

Somerset County Council (LD Services)

Selwyn House

Inspection report

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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

This inspection was unannounced and took place on 31 August 2016.

Selwyn House is a residential centre run by the local authority. It provides accommodation and personal care for up to eight people with learning disabilities. Some of the people staying there also have physical disabilities. Everybody using the service lives there on a temporary basis under an arrangement known as residential short breaks. Most of the people staying at Selwyn House will continue to visit on a regular basis.

The last full inspection of the service was carried out in November 2013. No concerns were identified with the care being provided to people at that inspection.

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.

The building had been refurbished since the last inspection in response to the needs of people using the service. The registered manager explained how it was a "blank canvas". They planned to invite people using the service to decorate it with their own art creations, so it was owned and run for them. They had plans for a sensory garden so people with an interest in gardening could continue their hobby during their respite stay.

People were supported to take part in activities as far as possible within a short stay respite setting. Staff planned activities three to four weeks in advance knowing which people would be returning to the home in that time. During the day most people would either go to work or the day centre, people who stayed in the home were enabled to continue to follow a hobby. One person said, "This new home is great they have Wi-Fi and I can play on my Xbox and download my music."

There were procedures in place to keep people safe. These included a robust recruitment process and training for all staff to make sure they were able to recognise and report any suspicions of abuse. People told us they felt safe when they stayed at the home. One person said, "Yes safe as houses."

There were sufficient numbers of staff to keep people safe and to provide care and support in an unhurried manner. People told us staff were always kind and caring. Throughout the inspection there was a cheerful, relaxed and caring atmosphere.

The management of the home was described as open and approachable and we were told by people and staff that they would be comfortable to raise any concerns. Where concerns had been raised within the home, appropriate action had been taken to make sure people were fully protected.

The registered manager's philosophy for the way they saw the support they provided was to ensure people's lives were, "Enriched and better, providing a person centred environment where they can be relaxed, open, honest and happy. This is only achieved if it is customer focused throughout." This was reflected in the way staff spoke about enabling people to do what they wanted and when they wanted to. The registered manager's philosophy was reflected in team meetings and the day to day running of the home.

People were able to make choices about all aspects of their day to day lives. Staff were able to use a variety of communication methods to help people to make choices. Where people lacked the capacity to make decisions for themselves, staff knew how to support them in accordance with their legal rights.

Everyone had a support plan which was personal to them, and people or their representatives were involved in reviews of their care. Support plans gave information about people's needs, wishes and preferred routines. This meant staff had enough information to provide appropriate support to each individual.

Medicines were administered safely. Medicines were administered by staff who had received suitable training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

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 were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community as far as possible within a short stay respite setting.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

Is the service well-led?

The service was well led.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Good ●

Selwyn 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.

This inspection took place on 31 August 2016 and was unannounced. It was carried out by an adult social care inspector.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in November 2013 we did not identify any concerns with the care provided to people.

Selwyn House is a residential centre run by the local authority. It provides accommodation and personal care for up to eight people with learning disabilities. Some of the people staying there also have physical disabilities. Everybody using the service lives there on a temporary basis under an arrangement known as residential short breaks. Most of the people staying at Selwyn House will continue to do so on a regular basis. At the time of the inspection there were four people staying at the home, one person was due to go home and another person arrived in the afternoon for a short stay.

We spoke with four people, and five staff members as well as the registered manager. We looked at records which related to people's individual care and the running of the service. Records seen included two care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People told us they felt safe when they visited Selwyn House. One person gave the thumbs up sign and said, "Yes I am safe here and like coming here." Another person said, "I always feel safe here, safe as houses."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Selwyn House until their DBS check had been received.

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. The registered manager told us in their Provider Information Return (PIR) that safeguarding was part of their regular training, with staff completing an annual questionnaire. Staff confirmed they had all received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One support worker said, "I am 100% positive that anything I thought was not right would be dealt with appropriately and in good time." Another support worker said, "I know I could talk to [registered manager] but I would also say something myself, as we don't tolerate bullying or abusive behaviour towards our customers."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Throughout the inspection people received the support and attention they required to meet their needs and to facilitate activities and trips out. Staff spoken with, and copies of rotas, showed there were consistent levels of staff. The registered manager explained that rotas were planned three to four weeks in advance to meet the needs of the planned admissions. They confirmed staffing levels fluctuated to meet the changing needs of the people staying in the home at the time.

Support plans contained risk assessments which outlined measures in place to enable people to take part in daily activities with minimal risk to themselves and others. For example one person required full support in the community, the risk assessment clearly stated, "Are staff supporting [the person] in the least restrictive way?" There were also specific risk assessments to support people taking part in activities such as going to the cinema or out for a drink with friends.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. There were clear guidelines in place to make sure staff knew how each person liked to take their medicines. For example one person liked their medicines on a spoon with the first spoonful of food at each mealtime. The medicine record clearly stated, "Tell [the person] medicines are on the same spoon as the first mouthful of food."

Some people were prescribed medicines on an 'as required' basis. Staff told us there were clear guidelines for when these medicines should be used. Records showed that these medicines were only given to people in accordance with people's individual protocols. For example one person's record contained a detailed protocol for the use of emergency medicines in the event of a prolonged seizure. The guidance was person centred and followed the NICE (National Institute for Health and Care Excellence) guidelines for, "What to do if a person has a prolonged or repeated seizure."

There were adequate storage facilities for personal medicines and there were suitable arrangements for medicines which needed additional security or required refrigeration. Clear records were kept of all medicines received into the home. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises

The registered manager told us they had introduced a more robust audit for medicines received into the home. All medicines bought in by parents/primary carers were now double checked and signed in to ensure a clear audit trail of medicines received and used during their stay.

To make sure people could be safely evacuated from the building in an emergency situation, personal evacuation plans were in place for everyone. Staff had received training to make sure people who required full physical assistance to mobilise could be safely evacuated if required.

There were service continuity plans in the event of an emergency situation, such as a fire or utilities failures. Maintenance staff and external specialist contractors carried out fire, gas, and electrical safety checks to ensure the environment was safe. The registered manager and senior team also carried out regular health and safety checks. The service had a comprehensive range of health and safety policies and procedures for staff to follow.

People were protected from the risk of infection and there were effective infection control measures in place. There were sufficient supplies of personal protective equipment (PPE) for staff to use, located around the premises. We observed staff wearing protective aprons and gloves when providing personal care and when preparing or handling food.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "I think they know me well enough by now, they are all very good and know what I like." Another person gave the thumbs up sign and said, "Yes very happy, they know what they are doing."

People were supported by staff who had undergone an induction which also included all the organisation's mandatory training. Staff were not allowed to provide personal care until they had completed the induction. One staff member said, "I am due to start my induction soon, in the meantime I am helping with activities, meals and cleaning. I think it is good as I am getting to know people better before doing the personal stuff." All the staff spoken with confirmed they had attended an induction programme. The registered manager confirmed the induction was in line with the Care Certificate. This is a nationally recognised training programme for all staff new to providing care. Records showed the induction included medication training and competency checks, safeguarding vulnerable people as well as an introduction to the organisations policies.

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, manual handling, medication, safeguarding vulnerable adults, health and safety, food hygiene and first aid. Staff confirmed they could also attend further training related to specific needs. For example, some staff had attended training relating to an awareness of living with autism. One staff member explained how they had attended a positive intervention course giving them protocols and strategies to follow when managing challenging behaviours. The registered manager confirmed if they received a referral for a person with specific needs they would source the relevant training for staff.

People were supported by staff who received regular one to one supervisions. This enabled staff to discuss working practices, training needs and to make suggestions about ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. A matrix confirming staff had received supervision and had one to one meetings planned was readily available.

The registered manager told us in the PIR that training in the Mental Capacity Act was planned for all staff. Records showed staff had received training and had been given easy to understand information about the Mental Capacity Act. 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.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One staff member explained how if a person could not communicate verbally they created a profile of likes and

dislikes and talked with the relevant people to make a best interest decision around their care and support. Support plans reflected the person's capacity to make decisions and how best to support them making decisions.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had a good knowledge of the DoLS procedure and appropriate applications had been made by the provider to ensure people's legal rights were protected.

People only received care with their consent. Throughout the inspection we observed staff seeking consent from people before carrying out any task. For example one person wanted to show us their bell they used when wishing to summon assistance from staff. The support worker asked for their permission to go into their room to fetch the bell. Later we observed a support worker explain our role and ask for permission to show us their support plan

Staff told us that they supported people to make choices about their everyday lives using communication methods appropriate to each person. One member of staff told us how they used pictures to help people decide the meal or drink they wanted. They also explained how they had developed picture method cards for cooking, so people could be supported to prepare their own meals.

Most people required assistance with the preparation of food and planning a varied nutritious diet. One person told us how they liked to have a cooked breakfast when they got up in the morning. They liked a lie in and usually got up around ten o'clock. We heard a staff member ask them what they wanted for breakfast. They provided a full cooked breakfast, which the person said was well cooked. Another person's support plan gave clear instructions on the food they liked and could not eat, as well as what they regularly took to the day centre in their lunch box. The registered manager confirmed they discussed likes and dislikes and menu suggestions when they reviewed support plans.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Support plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person gave the thumbs up sign and said, "They are all very nice I like coming here, they are always kind to me." Another person said, "I look forward to coming here the staff are all very very good."

There was a consistent staff team which enabled people to build relationships with the staff who supported them each time they returned to the home. One support worker explained how they worked as a team to support people in a consistent way on each visit. This meant people's experience of their visit to Selwyn House was what they wanted. The impact for people was they were comfortable returning to a home where staff worked with them in the way they preferred. One person said, "I know everybody and they know me. I have been coming here so often."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Support workers supported people to follow interests and hobbies and maintain contact with their local community as far as was possible within a respite setting. For example one person explained that following an outing with their support worker they had met a friend and were planning to meet them at a local pub that evening. Staff supported this person to have their evening meal early so they had eaten before they went out.

Each person had their own room when they stayed at Selwyn House. People who stayed on a regular basis had the same room each time and the room could be personalised to their preference. For example one person always had wallpaper from their home in their room which could be hung up when they arrived. People had their own duvet covers and curtains so the room was theirs, even though they were there for a short time. There was also a choice of communal areas so people could sit in a quieter area if they wished. During the inspection one person was observed to use a quiet area of the home as they did not cope well with a lot of noise and activity. They told us they were happy.

All support workers spoken with confirmed they supported people in a way that respected their privacy. One person asked if they could eat their breakfast in their own room and this was respected. The support worker said, "It depends. [Person's name] sometimes likes to sit in the kitchen, but other times they just want a bit more privacy. Today is one of those days." When we asked to look at some records the support worker explained the person was receiving personal care and they would not disturb them during that routine. They would get the records when they had finished. This meant they respected the persons' right to privacy when receiving personal care. During the inspection we did not observe personal care; however we did observe a relaxed and friendly relationship between people and the support workers. They were very happy and cheerful throughout the day and indicated they were very happy with the staff delivering their care and support.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. A daily diary was maintained which was completed at the home to go to the day centre, and

completed at the day centre for when they returned home. This meant there was a clear record of how they had been during the day. Staff discussed with people how their day had been and if they could make any changes to things that had been done for them. The registered manager explained that they did not hold "house meetings" due to the nature of the respite service; however they spoke with people to discuss their feelings alongside their support plan. They said they tried to involve people in what they wanted to do, and always asked the relevant family member if there had been any changes. They also used customer feedback cards so people could say what they felt and wanted changed. This meant people and their families were kept at the centre of the decisions made around their care and support.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said, "They all know me by now, They know what I am like and what I like and don't like."

Everyone who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. We read two support plans and saw they were very personal to the individual and gave clear information to staff about people's needs and how they made choices. Support plans also contained information about people's preferred daily routines to ensure staff knew about people's preferences. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express an opinion, the staff consulted with their close relatives to gain further information on people's tastes and preferences. We asked one person if they knew about their support plan. They told us, "I have never read it. That is because I can't read. It tells them what I like and don't like, and I can tell them that myself so I don't really need to know what's in it do I?"

Changes to people's support plans were made in response to changes in the person's needs which staff were usually informed about by a family member when they returned to the home. Staff confirmed people's support plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. One staff member said, "There is plenty of information and it is easy to understand. The thing is, some of their needs don't change from one stay with us to the next, but you need to know if they have changed their minds on the way they would like the care and support provided."

Staff wrote daily diaries for each person which enabled them to identify how people had responded to things that had happened that day. These were used as communication books between the home and the day centre, so support was consistent. For example it enabled staff to see what activities people had enjoyed, what they had eaten and how they had responded to the member of staff who had been supporting them. This also helped to build a picture of people's likes and dislikes and any changes to their needs. Where people's needs or preferences had changed, the support plan was updated to reflect the change.

The building had been refurbished since the last inspection in response to the needs of people using the service. The building had only been back in use for four weeks and the registered manager explained how they had a few "teething problems." For example the wrong type of door closure had been installed which meant some doors were too heavy for people to open on their own. One person liked to be very independent moving around the home. The registered manager and staff had responded to this problem by providing them with a remote doorbell they could use to summon staff. We asked the person what they thought of the changes to the home and the bell. They said, "I love Selwyn now, I didn't like the old place. There is more room to move about now. I love the bell as well; I can use it to order them about." Staff were very responsive to the needs of the person throughout the day. One support worker said, "[The person's name] is in his element today and enjoying using the bell."

Initial assessments were carried out with new people who wished to use the service. This enabled them to express their wishes and views. It also allowed the service to decide if they were able to provide the care requested. The registered manager explained how people would be offered the chance to join them for dinner and to spend an evening with them before deciding if the service met their needs. They explained how they had had some people say Selwyn was not for them and they could then direct them to other services which may suit them better. This meant people were supported to maintain control over their decisions.

People were supported to take part in activities and hobbies where possible within a respite setting. One staff member said, "It is difficult to arrange regular planned activities, however we know three to four weeks in advance who may be coming in and we can plan activities around their likes and hobbies." The registered manager explained how they had planned activities around decorating the refurbished home. "It is all very plain at the moment and I want to involve the customers in decorating the home in the way they would like. So when they return there is part of them here. Something they can relate to."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Staff said they would recognise when a person was not happy because they knew them all so well and support plans included triggers to be aware of. One person said, "I haven't any complaints but if I did I would go to my mum or her, [indicating the registered manager]. Another person said, "If I am not happy I know who to talk to but they are all very nice."

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. One staff member said, "I have always worked in a care setting but coming here was the best thing I did. The management and senior staff are really supportive and they really care about how you feel. It is not just the customers they care about."

People told us they found all the staff to be open and approachable. Throughout the inspection we observed people talking with staff and management. They had an easy, relaxed, and cheerful approach and nobody was ignored. One person said, "I think they are all great, I can talk to anyone and it is always down to me what I want and what I like." Staff said they found the registered manager easy to approach and talk to. One staff member said, "They really listen and take in what you are suggesting, never ignore you, and will take on board suggestions for change and improvement."

The registered manager's philosophy for the way they saw the support they provided was to ensure people's lives were, "Enriched and better, providing a person centred environment where they can be relaxed, open, honest and happy. This is only achieved if it is customer focused throughout." This was reflected in the way staff spoke about enabling people to do what they wanted and when they wanted to. The registered manager's philosophy was reflected in team meetings and the day to day running of the home. For example staff had signed up to an equality and diversity statement which said, "The staff at Selwyn House agree to uphold the following culture. To foster an open, honest, supportive and respectful environment. An environment where it is comfortable to discuss or disagree with other people's points of view in a respectful manner." This statement was clearly displayed for all to see. This meant people could be reassured their points of view would be listened to.

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals. The registered manager had introduced a quality assurance questionnaire for family members, however they had said they didn't want audits carried out as frequently as planned so these had been changed to every six months. They had also planned to introduce parent meetings and coffee mornings when parents could chat with staff and other parent carers, and have an input into any future improvements. The suggestions for improvements were going to be raised in the next quality assurance questionnaire sent to family members asking for their thoughts on the proposed changes.

The registered manager explained how they had plans for further development and improvement in the service provided. They said they wanted to fill some of the gaps within the service overall by providing other elements of support for the community. These included ideas such as a short visit service of two to three hours so family members could go out and have a break, and providing an evening service, when people could come to dinner after work or the day centre before going home. The registered manager had also looked at how they could support people who liked to work in the gardens to continue to do so during their stay, and a sensory garden was planned. This showed the registered manager listened to what people said and there were ongoing plans for further improvement at Selwyn House.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager or senior support workers to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which the manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.