

Selborne Care Limited

21a Station Avenue

Inspection report

21A Station Avenue
Coventry
West Midlands
CV4 9HR

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18 October 2016

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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

The inspection took place on 18 October 2016 and was unannounced.

Selborne Care Limited is a large provider of care services. 21a Station Avenue provides accommodation, personal care and support for up to three people who can be people with learning disabilities, mental health needs or younger adults. There were three younger adults with mental health needs living at the home on the day of our inspection visit.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Staff followed policies and procedures so that they were aware of how to respond to any safeguarding concerns they identified. Risks associated with people's care had been assessed in order to keep people safe. Staff were trained to manage risks that could present a risk of harm or injury to people or others.

The number of staff on duty had been arranged in accordance with the support needs of people at the home. People told us they received the support they needed and we saw there were sufficient staff on duty to meet people's needs.

People were supported with the administration of their prescribed medicines. Staff had completed training in the safe handling, administering and recording of people's medicines to make sure this was done in accordance with safe practice.

People had been involved in planning their care and in decisions about how their support should be provided. Each person had a care plan that staff used to support them in accordance with their needs and preferences.

Staff had completed training on an ongoing basis to refresh their skills and knowledge to carry out their role effectively. New staff commenced induction training to provide them with the essential skills and knowledge to support people safely. Staff had regular supervision meetings with the registered manager where any training needs and issues relating to their role were discussed.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Health care professionals were involved in people's care and support and regular reviews of people's care were undertaken to ensure the care provided continued to meet people's needs.

People were involved in menu planning and had choices about the food and drink provided. People were involved in decisions about how they spent their day and staff were available to support them in their preferred activity whether this be in or outside of the home. We saw people enjoying activities of their choice during our visit.

Staff knew about people's individual needs and preferences and how to support them so that they did not become anxious. Staff promoted people's independence whenever possible, and were kind and respectful towards people. People had regular meetings with staff so that they could talk about activities they would like to do and any issues relating to their day to day care they might have.

Staff told us they felt supported by the registered manager and by each other and were positive in their comments of working at the home. Staff were given opportunities to make suggestions about how the service was run during meetings with the registered manager.

The provider carried out regular quality checks to make sure the environment was safe for people and people received care and support that was person centred and responsive to their needs. People told us they felt they could raise concerns or complaints with the registered manager if they needed to and knew the registered manager's contact details so they could contact them at any time.

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 felt safe and staff knew about occasions when they might not feel safe. People were protected from the risk of abuse and staff knew what to do if they suspected abuse. Staff knew about risks associated with people's care and how to manage these to keep people safe. There were sufficient numbers of staff to support people and recruitment checks carried out prior to staff starting ensured they were suitable to work with people. Medicines were stored and administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff completed training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions independently, their rights were protected. Important decisions were made in their 'best interests' in consultation with health professionals. People received food and drinks in accordance with their choice and were encouraged with healthy options where appropriate.

Is the service caring?

Good ●

The service was caring.

People described staff as "kind" and we saw people were comfortable in their company. Staff supported people to be as independent as possible and treated people with dignity and respect. People were supported to maintain relationships important to them.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in activities of their choice and follow their interests. Care plans supported staff with information they needed to respond to people's physical and emotional needs. People were involved in reviewing their care

plans and participated in decisions about planned changes to their support or care.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their views and give feedback on the quality of the care and service they received. Staff were positive about working for the provider and felt supported by the registered manager. The provider carried out a series of audit checks to ensure the quality of care and services provided was maintained.

21a Station Avenue

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.

The inspection took place on 18 October 2016 and was unannounced. The inspection was carried out by one inspector.

We spoke with the three people who lived in the home and spent time observing how they were cared for and how staff interacted with them so that we could get a view of the care they received. We also spoke with one relative. We spoke with three care staff on duty and the registered manager.

We looked at information received from statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. There was no information of concern reported.

We looked at the provider information return (PIR) forwarded to us prior to our inspection visit. 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 reviewed two people's care records to identify their needs and how they were being supported by staff. We looked at records of checks carried out by the registered manager and provider to assure themselves the environment was safe and that a quality service was provided to people.

Is the service safe?

Our findings

People felt at ease with staff which helped them to feel safe living at 21a Station Avenue. Staff knew about people's physical and mental health needs to help keep people safe. A relative spoken with told us they felt their family member was safe because staff understood the person's needs. They told us, "The staff I have met are amazing."

Staff understood their responsibilities to protect people from harm. They told us they had received training in protecting people from the risk of abuse and understood their role in ensuring the safety of the people who lived in the home. One staff member told us, "I have done safeguarding training in regards to their (people) protection to make sure there is no form of verbal or physical abuse." Staff told us they would report any concerns to the registered manager to ensure any risks to people were managed.

The registered manager confirmed staff knew what procedures to follow in the event of any allegation of abuse. They told us, "They (staff) would ring me, they would not question, they would say this has happened and I would come in. I would say if an allegation has been made I would have to report it (to the local authority)." The registered manager told us there had been no serious concerns received or reported to them at the home.

Staff were able to clearly describe risks associated with each person's care and the actions they took to minimise them. For example, when people were in low mood, this sometimes had a negative impact on how they behaved. Staff were aware of this and what they needed to do to support people to minimise the risk of this happening. Care plans contained instructions for staff to follow to help ensure people experienced a consistent approach by staff in managing risks. One staff member explained about how the risk of people going out independently and unannounced was managed. This included the completion of risk assessments which identified in what circumstances people may be at risk. The staff member told us that following an assessment of risks, a decision had been made to fit an 'alarm' bell on the front door so they knew when people were going out. People were aware of this bell and knew this alerted staff to them leaving the home. This enabled staff to respond to occasions when people left the house with no explanation to check this was not an indication the person may be anxious and in need of support.

People felt there were enough staff available to meet their needs to keep them safe. People were positive in their comments of the staff. One person told us, "Staff are really good, I am really happy." Staff confirmed there were sufficient staff available to provide support to people both inside and outside of the home. We saw staff were not rushed and had time to spend with people. Staff were always available in the communal areas so they could identify any potential concerns that may arise and ensure people's safety.

Staff told us when they were recruited they went through an induction process and commenced training to prepare them for their role. They said they were not allowed to start work until their recruitment checks had been completed. The provider carried out police checks and obtained appropriate references to ensure staff were safe to work with people who lived in the home. Records showed that staff were recruited safely,

which minimised risks to people's safety and welfare.

Medicines were stored safely and securely and people had their medicines administered by a trained staff member as prescribed. Each person had a Medication Administration Record (MAR) which showed medicines taken or reasons why the person had not taken them. We noted that the codes used on the MAR's were not defined so that it was clear what they meant. However, there were supporting notes seen in a medicine folder that explained reasons why a medicine was not taken.

Where people had been prescribed medicines to be given PRN (as required) there was a PRN protocol stating how the medicine should be managed to make sure these were managed safely. For example, those medicines prescribed to manage people's anxiety, which if not given, could lead to behaviours that may challenge themselves and others. One person told us, "I do have medication which calms me down." This demonstrated the person had been made aware of what the medicine was for to help them choose if they wanted to take it. We noted that one person had a PRN protocol for a medicine they no longer took. This was discussed with the registered manager who advised she would speak with staff about updating the records.

The provider had taken measures to minimise the impact of unexpected events such as fire risks in that people had individual evacuation plans on their files. This was so it was clear to staff and the emergency services how people would need to be supported in the event of an emergency.

Is the service effective?

Our findings

People told us they felt staff had the skills required to meet their needs. We found from speaking with staff that people had complex health conditions that meant sometimes they became anxious and displayed behaviours that could present a risk to themselves or others. People were fully aware of how their behaviours impacted on them and others and told us how staff and the registered manager supported them. One person told us, "[Registered manager] knows when something is not right; she will say 'What about a compromise? She is very fair.'" Another told us, "They know how to cheer me up."

Staff told us they had received training and through working with people understood how to respond to their needs. The Provider Information Return (PIR) received prior to our inspection stated, "The induction process covers all general aspects of the work role, including direct observations combined with shadow shifts working alongside an experienced member of the team." We found this to be the case. Newly recruited staff completed the 'Care Certificate' training. The Care Certificate helps new staff members to develop and demonstrate they have the key skills they need to provide quality care. Staff spoken with said the induction/Care Certificate training was effective and provided them with the necessary knowledge and skills to carry out their role. One staff member told us, "It was enough to equip me with what I needed, to do the job." Another told us, "I did a shadow shift and watched staff, what they were doing and what time they did it such as giving out medicine and giving breakfast." Training records showed staff were subject to competency checks to demonstrate their knowledge and understanding of the training they had completed.

All staff were required to complete ongoing training to refresh their skills and knowledge. The PIR told us staff completed a range of training that included first aid, management of violence and aggression, and record keeping. Training records confirmed staff received training relevant to the needs of people using the service. Staff told us they found the training effective in meeting their learning needs. Our observations throughout the day showed staff knew how to support people safely and appropriately.

The provider encouraged staff to gain nationally recognised qualifications in health and social care to further support their practice within the home such as National Vocational Qualification (NVQ) in care.

Staff told us they had attended supervision meetings with the registered manager to discuss their role, if they were working effectively, and any training needs. One staff member told us, "We get meetings every month where we discuss everything and about how we feel." The staff member told us they felt these meetings were helpful and said the registered manager was effective in addressing any areas for action discussed and agreed. The registered manager confirmed staff supervision meetings took place. They commented, "I try and do them every month. We discuss issues of concern, how they are, previous supervision actions." Records were kept of staff supervision meetings to confirm issues discussed and actions agreed to help support the continuous improvement of the service.

We asked the registered manager about compliance of the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to comply with the requirements of the MCA and the need to ensure staff worked in a person centred way, promoted independence and provided support in the least restrictive way. The registered manager told us care plans were regularly reviewed with people to ensure they consented to any changes in the way their care was provided. We saw that people had signed their care plans to show they agreed with them.

Staff had received training in the MCA and worked within the principles of the Act. Staff understood the importance of supporting people to make as many decisions of their own as they were able to. One person told us they felt their independence was supported and they were not restricted from doing things they wanted to do. Another person said, "We all get treated fairly" demonstrating staff understood the importance of listening and respecting people's wishes.

We saw when people wanted to make decisions that were potentially unwise decisions, staff explained the consequences of these to help people make informed decisions. For example, one person said they were going to buy something but staff knew they already had the item they wanted to buy. The person believed however it had been lost. Staff explained they might find the item and should wait so that they did not spend their money unnecessarily.

The MCA and Deprivations of Liberty Safeguards (DoLS) require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. At the time of our inspection, people who lived at the service had capacity so applications were not required.

People had access to food and drinks throughout the day and had varied meals in accordance with their choice. We observed at lunchtime that staff engaged people in preparing their lunch which they responded to positively. This included staff talking with people about how to cook eggs. Menus were planned each week based on a selection of meals people liked and had chosen. Sometimes people chose to eat out. One person told us, "I eat out a lot; I am trying to reduce how much I am eating out." They went on to explain this was because they did not feel the food was always healthy for them. Where there were risks associated with people's nutritional health, the advice of health professionals had been sought and staff told us they encouraged people to eat healthily.

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical wellbeing. People had been involved in the decisions made when the plans were developed and had agreed with the care planned for them. The plans helped people to feel reassured they could access health professionals when they needed to. People were aware staff worked with health professionals to make sure they received the support they needed. One person told us, "I think the doctors have the say on what goes.it's kind of the managers that speak to the doctors to see what's in my best interests." Staff were able to explain advice given by health professionals and tell us what they did to ensure the advice was followed. The registered manager told us any health appointments that came in the post for people were recorded in the home diary to make sure staff were aware of them. We saw appointments in the diary to confirm appointments made so that people could be supported as necessary.

Is the service caring?

Our findings

People were positive about the staff and told us they were kind to them. One person told us, "They listen to you when you are upset or down. Staff here have been very good." Another told us, "[Registered manager] is very helpful and caring and staff are very caring and help us."

The Provider Information Return sent to us prior to our inspection explained how the provider ensured a caring service was provided at the home. It stated, "We ensure our approach to all individuals (staff included) is supportive, caring and compassionate. We encourage individuals ... to take responsibility for their actions where it is safe and within their capabilities. Each support plan is person centred, realistic, achievable and promotes dignity and respect." We found this to be the case.

We observed staff were caring in their interactions with people and supported them in a patient and reassuring way. Staff knew the people they cared for well and knew their likes and dislikes so they could support them in ways they preferred. We observed staff greeted people in the morning as they got up. They did this in a cheery and upbeat way and encouraged people to join them in the communal areas for a "chat" and breakfast when they were ready.

Staff told us they thought the home provided a caring and supportive environment for people. They explained this was helped by their knowledge of people and their understanding of what could trigger their anxieties and how to avoid these. One staff member told us, "I think the best quality you need for this job is compassion. If you don't have that, problems could arise. Person centred care is very important, and that it is geared towards their (people's) needs and their issues and personality." This demonstrated staff understood the importance of person centred care.

People were supported to maintain relationships with those who were important to them and there were no restrictions in regards to times of visiting. Staff told us they involved people as much as possible in making daily choices and decisions about their day to day lives and we saw this happened. For example, one person made a decision to go out for the day independently and when they came back they spent time with staff telling them about their day. The person clearly enjoyed explaining where they had been and staff took the time to listen and engage with them.

One person explained how they had been involved in choices about decorating their room including choosing the colour scheme. We saw their room had been decorated in the colour of their choice and had been personalised to make it homely.

The registered manager told us about their expectations of staff and how they worked effectively as a team to support people. They commented, "We are very equal in respect of how we engage with each other. We are open with each other. If someone does something that makes someone cross they will say, "don't do that"."

We asked the registered manager how staff knew about dignity and respect and how to treat people. They

told us, "They (staff) do it as part of the training and induction. When we interview, it is something that naturally runs through people. It is very easily picked up." Staff understood the importance of maintaining people's privacy and dignity and we observed they were respectful when engaging with people. People were able to lock their rooms for privacy and we saw staff asked permission before entering people's rooms.

Confidentiality was well maintained in that information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

People received care that met their needs and staff knew about their individual choices and preferences in regards to their care. People were encouraged to participate in activities both inside and outside of the home in accordance with their wishes. One person told us, "I went on the canal boat. I have been to different places." Another told us, "You can go out when you want; I can go out on my own." On the day of our visit two people chose to stay within the home and one person decided to go out.

People had been involved in decisions about their care and accepted there were elements of their care where they needed support. One person told us, "[Registered manager] does my care plan with me. I have severe mental health problems if things don't go right." Another said, "I do get frustrated when I give up things (with their agreement). Staff work hard for me to move forward."

During our visit we saw staff adjusted the way they responded to people in accordance with how people were feeling. For example, we were told one person liked to be calm and quiet when they got up in the morning but as the morning progressed they would usually be more talkative and responsive. We saw staff supported this person's wishes by greeting them in the morning but not engaging them in conversation until later in the morning. This person told us they were happy at the home with the care and support they received.

We saw photographs displayed around the home that showed people smiling and enjoying themselves with others on outings. People told us in addition to the canal boat trip, they had done quad biking which they had enjoyed.

Each person had a care plan which had been developed with their involvement to help ensure they received care and support from staff in accordance with their preferences and met their needs. One person told us, "They read the care plan to you and tell you what has been updated and you sign it to agree." Another told us, "They do let you do what you want, I have a care plan to stick to."

Care plans included information on maintaining people's health, their preferred daily routines and their interests and hobbies. Care plans were detailed and provided staff with the information they needed on how to support people.

One care plan showed the person's interests were listening to music and computer games. Through conversation with the person, we identified these interests were being maintained. The registered manager was aware of people's wishes to increase their independence within the community and there were plans in place to support people with their goals in relation to this.

People knew who to approach if they had a concern they wanted to share. People spoke highly of the registered manager and told us they felt confident to approach them with any worries they had. One person told us, "If I have a problem I go to [Registered Manager]." Another person told us, "Since I have been here, staff have been very helpful and when there has been a problem, staff have been very good at sorting it out."

We were not able to identify that complaints information had been made available to people and their family or representatives should they wish to raise a formal complaint however it was clear that people knew how to raise concerns. The registered manager agreed to address this.

Is the service well-led?

Our findings

People told us they were satisfied with their care and support at the home. The registered manager of 21a Station Avenue also managed other services for the provider which meant they were not in the home every day. However, there was a clear management structure at the home to support staff. Both people and staff at the service said they could access the registered manager when needed. People and relatives told us the registered manager was approachable if they needed to raise any concerns. One person told us, "[Registered manager] does a good job of looking after me." Another person told us, "[Registered manager] is the best manager."

Staff were complimentary of the registered manager. One staff member told us, "[Registered manager] likes to run a tight ship. She is a professional and I feel comfortable with her."

Staff told us they liked working at the home and felt supported. One staff member told us, "I really like turning up to work here. I am supported, I feel at home. I get on well with the staff here and there are no issues with working with other staff." Another staff member told us, "What I like about this place is that all the staff that I have worked with are very professional and friendly. There is no problem with staff. We have a job to do and we get on with it. We want to make life good for them (people)."

The Provider Information Return (PIR) received from the provider prior to our inspection told us, "All the staff have the contact details of the manager/team leader and seniors. Service users also have contact details of manager's work phone." This was to help ensure people and staff felt supported by management staff and there was effective communication processes in place. We observed during the inspection that people made contact with the registered manager by sending text messages to their phone. This provided people with reassurance they could contact the registered manager at any time if they felt the need to.

The provider had systems and processes in place to assess and monitor the quality of the service provided. This included regular meetings with people and staff where they could discuss issues related to the home and offer opinions about these. One person told us, "We have service user meetings, we talk about what we like to do and if we have any issues. We don't have any issues really." We asked them if requests made at meetings were actioned, they told us, "Yes she (registered manager) tries her best. We made a request for the canal boat trip and she actually arranged that straight away."

The registered manager told us staff meetings took place regularly where they discussed issues related to the home. They told us night staff were not excluded from these meetings as they met with them at 6.30am when they had finished their shift.

When we asked staff if there was anything that could be improved at the home, one staff member commented, "There is continuous improvement here, I don't see anything. I see the service running smoothly and any areas for improvement are done."

The PIR told us, "Audits are conducted within the service by senior staff, manager, managers from other

services and a director's audit, these are aimed at identifying areas of good practice and areas where improvements can be made." We were able to confirm these audits were undertaken by viewing records of these during our inspection visit. This demonstrated the provider took an active role in ensuring the quality of service was maintained. The provider also had a Whistleblowing policy to support staff in reporting or questioning any bad practice without fear of reprisals.

The registered manager recorded any incidents and accidents that had occurred and analysed these to identify any patterns or trends such as the time and place they happened. This was so lessons could be learned and any action needed to minimise the risk of them happening again could be taken. We saw information about accidents and incidents was made available to the provider so they could assure themselves they had been appropriately acted upon. This included checking any reportable incidents had been notified to us.