

Selborne Care Limited

Selborne Care Limited

Inspection report

Hillcainie House (first floor office suite 6)
5 St Andrews Road
Droitwich
Worcestershire
WR9 8DJ

Date of inspection visit:
28 September 2018

Date of publication:
05 November 2018

Tel: 01905779548

Website: www.selborne.co.uk

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

Selborne Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection the provider was providing personal care for six people all of whom lived in Worcester.

Not everyone using Selborne Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the last inspection on 2 February 2016, the service was rated 'Good.' At this inspection we found evidence continued to support the overall rating of 'Good.' There is no evidence or information from our inspection and ongoing monitoring that demonstrates serious risk or concerns. This inspection report is written in a shorter format, because our overall rating of the service has not changed since our last inspection.

This inspection took place on 28 September 2018.

People continued to receive care which protected them from harm and abuse. Staff and management were aware of their responsibilities to keep people safe. Risks to people's safety were identified and known to staff. Measures were in place to reduce risks. Staff worked in small teams with people to provide consistent care. The provider operated safe recruitment practices to assist keeping people safe.

People were able to access healthcare professionals and their medicines were administered in line with what was prescribed. People received meals in line with their personal likes and any medical requirements.

Staff received training to meet people's needs and had knowledge to be able to meet health and social care needs as described within their care plan and risk assessment. Staff assured us they sought people's consent prior to providing care and support.

People were supported by staff who knew them well and had built up professional relationships. People were encouraged to be involved in their care and to be as independent as possible. Staff had an awareness of how to ensure people's privacy and dignity was maintained.

People continued to receive care and support which was individual to their own needs. Relatives felt able to raise any concerns they had about the care received by their family member. The management team promoted equality and diversity to ensure needs were met.

Staff were confident the service was well run and had managers available to them for support and guidance. Checks and audits were in place to monitor the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Selborne Care Limited

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 checked 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 inspection took place on 28 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure they would be at their office to facilitate our inspection.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities for any information they had, which would aid our inspection. The local authority has responsibility for funding some people's care and monitoring their safety and quality.

The provider had sent us a Provider Information Pack [PIR] before the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection, the service was providing personal care for six people who used the service. We undertook telephone interviews with people and relatives where we could to gauge their impression on the quality of care provided. We spoke with three relatives. We were unable to speak with any people who used the service.

At the office, we reviewed two people's care records and other records on how the domiciliary care agency was managed. This included medication administration records, personnel and recruitment records, and quality assurance checks.

As part of the inspection, we spoke with the locality manager, the compliance manager, the manager, a care coordinator and six care staff.

Is the service safe?

Our findings

At this inspection, we found people continued to receive care and support to protect them from risks to their safety, harm and abuse as at the previous inspection in February 2016. The rating continues to be Good.

Relatives we spoke with told us they believed their family member received safe care from staff members employed by the provider. They told us they would speak with the management if they had any concerns about their family members safety or how they were cared for.

The provider protected people from avoidable harm and discrimination. The care coordinator was aware of their responsibilities in ensuring the care and support people received was safe and was aware of the action to take if people were at the risk of harm.

Staff members confirmed they had received training and were aware of abuse and of their responsibilities to protect people. Staff told us they would report any concerns immediately and were confident that in the event of them reporting any abusive practice the management would take the necessary action to protect people. One member of staff told us they had, "Absolutely no concerns" about people's safety.

Staff worked in small teams to provide the care and support to each individual as required. Some people were in receipt of care and support 24 hours per day. As a result of the small team working arrangements staff were confident they were able to consistently meet people's needs. Relatives we spoke with confirmed their family member was supported by a regular team of staff which ensured people had their needs met.

During staff holidays or in the event of sickness the care coordinator told us other staff would cover. Staff confirmed people were supported by staff who knew them. The provider adhered to safe recruitment practices to ensure prospective staff were suitable to work with people. Checks were undertaken on staff by the Disclosure and Barring Service (DBS). The DBS service helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who require care and support.

Risks to people were assessed and regularly reviewed to keep people safe. Staff were aware of the risks people were exposed to regarding their personal care needs, within their own home environment and when in the community. Staff could explain how they minimised these risks to keep people safe. Staff confirmed the risk assessments were available to them at people's own home. For example, we saw risk assessments relating to any trip hazards in people's own homes as well as risks to their health and wellbeing such as any dietary risks. Staff could tell us about the arrangements in place to keep people safe in the community to protect people as well as be mindful of others.

Arrangements were in place to record any incidents and accidents which had occurred. We were told of the future changes to be made regarding the recording of these incidents to help monitor them further and reduce the likelihood of them happening again in the future.

We were told that personal protective equipment was provided and taken to people's home by the

management team when visiting for staff to use to assist in reducing cross infections. Staff had received training and were knowledgeable about their role in reducing infections. A relative raised some concerns about the cleanliness of the environment where their family member lived and told us they had raised these concerns with the coordinator for them to be addressed.

The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. Staff who assisted people with their medicines had received training and support. In the event of an error occurring additional training and support was put into place. We brought to the attention of the management some areas within the records where it was not always clear about changes to people's medicines. This had not impacted on people receiving their medicines and assurances were given that improvements would be made so people would continue to receive their medicines safely.

Is the service effective?

Our findings

At this inspection, we found people continued to receive a service from staff who were trained and received support from management as at the previous inspection in February 2016. People were supported with their health and nutritional needs. The rating continues to be Good.

People received care and support from a dedicated staff team who had the skills and knowledge to provide personalised care. Staff told us they received the training they required and spoke positively of the recently introduced learning through computers and training booklets rather than watching DVD's. The management told us and staff confirmed that they needed to complete sections within the training satisfactorily before they could move on to the next part. Additional training was available if needed. The coordinator was aware of any training gaps and assured us these were to be addressed so staff remained effective in their caring roles.

New members of staff received induction training and undertook a period of shadowing experienced members of staff in order to learn about their role and people's care and support needs. Relatives spoke highly about the staff employed to care and support their family member and about the skills and experience staff had to enable people's needs to be met.

Staff spoke positively about the communication between the management team and staff as well as between staff members who worked in small teams caring for people. Staff told us they were kept up to date with any changes. This was due to having small teams of staff as well as handovers where they shared information about people's needs between shifts together with regular contact with the management. Staff felt confident in the management and well supported by managers who were available and on call to them in the event of them needing advice and guidance.

People's rights with regards to consent and making their own decisions continued to be respected by staff. Staff told us they ensured people were happy before proceeding with any support and provided reassurance while assisting people with their care needs. Staff and the managers understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. Staff confirmed they had training in Mental Capacity Act (MCA) and could describe the principles of the legislation. At the time of our inspection the management confirmed no one using the service had any best interests decision which effected the care and support provided by the staff team.

Staff told us they arranged medical appointments for people they provided care and support to. People were supported to attend these and other healthcare appointments as needed. For example, visits to people's doctor and dentist as well as specialist healthcare professionals.

One relative told us how staff took an interest in cooking what their family member liked to eat and told us this was important to them and their family member. Staff were knowledgeable about people's dietary needs and systems were in place when people had specific dietary needs. Specialist healthcare professionals were involved in people's care as needed to ensure their dietary needs were met.

Is the service caring?

Our findings

At this inspection, we found people continued to receive care from a staff team who were kind and treated people with respect to maintain their dignity as at the previous inspection in February 2016. The rating continues to be Good.

Relatives we spoke with told us the staff who provided the care and support for their family member were kind and caring. One relative described staff as, "Lovely". Another relative told us they believed their family member to be receiving care and support from, "The best".

Staff spoke fondly of the people they were supporting and demonstrated empathy and a caring nature in how they told us about people they supported. Staff took pride in the care they were providing and how they managed to maintain people's independence. Staff told us they would agree with people the support they needed prior to providing this. Staff demonstrated they were aware of triggers to behaviour and how they could prevent people becoming anxious or distressed. Staff believed the small teams working with people assisted to provide positive outcomes for people.

We asked staff members whether they believed people received good care. One member of staff responded, 'Definitely' and added they would be happy for a member of their family to receive care from Selborne Care. The same member of staff told us they believed people to be, "Happy" with the care they received.

Staff had knowledge and an understanding of the people they were supporting. Care plans indicated to staff people's preferences such as whether they liked a shower. Staff knew about people's preferences as well as likes and dislikes and were able to explain where needed how they maintained people's privacy and dignity. For example, prompting people to dress and ensuring curtains were closed and the use of towels when providing personal care.

People were encouraged to be as independent as possible. Staff told us they would support people to do certain tasks and would therefore prompt people with these rather than do them for the person. This was to ensure people felt useful and in control of their lives.

Records relating to people who used the service were held securely at the provider's office when we visited.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive a personalised and responsive service as at the previous inspection in February 2016. The rating continues to be Good.

The staff were aware of the individual care needs of people they were supporting. Where people's needs changed these were recorded within the care plan which would be reviewed as needed to ensure people received the personalised care they required. Care plans showed people's likes and dislikes as well as the care and support they needed to maintain their wellbeing. If somebody new was to receive a service we were told their needs would be assessed to ensure their needs could be met.

Staff informed us people were involved in planning their care and were consulted when changes were needed. Care plans were seen to be written in the first person which showed people's involvement in these. The management team told us people were involved in reviewing their care plans where possible.

Staff understood the needs and preferences of people they supported. Staff were able to explain the action they needed to take to keep people safe and ensure their personal care needs were met. Where required staff had the necessary knowledge and followed guidance from healthcare professionals to ensure needs were addressed.

Staff had an awareness of the Accessible Information Standards which aim to make sure people who have a disability, impairment or sensory loss get the information they can access and understand. One member of staff told us they had an app on their mobile telephone which provided pictorial images to assist with the care they were providing. We also saw pictorial images included within a person's care plan for staff to use with the person when reviewing their care. Details of non-verbal communication such as actions a person may take when wanting some aspects of their personal care were recorded and known to members of staff we spoke with.

Staff and the management demonstrated an awareness of the need to be sensitive and have regard for equality, diversity and respecting people's human rights. Staff had undertaken training in equality and diversity which formed part of their regular training. Staff confirmed to us that some people they cared for and supported had made a preference to the gender of their support workers and that this was adhered to. We spoke with the management at the office who informed us they were not aware of anyone receiving a service from the lesbian, gay, bi-sexual and transgender community (LGBT). They were however confident of their ability to provide person centred care to meet people's specific needs should they need to do so.

Relatives we spoke with told us they could raise concerns with the coordinators or the manager. One person told us they had raised a concern following our visit to the office and felt they were listened to and that their concern would be investigated. Another relative told us they had not needed to make any complaints while another told us they would speak with social services if needed.

We asked about complaints while at the office and were informed the provider had not received any

complaints about the service provided.

During our inspection visit, we were told staff were not providing end of life care for anyone at that time. The Care Quality Commission have previously received notifications from the provider regarding the death of people. One person was supported by staff from the location while they were in a hospice to ensure they received additional care and support to meet their care needs as they approached end of life.

Is the service well-led?

Our findings

At this inspection, we found people continued to receive a service which was well led as at the previous inspection in February 2016, and the rating continues to be Good.

The previous registered manager left their employment at the end of April 2018. 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.

A new manager was appointed and they had applied for registration as manager with the Care Quality Commission [CQC]. They have also however left their employment at the service due to personal reasons. A further manager was recently appointed and had by the time this report was written applied to the Care Quality CQC described the coordinator as, "Fantastic" due to the support they provided. Another member of staff told us, "Very good company to work for." A further member of staff told us, "It's well led."

The compliance manager and coordinator told us they had not carried out a recent satisfaction survey to seek the views of people who used the service. However, they were confident they had visited people as part of spot checks which gave them the opportunity to discuss with people how they believed the service to be.

The provider carried out audits and checks to monitor and seek improvement to the quality and safety of the care and support people were provided with. These included reviewing the records completed by staff such as medicine records. If any shortfalls were found such as in medicine records these were identified and any action needed to drive through improvements. In addition, spot checks were carried out by management to check on staff practices to ensure care and support was effective and safe.

The compliance manager had carried out their own audit of the service provided. Their report identified actions needed in line with the providers own policies and procedures. For example the introduction of renewing staff members DBS checks every three years to improve the protection to people regarding suitability of staff employed. The Provider Information Pack [PIR] completed prior to the inspection confirmed the company had been taken over by Caretech UK and were currently transitioning systems which facilitated greater checks and balances to ensure the service was compliant with both regulations and good practice. For example the staff checks and changes to the training systems.

In the event of staff sickness or annual leave the management ensured suitable staff with the right skills and knowledge covered the shift so people's needs continued to be met as required.

The compliance manager and the care coordinator demonstrated an understanding of the duties and responsibilities associated with their registration with CQC, including the need to submit statutory notifications regarding important events involving people who used the service. They demonstrated a desire to support people and provide them with the care and support needed to meet their identified needs.

Staff spoke positively about the management and told us they were approachable and felt they were listened to. Staff felt they were valued by the management and felt well supported. One member of staff told us, "The best job I have ever had." Another member of staff described the management as, "Always there for you." Staff told us they are asked for thoughts about the company they work for and felt their comments were taken on board as a way of improving the care and support for people. For example staff felt confident requesting any equipment they needed to keep both them and people safe.

The rating from the previous inspection was displayed upon the providers web site and within the office. This information was therefore available to people for them to access the quality of the service provided.