told us that staff completed an English language test, courses were offered prior to the pandemic and this was tested through supervision and observation. Our interactions with staff on the day of inspection and feedback from the local authority relating to their visits found that this was effective.

Learning lessons when things go wrong

- Staff meetings included information about events and updates that staff needed to be aware of. For example, accidents and incidents, inspection outcomes and actions and updates from their own internal monitoring.

- Staff felt the management team kept them informed and they had enough information to carry out their roles well.
- Following the visit to the service we viewed handover records which included that an inspection was in progress and what areas they needed to improve upon.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found that people were not protected against the risk of harm or abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At this inspection we found that systems in place recorded unexplained injuries and a member of the management team completed an investigation. Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff were aware of what signs of abuse to look out for and how to report any concerns they had within the home. Staff also had access to up to date guidance explaining how to report concerns to the local authority safeguarding team. They were confident that the registered manager would act on any concerns raised. One staff member said, "We report everything."

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 Inadequate. At this inspection the rating has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- At the last inspection we found that governance systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management had worked on addressing the areas of concern in the home and learned from previous concerns. Systems had been put in place to reduce the risk of reoccurrences. This included working closely with the local authority and a local providers care association who supported the team with training. This had included all the areas of concern found at the previous inspection. The local authority had completed unannounced visits to the home since our last inspection and their findings had been positive.
- The registered manager and their team had been monitoring and auditing the home regularly. There were audits across all key areas of the home. For example, infections, falls, care plans, wounds, equipment, the environment and medicines. Where any shortfalls were found, an action plan was developed. We found these to be effective in addressing areas to be improved. They acknowledged that they had missed one risk assessment in a person's care plan and they were completing a review of risk assessments in place.
- There was a service improvement plan. This included all areas of concern identified at the last inspection. We saw that progress had been made in addressing these areas. There were also weekly governance meetings with the provider, a management audit, senior forms completed each shift and a newsletter to help keep people and staff informed.
- People and their relatives told us they were happy with the care they received. A relative said staff were, "Very respectful and caring."
- At the last inspection we found that people were not treated with dignity or respect, did not receive the appropriate care and there were no activities to limit social isolation. People were not dressed appropriately, and continence care had not been given. We observed throughout our inspection that the whole staff team treated people with dignity and respect and met their care and social needs.

- Staff spoke kindly to people and had positive relationships with them. People were heard laughing and joking with staff.
- People's feedback was recorded at residents' meetings and this included their views on activities and what they enjoyed.
- Staff told us that the registered manager was always available and responsive to issues. They felt confident to go to them with any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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

- At the last inspection we found there was not an open and honest culture, the registered manager did not notify CQC of incidents that occurred in the home. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulation 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection we found that the management team had not notified us of safeguarding concerns. At this inspection we found that the appropriate notifications had been provided and the management team was sharing information with us.
- In addition, the management team had not involved the relevant health and social care professionals when needed. At this inspection we found that referrals had been made, and there were regular checks in place to ensure these happened in a timely way. One health professional told us that communication and contact from the service had improved and this meant people received treatment as soon as needed before the issue significantly impacted on their health.
- At the last inspection relatives felt that they were not kept informed and there were mixed views about the management of the home.
- At this inspection some relatives felt that communication could still be improved. They told us that they did not know the registered manager and sometimes communication barriers with some staff meant messages did not get through and they did not always receive feedback. We discussed this with the registered manager who shared examples of how they checked staff member's ability to communicate effectively and how they kept in contact with people's relatives. This included newsletters, meetings and care reviews. They told us they would work on developing this area further as it had been a challenge during the pandemic and while they were working on improving standards in the home. Feedback from a relative during the inspection was that an issue they had raised with us had since been resolved.
- The registered manager was knowledgeable about the service and had been working with their team to address the shortfalls found previously. They were able to give us assurances that people were safer, and staff were better equipped. Staff told us that management team ensured they had the knowledge needed to work safely and in line with guidance. One staff member said, "The management team always check everything and walk about the home. They check all the staff and sometimes the [registered] manager observes us during personal care, mealtimes and when walking and assisting the residents. We discuss the observations in the supervision and how to improve."

Working in partnership with others

- The registered manager was in contact the local authority and engaging with CQC to support the inspection and help identify any shortfalls.
- Since the last inspection the provider had been working closely with the local authority and support teams to train staff, improve quality and adhere to standards. Feedback from the local authority about their

progress was positive.

- The management team was open to feedback and wanted to use this to improve and develop the service further.