

S.E.L.F. (North East) Limited

# S E L F Limited - 15 Park View

## Inspection report

15 Park View  
Hetton-le-Hole  
Houghton Le Spring  
Tyne and Wear  
DH5 9JH

Tel: 01915208570

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23 April 2019

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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: S E L F Limited - 15 Park View is a care home and provides accommodation and support for up to eight people living with a learning disability. There were seven people living at the service when we visited.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People's experience of using this service: People told us they were happy and felt safe living at 15 Park View. The service had made improvements around the way it dealt with safeguarding concerns. Risks to people's well-being were recorded and updated when their circumstances changed. Changes had also been made to the provider's auditing systems. Whilst audits were basic, we found them to be effective.

People received support to take their medicines safely. Sufficient staff were deployed to enable people to go out and access the community when they chose to. The provider ensured staff employed were suitable with the right skills and experience to support people living at the service. Training was designed around people's needs.

Health and safety checks were regularly conducted to make sure people lived in a safe environment. Staff were supported by a well established management team who had a clear vision for the service which placed the needs of people first. Staff told us they were proud to work at the service.

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

People were complimentary about their staff and the positive relationships they had with them. We observed many positive interactions between people and staff. Staff clearly knew people well and were knowledgeable about people's life histories, family structures, preferences and, care and support needs. We observed staff seek permission before supporting people.

Care plans provided guidance for staff to follow to support people in accordance with their preferences and wishes. Healthcare professionals were regularly involved in supporting people to develop care plans and setting goals. People had access to health care professionals when required and supported with any ongoing care and support needs.

Information throughout the service was available in an appropriate format for people to understand the care and support they received. People were supported to take part in activities and interests they enjoyed. The service also supported people to develop life skills, literacy and numeracy.

The service actively sought feedback from people, relatives, healthcare professionals and staff.

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

Rating at last inspection: Requires improvement with breaches in regulation 12 and regulation 17 (report published on 22 May 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

## 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.

# S E L F Limited - 15 Park View

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: S E L F Limited - 15 Park View is a care home. People in care homes receive accommodation and nursing or personal care. 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 the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure people and staff would be in.

What we did: Before the inspection we used information about the service to plan. We reviewed notifications sent us to us about certain incidents that had occurred that the provider must tell us about. We contacted the local authority commissioning and safeguarding teams to see if they had any concerns about the service.

The registered manager had completed a Provider Information Return (PIR). The PIR 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 care records of two people, a sample of medicines records and other records related to the management of the service. We spoke with four people using the service. We also spoke with the registered manager, manager, deputy manager, three staff members and two healthcare professionals.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person said, "They look after me really well."
- The provider had improved their safeguarding procedures. Concerns were fully investigated and when required referrals were made to the appropriate agencies.
- Staff had completed safeguarding training and understood how to recognise and protect people from abuse.

Assessing risk, safety monitoring and management.

- Health and safety checks were carried out to ensure people had a safe environment.
- Personal Emergency Evacuation Plans were in place to help evacuate people safely in an emergency. Records showed people regularly took part in fire drills.
- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. The service promoted positive risk taking without applying restrictions on people. One healthcare professional told us, "Staff actively promote positive risk taking."
- Care plans were in place to guide staff when people displayed distressed behaviours. Staff knew people well and were able to pre-empt such situations.

Staffing and recruitment.

- Staffing levels were determined by the number of people using the service and their needs. The registered manager regularly reviewed the staffing levels and ensured additional staff were available to support people on activities in the community or attending medical appointments.
- An effective recruitment process was followed to ensure suitable staff were employed.

Using medicines safely.

- Medicines records were completed and accurate. These showed people received the medicines they needed at the correct times.
- Staff were aware of STOMP, a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour. One staff member told us, "People have yearly medicines reviews. We don't over medicate people here."
- Two staff members administered medicines to reduce the chance of errors and audits were conducted monthly.

Preventing and controlling infection.

- Whilst the service was clean and tidy, some areas were tired and needed a refresh of paint. The registered manager had an action plan in place to address the matter.
- Staff supported people to maintain the cleanliness throughout the service.

Learning lessons when things go wrong.

- Accidents and incidents were collated with action taken following incidents to keep people safe.
- The provider did not monitor safeguarding concerns and accidents and incidents for trends or patterns for lessons learnt. The registered manager advised they would add this to the monthly audit.



# 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.

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.

- Before people moved to the service a full pre-assessment was conducted to ensure the service could meet the needs of the person. The pre-assessments did not ask questions to support all the protected characteristics of the Equality Act. The registered manager advised they would address the matter.
- Care plans were developed for each identified care need people had and staff had guidance on how to meet those needs.

Staff support: induction, training, skills and experience.

- Training, supervision and appraisals were up to date. Staff told us they felt well supported. One staff member told us, "I am very well supported. The training is good and we can ask to do more if we want."
- A training schedule was in place for the year ahead and additional training was incorporated within staff meetings.
- Staff were supportive of each other and worked well together. One staff member said, "We all have different experiences and skills but work well together."

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

- Each day a person took responsibility to prepare the meals for everyone. People were encouraged to be involved in planning the weekly menu and taking part in food shopping. The registered manager told us people purchased food from small local shops in the area and had developed good relationships with the shop keepers.
- Staff promoted a healthy, balanced diet and most meals were homemade at the service.
- Care plans outlined people's preferences.

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

- Staff supported people to attend health care appointments when appropriate.
- Records showed regular health care professional involvement in supporting people with their physical and mental health needs.
- One healthcare professional told us staff were responsive to changes in people's needs and were quick to contact them. They also said staff were knowledgeable about people's care and support needs.

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

- People had access to large communal rooms and quiet rooms for people when they were experiencing anxiety or distress.
- The dining room had tables positioned as people preferred to take their meals.

- People were supported to personalise their rooms to their own tastes and preferences. One person told us how they had saved their money to buy items for their room.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager monitored DoLS applications to ensure they were submitted on time.
- Staff had completed MCA training. We observed staff sought permission before supporting people.
- Staff had good understanding of people's communication needs and were observed supporting people throughout the inspection to make day to day decisions and choices.

# 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.

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

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

- People told us they were happy.
- Staff were attentive to people's needs and actively encouraged people in positive risk taking so people could experience new things and develop.
- One healthcare professional remarked on the caring nature of staff.
- People appeared happy in the company of staff. We observed many positive interactions between staff and people living at the service.
- Staff were knowledgeable about people's life histories, care needs, likes and dislikes. They were aware of people's preferred communication and non-verbal signs of communication.
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination. One person was sensitively supported in their developing sexuality.

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

- The provider complied with the Accessible Information Standard and information was available to people in various formats to aid their understanding.
- People were supported to express their choices and make decisions.
- People took an active part in the service. Meetings were regularly held to discuss the running of the service including meal choices and activities.
- No one was using an advocate at the time of inspection. The registered manager told us that most people had relatives who advocated on behalf of people if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect.
- Staff encouraged people to be as independent as they wanted to be. Care plans outlined what people could do for themselves and guided staff to help the person keep and enhance their skills.
- Staff were sensitive to people's needs and supported at a distance allowing people privacy.
- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans were personalised and were written in an easy read format with photographs of the person.
- Care plans covered people's histories, preferences, health and mental health care needs. They outlined how the person wished to be supported and gave clear directions for staff to follow.
- Guidance from healthcare professionals was adopted in to support plans.
- People told us they could choose when they got up and went to bed and how they spent their day.
- Activities were designed around people's interests. Each person had an activity planner which outlined what the person had planned for the week ahead.
- The provider had its own farm and stables. One person proudly showed us the certificates they had obtained following work experience at the farm.
- Staff supported people to maintain relationships important to them. People were supported on visits to their families. One person told us about their friendship with an elderly neighbour and how they invited them for Christmas dinner at the service.

Improving care quality in response to complaints or concerns.

- Information about the complaints procedure was available in various formats, such as easy read and pictorial.
- The provider conducted an investigation and provided written feedback to complaints received.

End of life care and support.

- The service was not providing any end of life support at the time of our inspection. A staff member told us how one person had recently lost a family member and the service were supporting the person to understand and cope with the loss.

# 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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing personalised care.
- The provider and staff were focused on ensuring people achieved their set goals.
- The staff team had worked together for a number of years and had developed a real comradery.
- Staff praised the support they received from the management team. One staff member told us, "[The registered manager] is amazing and [manager] is too, they listen to us."

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

- The management team were clear about their roles and responsibilities and led the service well. Staff spoke positively about their roles and were enthusiastic about ensuring people received great care and support.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.

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

- People, relatives, staff and healthcare professionals were asked to provide yearly feedback about the service. Whilst the service responded to individual feedback they did not collate the information to support in improving the service.
- Regular resident's meetings took place and people were constantly asked for feedback on all aspects of the service.
- Staff meetings were held regularly. Staff told us they were listened to and it was a good place to work.

Continuous learning and improving care.

- The provider had a quality assurance system to review areas of the service and to drive improvement. The audits completed were basic but effective. The provider had begun to make changes to the format to include additional areas.
- There was a comprehensive programme of staff training to ensure staff were skilled and competent.

Working in partnership with others.

- The service worked well with external health and social care professionals. The registered manager told us that they were able to phone and ask for advice or to come out to see a person because they had built a positive working relationships and this resulted in better outcomes for the person.
- Annual reviews involving people and other important people in their lives were held. This gave an opportunity to evaluate the previous year and set new goals for the year ahead.