

Selborne Care Limited

Kinsey Road

Inspection report

63 - 66 Kinsey Road
Smethwick
West Midlands
B66 4SL

Tel: 01215654970
Website: www.selbornecare.co.uk

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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

About the service

Kinsey Road is a residential care home providing personal care to 4 people who have a learning disability at the time of the inspection. The service can support up to 4 people.

Kinsey Road accommodates 4 people in one building that consists of four separate flats over three floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by staff who knew how to report concerns of abuse and manage risks to keep people safe. There were sufficient numbers of staff to support people. There were safe systems in place for medicines and infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their dietary needs met and were supported to access healthcare services where needed. The design and décor met people's needs. People's needs had been assessed and considered their diverse needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported by staff who were kind and caring. People's independence was encouraged and people were given privacy as requested. People were supported to be involved in their care and express their views in ways that suited them.

People's care plans were personalised and staff knew people well. People were supported to access activities and employment opportunities that interested them. There were systems in place to respond to any complaints that would be made.

People and staff told us the service was well led. There were robust systems in place to monitor quality and people were given opportunity to feedback on the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kinsey Road

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kinsey Road 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in 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 four people who used the service about their experience of the care provided. We spoke with

two members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits and complaint / compliment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the different types of abuse and their responsibility to act on any concerns they had. One member of staff told us, "If someone was being abused, I would take it to the team leader. If they didn't act, I would take it to a manager. If they swept it under the rug, I would call CQC."
- Although no safeguarding concerns had been raised, the registered manager understood their role in reporting these to ensure people were kept safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed. Where risks were identified, there were plans in place detailing how staff should act to reduce this risk where possible. For example, where people would display distressed behaviours, risk assessments detailed the triggers to the distress, signs that the risk may be escalating and strategies to reassure the person and ensure their safety.
- Staff displayed an in-depth knowledge of the people they supported and how to ensure their safety. Staff had been trained and were confident in what to do in the event of an emergency such as fire.

Staffing and recruitment

- People told us there were enough staff available to meet their needs. One person commented, "Yes, the staff are always around." We saw that staff were visible around the building and that people received support in a timely way.
- Staff confirmed that recruitment checks were completed prior to them starting work. This included providing employment references and the completion of checks with the Disclosure and Barring Service.

Using medicines safely

- All the people who receive support confirmed that they received their medicine when they required this. Comments made included, "They [staff] always give me my medicine; morning and night."
- Records showed that people had received their medication as prescribed. Medication Administration Records had been completed and guidance was available to ensure that 'as and when required' medicines were given consistently by all staff.

Preventing and controlling infection

- There were effective infection control systems in place. Staff had received training in how to prevent the spread of infection. The home was clean, tidy and free from odour.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning where things had gone wrong. Where accidents occurred, records were kept that showed what action had been taken to reduce the risk of reoccurrence and an analysis of how effective this action was.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving to the service. Regular reviews of the care provided took place to ensure the provider continued to meet people's assessed needs.
- Care records showed that consideration had been given to any protected characteristics under the Equality Act. For example, people had been asked if they had any religious needs.

Staff support: induction, training, skills and experience

- Staff told us they had been given an induction prior to commencing their employment. This had included completing training and shadowing a more experienced member of staff. Although no new staff had been recruited for a number of years, the registered manager explained that any new staff would also be enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care staff must adhere too.
- Staff received regular training to ensure they had the knowledge required to meet people's needs. The training included specific training courses to suit the needs of people. Staff described the training as being a positive learning experience. One member of staff said, "Training is useful, it helps me do the job. If I wanted extra training, I could ask for it."

Supporting people to eat and drink enough to maintain a balanced diet

- People were active in maintaining their own balanced diet. Each person was given a weekly budget from the provider and supported by staff to choose and prepare their own meals at times that suited them. People spoke positively about this experience and the independence this gave them. One person told us, "I love all of the food here, the staff cook me so much nice food."
- Where people had specific dietary requirements, these were recorded and staff were aware of these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare services where needed. Comments made included, "The staff will always get me to the doctors if I need it."
- Records showed that people had been supported to maintain their health by accessing a number of services including GP's, Dentists and Occupational Therapists. There was a focus on health promotion and we saw that people had been for their annual health checks.

Adapting service, design, decoration to meet people's needs

- The building was made up of four individual flats. Each person had their own flat. There were no communal areas. However, people still had opportunity to spend time together and people would invite each other to their flats for company. People knew each other well and this indicated that they had spent a lot of time together in the home, despite the lack of communal areas.
- There was an emphasis on achieving independence and the design of the building promoted this. People had access to their own kitchen areas to learn daily living skills such as cooking.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff respected their right to make their own decisions and always sought their permission before supporting them. One person told us how if they did not want staff to come into their room and support them, that this was respected.
- Staff understood and applied the principles of the MCA. Staff understood the need to obtain consent and the actions they should take if a person lacked capacity.
- Where people had DoLS authorisations in place, these had been applied for appropriately. Staff were aware who had an authorisation in place and the reasons for these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were kind and caring to them. Comments about staff included, "I get on well with all the staff" and, "I am happy here, I got to know all the staff."
- We saw that staff had developed friendly relationships with people. People were seen to be laughing and spending time with staff, it was clear from these interactions that people felt comfortable with their care team.
- Staff spoke about people in a kind and compassionate way. Staff demonstrated a focus on supporting people to achieve their independence and one staff member told us, "I love my job."

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in their care and supported to make their own decisions daily. We found that staff were led by the choices and wishes of people. For example, when asked what they were doing today, staff would respond that they were waiting for the person to decide what they would like to do and would then plan the day around this. We saw this occur and later saw staff adapt when the person changed their mind, or their planned activity needed to change.
- Where people had specific communication difficulties, they were supported to express their views by alternative means, for example by writing things down.
- People had access to advocacy support where needed to enable them to be involved and express their views on their care.

Respecting and promoting people's privacy, dignity and independence

- People independence was encouraged. We saw people being supported to prepare their own meals, tidy their own flats and go out independently where possible. This had a positive impact on people who displayed pride in their new abilities.
- People told us that their privacy was respected. One person told us, "They [staff] do always knock before coming in [to my flat]." We saw staff practice this and where people were speaking with us, staff would ask if they needed staff to stay or if they wanted to speak with us in private. People's decisions in relation to this was respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff knew them well and it was clear from our observations that this was the case. Staff demonstrated a knowledge of people's likes and dislikes and acted in accordance with this. For example, staff could confidently explain people's family life, past history and their favourite hobbies.
- Care records held personalised information about people. People's preferences with regards to their care was recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was proactive in meeting the AIS. Each person's care plan clearly identified on the front page whether the person had any specific communication needs that staff needed to follow. Each person then had a more detailed care plan in place detailing how staff should support them to communicate.
- Where people needed to communicate in a way other than verbally, staff encouraged this and supported them by ensuring they had access to all of the equipment they needed to communicate such as pen and paper.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to follow their own interests. Comments made included, "I go out every day. Shopping and bowling. I work three days a week too" and, "They [staff] take me on the bus wherever I want to go."
- In addition to social activities, people were also supported to pursue educational or employment opportunities. People told us about both paid and volunteer work they had undertaken and others told us about bakery courses they had attended.
- People were supported to maintain relationships with people important to them. Some people would frequently go and stay with family members, while others would receive regular visits. One person told us, "My family come down often. They can visit any time they like."

Improving care quality in response to complaints or concerns

- People living at the service knew how they should make a complaint but told us they had never needed to

do this. One person told us, "I would tell my very own [key] worker [if I had a problem]".

- Although no complaints had been received, there were systems in place to ensure that any complaints made would be investigated and resolved.

End of life care and support

- People's end of life care needs and wishes were not recorded. We spoke with the registered manager who informed us that these discussions had taken place with all people, but that no-one had yet expressed any wishes to discuss this and record any wishes they had. The registered manager informed us that these plans would be put into place once people express a wish to discuss this.

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 remained the same. 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

- People told us they knew who the registered manager was. One person told us, "[Registered manager's name] is the manager here. They are really nice to me."
- Staff morale was high. Staff were proud to work at the service and told us they felt the service was well led. One member of staff told us, "I can go to [registered manager] and say anything to them. We are free to go to them if we need too. In meetings they always says if there is anything, don't hesitate to come to them."
- The service had achieved good outcomes for people. People's increased independence and daily living skills had meant that the registered manager felt they were now better prepared to live more independently and was looking into this provision for them.

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 demonstrated a commitment to being open and honest when something goes wrong. Although no concerns had been raised at the service, there were systems in place to ensure that any incidents would be reported appropriately.

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

- There were robust systems in place to monitor quality. The provider had implemented systems that reflected CQC's own Key Lines of Enquiry as well as the regulations of the Health and Social Care Act. Where areas for improvement were identified, these had been linked to the specific regulations of the Act to support the management team in making improvements. The actions taken following the last of these audits showed that the registered manager took timely action to improve where needed.
- In addition to this, regular audits of systems including medication, infection control and the environment took place. These audits were fed back to the registered manager who had developed a service improvement plan to ensure continuous learning from these audits.

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

- People were given opportunity to provide feedback on the service. We saw that regular 'Talk Time' forms were completed with people. These forms were used by staff to discuss and record with people their thoughts on the service and what they wished to see next. These forms were followed with an action plan to

detail how the person and staff would work together to achieve this. For example, we saw one person who expressed a wish on 'Talk Time' to go bowling and to visit a pub. The person confirmed to us that this had been facilitated for them following this.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to work with others to improve people's experience of care. They told us how they worked with other organisations to support people in employment as well as with the local authorities.
- The registered manager had clear plans for the future of the service and had based these around the needs of the people living at the home. This included reviewing how the service delivered care to people to ensure this better met their needs and gave them greater independence.