

Selborne Care Limited

Selborne Mews

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Selborne Mews is a care home and accommodates up to 20 people with learning disabilities. Some people living at the service were also diagnosed with mental health conditions and had complex support needs.

At the time of our inspection 13 people were living at the service.

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

At our last inspection we found care and treatment was not always provided in a safe way. There was also a lack of provider oversight which meant risks to people's safety had not always been identified and responded to appropriately.

At this inspection we found that improvements had been made and the breach of safe care and treatment had been met. Improvements had been made to the providers monitoring of the service, but further embedding of the systems and oversight were needed.

Improvements had been made to the physical standards of the service and some further work was needed and the provider had plans in place for this.

Staff understood what action to take if they suspected somebody was being harmed or abused. Incidents and accidents were monitored for future learning. Staff knew people's needs.

There was enough staff on duty to meet people's needs and recruitment processes were in place to safely recruit staff. Vacant posts were being recruited to and contingency plans were in place should these be needed.

People received their medicines when needed. We saw kind interactions with people. Staff felt supported by the interim manager and told us improvements had been made since our last inspection of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The service was a large home, bigger than most domestic style properties. However the size of the service having a negative impact on people was mitigated in part by people being provided with individual living accommodation. Some people had been supported to move to a different flat. This had been significant for some people because their new living environment was more suited to their needs, for example it provided a quieter living environment. The use of technology was being

introduced for some people to support their communication needs. Reviews of people's needs were also taking place to determine their future plans

The last rating for this service was inadequate (published July 2021).
The service has improved to requires improvement.

Why we inspected

At our last inspection we found a breach of safe care and treatment and also a breach of the providers quality monitoring systems. We imposed a condition which meant the provider was required to tell us each month about the improvements they were making at the service. This inspection took place so we could monitor the improvements the provider told us they had made.

We looked at the safe and well led key questions only. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to requires improvement. This means the service will no longer be in special measures.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

Enforcement We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a repeated breach regarding good governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Selborne Mews on our website at www.cqc.org.uk.

Follow up

We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Selborne Mews

Detailed findings

Background to this 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Selborne Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is required to have a registered manager. However, there was no manager registered with the Care Quality Commission at the time of our inspection. The service had a peripatetic manager who we refer to in this report as the interim manager. The provider told us a new manager has been appointed but they had not yet commenced their role when we inspected. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We did not ask the provider to complete an 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 this information to plan our inspection.

During the inspection

We spoke with seven staff, including care staff, team leaders and the interim manager. We met eight people, observed their care and sought their views. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

After the inspection

We spoke with two relatives and we looked at further records and continued to seek clarification from the interim manager to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to mitigate risks to people's health and welfare. There was a breach of Regulation 12 (Safe care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Our last inspection identified that risks to people were not always identified, assessed and well managed. Care and treatment was not always provided in a safe way. At this inspection we found improvements had been made.
- Risks to people were identified with assessments and care plans in place to inform staff on how to support people to stay safe.
- One person's care plan needed some additional information about how staff were supporting the person to move safely. Staff knew how to support the person and the interim manager updated the care records at the time of our inspection.
- People's health needs were being monitored and staff we spoke with knew people's needs and how to keep people safe.
- Potential risks to people's safety in their environment had been removed. For example, the use of portable heaters had ceased, and items were safely stored where there was a known risk.
- The fire risk assessment identified some areas that required attention including replacement of fire doors, some door guards were not operational, a fire escape route via a store area required review and key staff needed fire extinguisher training. Following our inspection we received timescales for all outstanding actions.

Preventing and controlling infection

- Our last inspection identified we were not assured in some areas of infection prevention and control. This included the layout and hygiene of the service, not assessing the safe use of PPE and not managing outbreaks safely. In addition, although the providers policy had been kept up to date the person in charge at the time was not following and disseminating information effectively regarding good IPC practice.
- At this inspection improvements had been made including significant improvements to the environment. However, further improvements were needed.
- We were somewhat assured that visitors were prevented from catching and spreading infection. We were not informed immediately on arrival at the service that some staff had tested COVID-19 positive, although we were informed shortly after by a senior staff member.
- We were somewhat assured that adequate access and take up of testing for staff and people using the

service. One person's temperature was high however staff had not escalate the concern or taken steps to carry out a COVID-19 test. The person lived in their own apartment, so the delay had not impacted anyone. The test was completed when we highlighted the concern.

- We were somewhat assured that the layout of premises, use of space and hygiene promote safety. Although many improvements had been made to the premises and cleanliness standards since our last inspection, there was still ongoing work taking place to improve the environment. For example, some kitchen cupboard in individual flats required replacement and the laundry required refurbishment. The provider had identified this, and work was scheduled to take place. We also saw one stained carpet and debris under the cushions of one person's chair and these were addressed on the day.
 - We were assured people were supported to use and access their environment safely.
 - We were assured people were admitted to the service safely.
 - We were assured the service used PPE effectively to safeguard staff and people using the service.
 - We were assured staff training, practices and deployment show the service can prevent transmission or manage outbreaks.
 - We were assured the IPC was up to date and implemented effectively to prevent and control infection.
- Following our inspection the provider told us building works would be completed by the end of February 2022.

Using medicines safely

- The local authority had requested a medicines audit and a number of areas required improvement. The interim manager had taken action on the areas that required improvement.
- Only staff who had received medicine training and medicine competency checks could manage and administer medicines.
- Checks were made regularly to ensure medicines were documented clearly and accurately on the medicine administration (MAR) sheets. A few discrepancies had occurred, one on the day of our inspection and one a few days before. During the inspection the interim manager made changes to the oversight checks on people's medicine to mitigate the risk of reoccurrence.

Staffing and recruitment

- The interim manager advised there was a high number of care staff vacancies resulting in a reliance on agency staff. They advised us they were focused on addressing the vacant posts to improve staffing stability and continuity of care for people.
- The recruitment process ensured staff were suitable for their roles by conducting relevant pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] checks.
- Staff were available to respond to people's needs and staff told us there was enough staff on shift to provide safe care. One person told us, "The staff are good, they are here to help me when I need help."
- There was a staffing contingency plan in place and the interim manager was able to talk through how this would be implemented should the need arise.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and showed an understanding of safeguarding procedures.
- One person told us, "I am very happy living here, things are going well and I feel safe."
- A relative told us, "I am very happy with [person's name] care. They [staff] are very quick to let me know things, if they were unwell or if anything happened that I needed to know about."
- Following our last inspection there was an increase in safeguarding incidents at the service. This indicated an increased awareness by staff in identifying safeguarding concerns and raising them with the local authority.
- Staff told us the interim manager had created an open and transparent culture at the service and staff were

encouraged to speak out if they had any concerns. A staff member told us, "The manager is really good and, you are encouraged to speak out and I am completely confident that [the manager] will deal with any concerns appropriately."

- The interim manager showed good oversight of safeguarding processes and had raised concerns appropriately with the local authority and CQC.

Lessons Learnt

- There were systems in place to record, investigate and learn from incidents and accidents in the home.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider's systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made at this inspection further improvement and embedding of systems were needed. The provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection in May 2021 we found the quality monitoring systems in place were not effective. The systems failed to identify the concerns we found. Systems in place to identify and take action on risks to people were ineffective. At this inspection we found many improvements had been made, however further improvements and embedding of systems were still needed.
- The providers own systems had identified that further improvements were needed to the environment. Some plans were in place to make the required improvements but timescales for these improvements were not clear. In addition, we identified some additional concerns that were not part of the providers improvement plan. For example, one person's bed base was broken and there was a strong malodour in two people's bathrooms.
- IPC audits had taken place and improvements made. However, some areas were only somewhat assured and further improvements were needed. For example, the provider had a system in place for monitoring people's temperatures as an early sign of possible COVID-19. However, when a person's temperature was identified as high staff failed to escalate or take the relevant steps to explore the concern further. There were also some areas of the service where improved cleaning was needed.
- A workplace fire risk assessment had been completed and actions identified. Most actions had been completed. However, some remained outstanding including, fire extinguisher training and fire door repairs.
- Checks and audits carried out by the team leader role were not always effective. For example, it was their responsibility to ensure that medicines had been given as prescribed. We saw that two errors in ten days had been made for the same person and checks on documentation had failed to identify this.

Systems in place to monitor and improve the quality of the service were not always effective. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

- It is a regulatory requirement the service has a manager registered with CQC. The intention of this regulation is to ensure that people who use services have their needs met because the regulated activity is managed by an appropriate person. The provider told us the managers post had been appointed to and they would be commencing their role in February 2022.
- There was an interim manager in place who had clearly been instrumental in driving the significant improvements that had been made at the service since our last inspection. During and after the site visit, requests for information and additional documents were made to the interim manager, who co-operated and provided all information we requested. We also received clarification and completion dates for outstanding fire risk assessment work and outstanding building repair and refurbishment work.
- The interim manager told us during the inspection the audits and checks completed by the team leaders would be strengthened. This should ensure more effective oversight of the day to day running of the service. Additional training and support was also to be provided to the Team Leaders.
- Following our last inspection, we imposed a condition on the providers registration and requested that the provider told us each month how they were using their quality monitoring systems to drive improvement in the service. The provider had complied with the condition and we received a report each month detailing the improvements that had been made.
- The provider completed a root cause analysis following our last inspection and identified where their own systems failed to identify shortfalls and failed to pick up on risk indicators at the service. The interim manager talked through the weekly and monthly meetings in place with senior managers where information was shared about the service to ensure effective oversight.

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

- The quality of experience for people living at the service had been improved. For example, some people had been supported to move to a different flat and this had been significant for some people. (lower stimulus, less noise). Also, some work around communication systems for some people was about to commence, with the use of technology.
- Further improvements were needed. For example, for one person there was a lack of daily opportunities. The interim manager advised this would be looked at. They told us reviews for people were also taking place.
- People who could tell us told us they were happy living at the service. One person told us, "I love it here I am doing well." Another person said, "They [manager] understands me and listens to me."
- A relative said, "I am very happy with [person's name] care, they have done a lot of work to the home its looking a lot nicer." Another relative said, "The staff are very nice and the manager [interim manager's name] seems very good and is easy to talk to."
- All the staff we spoke with were positive about the interim manager. Staff told us that things had really improved at the service. One staff member said, "[Managers name] is the best manager I have ever had. Another staff member said, "They [manager] is focused on the people living at the service and wants things to be good for them. They [manager] also really supports the staff and wants us to do a good job."
- We saw staff and the interim manager took time to listen to people. Staff spoke in a caring and kind way about the people they supported and had a good understanding of their needs.

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 interim manager understood their responsibilities with regard to duty of candour. A duty of candour incident is where an unexpected or unintended incident occurs which results in the death of a person using

the service, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and must apologise for the incident.

- The interim manager understood their responsibility to tell CQC of important events and incidents.

Working in partnership with others

- The interim manager had engaged with commissioners and sorted support from the local authority and health care professionals.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems were not always effective

The enforcement action we took:

Imposed a condition at last inspection this will remain in place