

Selly Park Healthcare Limited

Selly Park

Inspection report

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Date of inspection visit:
12 January 2017
13 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

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.

We conducted a comprehensive unannounced inspection of this service over two days on 12 and 13 January 2017. On the first day the inspection team consisted of two inspectors and a specialist advisor who had clinical knowledge of the needs of the people who used this type of service. We were also accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day the inspection team consisted of one inspector.

Before the inspection we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We checked any notifications the registered provider had sent us. These contain details of events and incidents they are required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. As part of planning our inspection, we also reviewed the actions the registered provider told us they would take in response to the findings of our last inspection. We also spoke with a person who commissions packages of care from the service and a health professional who regularly supports people who use the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with nine people who used the service and two relatives of people who used the service. We also spoke with the nominated individual for the service, the registered manager, two nurses, one senior carer, five care assistants, two housekeepers and two members of the catering team. We sampled the records, including seven people's care plans, three staffing records, medicines management and quality monitoring. We also spoke with a community health care nurse who was visited the service during our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Although staff knew how to manage the risks presented by people's conditions this information was not always documented for sharing with other staff.

Some medication records had not been fully completed although stocks showed that the medication had been administered.

People were protected from the risk of harm by staff who could recognise and knew how to report concerns of abuse.

The provider had taken action to ensure there were enough staff suitably deployed to meet people's need.

Is the service effective?

Good 

The service was effective.

People's rights were supported in line with the Mental Capacity Act 2005.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

People were supported to access a range of health care professionals.

Is the service caring?

Good 

The service was caring.

People were supported by staff who knew their preferences.

Staff respected people's preferences.

Staff were patient and considerate of people's abilities and views when providing care.

Is the service responsive?

Good ●

This service was responsive.

People were supported to pursue their expressed interests.

The registered manager and staff responded appropriately to comments and complaints about the service.

Is the service well-led?

Requires Improvement ●

This service was not consistently well-led.

The audits were not conducted as planned and had failed to identify that care plans had not all been updated after reviews.

The provider did not always fulfil their responsibilities to the Commission.

People expressed their confidence in the leadership and improvements to the service.

Selly Park

Detailed findings

Background to this inspection

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during our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection we found that the service had a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to insufficient staffing levels and staff not being deployed effectively to meet people's care needs. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation.

People we spoke with told us there were enough staff on each shift. One person told us they felt staffing levels were consistent and said, "I do not notice any difference in the staffing in the night." A person's relative told us, "There seems to be enough staff around when I come to visit." A member of staff told us, "We have enough staff. We don't use agency staff much now, but always have regular people." Another member of staff told us, "The manager will put more [staff] on when we are busy." The registered manager had conducted assessments of the support each person who used the service required in order to ensure enough staff would be available. They also told us that people would only be admitted to the service once care plans had been established and they could ensure sufficient staff would be on duty to meet their needs.

We saw that there were enough staff to respond to people's requests for support when they expressed concerns about their safety or to intervene if staff felt a person was at risk of harm. Although there were times when staff were absent from the lounges we observed that they were often close by in adjacent rooms and corridors and promptly supported people in the lounges if necessary. An additional member of staff had been employed to support people to engage in their preferred activities. Although this person had subsequently left the service, the registered manager had taken action to ensure other members of staff were available to fulfil this role.

All of the people we spoke with told us that they felt safe in the home. One person told us, "I have no reason to feel unsafe." Another person told us, "I feel safe because there is always someone around." We saw that people looked relaxed in the company of staff and were confident to approach staff when they wanted support or reassurance.

We found that since our last inspection the registered provider had made some improvements to the environment and equipment. However several people we spoke with and staff members confirmed that breakdowns occurred frequently and effected how people were supported. A few weeks prior to our inspection we had been advised that a passenger lift and boiler at the service had broken down. These incidences had resulted in some people being unable to move freely around the building or easily access hot water in their bedrooms. This had restricted people's independence and put people at risk of not having their personal care or welfare needs met.

The registered manager had taken effective action to alert people to broken equipment and how to support people and staff to minimise any risks to people using the service. The registered manager had responded appropriately to minimise the impact that a recent power failure, which was outside of their control, had on people's care and safety. We saw that the registered provider had commenced a programme of

redcoration which was reducing the environmental risks such as broken surfaces and fixtures that people were exposed to. We saw however that not all maintenance issues had been recorded consistently and reported to maintenance staff in order to prevent them from being overlooked or remaining unresolved for longer than was reasonable or necessary.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Two members of staff we spoke with could explain the types of abuse people were at risk of and the actions they should take if they suspected that someone was being abused. One member of staff was able to tell us where staff and visitors could access safeguarding guidance that was on display around the home.

People we spoke with said that staff safely managed the risk presented by their conditions. One person told us, "The carers assist me with my personal care, I feel safe when they assist me." Another person told us, "I have to be hoisted from the bed to my chair and back, I feel safe when they do this." The registered manager conducted assessments when people started to use the service to identify any support they would require to manage risks associated with their conditions. We observed one person being hoisted by two members of staff. During the manoeuvre staff were confident in their task and continually reassured the person being hoisted. The person showed that they were comfortable and continued to interact with other people around them.

Staff we spoke with were knowledgeable about how to protect people from the risks associated with people's specific conditions and took prompt action when they thought a person was at risk of harm. We observed that staff intervened when a person required assistance to stand and knew how to prevent the person from falling. Staff told us about how they had successfully treated and improved two people's specific conditions. We saw however there was limited details in the people's care records to ensure that other staff would be aware of how this was achieved and how to consistently support these people to prevent their condition from deteriorating.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work to check for any criminal history. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. A review of three staff member's recruitment records showed that when necessary the registered manager sought additional information in order to clarify a person's employment history. These checks had ensured people were supported by staff who were suitable.

At our last inspection we could not be confident that people were always supported to have their prescribed creams applied effectively. At our current inspection, we saw this had improved. The registered manager had updated medication policies and clarified staff responsibilities for the management of creams. We found that staff could explain how creams were being managed in line with this policy and people's individual requirements. A count of some people's medication which they required on an ad hoc basis indicated that they had received them as prescribed. There were instructions for staff providing information about the person's symptoms and conditions which would reflect that these medicines should be administered. However, clear records had not been maintained consistently. A sample of some people's Medication Administration Records (MARs) showed that they had not always been completed correctly and some records were not always accessible to staff. The manager gave assurance that they would review medication record keeping with staff.

We saw that people's medicines were administered by staff who had received training in this area. People's medicines were kept in suitably safe locations. When people were required to be given medication covertly

without their knowledge, we saw that the registered provider had sought permission from the appropriate authority to do this. We saw that where necessary, staff had approached other health professionals to seek further information and clarity on how a person's medication was to be administered. After our visit the registered manager provided further evidence of how they had and continued to approach other health professionals for information and guidance on the administration of people's medicines when necessary.

Is the service effective?

Our findings

All the people we spoke with were happy to use the service and felt it met their needs. A person who used the service told us, "I have [a specific condition] and my bandages are changed every day. I can see the improvement." One person's relative told us, "I feel that the staff know what they are doing, [The person] is more alert and has been responding more in terms of conversation."

At our last inspection we found that staff did not demonstrate an understanding of the importance of providing a person-centred care approach to the people who used the service. We found this had improved and the registered manager had introduced a training programme so staff would understand the importance and benefits for people of providing care in line with their individual needs and wishes. We saw many examples when staff communicated in people's preferred communication styles and supported them to engage in individual pursuits which they knew were important to them.

A member of staff who had recently starting working at the service told us, "I'm getting to know people well." Staff told us and the records of three new staff members confirmed they had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff received annual updates in relation to core training areas such as safeguarding, medication and first aid. Staff we spoke with told us they had recently undertaken training in health and safety and about how to protect people's dignity. One member of staff told us, "Staff have undergone lots of training recently and it has been beneficial to the residents regarding safety etc."

Nursing staff told us they received regular training opportunities to maintain their competencies and registration with their professional body. A health professional we spoke with prior to our inspection and another health professional who visited the service during our inspection told us they felt nursing staff demonstrated they had the appropriate skills and knowledge to meet the needs of people who use the service.

Staff confirmed that they received informal and formal supervision from senior staff on a regular basis which provided them with opportunities to reflect on their practice and agree on plans and activities. Staff told us that they felt well supported by the registered manager and other team members to develop. People were supported by staff who had the skills and knowledge to meet their individual care needs.

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. We saw people were being supported by staff in a way that reflected the principles of the MCA, although people gave us mixed views about staff supporting them in line with their wishes. Comments included; "The staff speak to me and ask me if they are okay to do things for me when delivering personal care;" "The staff do ask my opinion sometimes, and do listen to me," and, "They don't always ask my opinion about things." We observed a member of staff prompting a person to undertake an activity by

asking them, "What would you like to do? You can choose," and helped the person come to a decision they were happy with.

We observed that staff asked people how they wanted to be supported and that staff respected people's wishes. The registered manager had conducted assessment of people's mental capacity to consent to their care. When a person was deemed to lack mental capacity to make specific decisions, the registered manager had involved other people who knew the person to identify care which would be in the person's best interest. Care records sampled showed that people had been supported in line with their wishes. We noted however that further detail was required to advise staff how to support and respect people when they refused personal care.

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 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. Staff told us they had received training in the MCA and DoLS and were knowledgeable about them. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. Staff we spoke with were aware of how to support people in line with their authorisations. The manager had a system to monitor applications and authorisations which had enabled them to make a timely request to extend a person's authorisation before it expired. People's care records were not always updated with information for staff when authorisations had been renewed.

At our last inspection we were concerned that there were no menus or communication aids available to help people to choose their meals. Whilst it was positive to note that the registered manager had made improvements in this area since our last inspection, further improvement was necessary to help people make choices independently without the need of staff support. The daily food menu was only displayed in only one lounge. We found that this was not always legible or spelt correctly and picture cards displayed did not always reflect the menu choices on offer. We were told that picture cards were not yet available for all the menu items. We observed however that staff frequently told people their menu options and asked what they would like to eat. A member of staff told us that picture cards which had been introduced, "Have been a great help."

People told us that they enjoyed their meals. One person said, "The food is lovely." Another person told us that meals reflected their preferences and told us, "The food is quite tasty and when I have suggestions they take it quite seriously and they do address it." We saw that staff would prepare individual dishes when people requested a meal which was not on the menu.

When necessary people were supported by staff to eat and drink and there was a variety of cutlery and crockery to support people's specific needs and promote their independence at meal times. Drinks were provided to people by staff at set times to prevent people from becoming dehydrated and other drinks were constantly available in each lounge. People in their rooms had drinks of juice or water by their bedsides. We also saw staff offering additional drinks to people who were unable to help themselves. This ensured people had enough to eat and drink.

We saw that staff had carried out nutritional assessments and monitored people's food and drink intake where people were thought to be at risk of weight loss or gain. Staff we spoke with were aware of people's specific nutritional requirements and how people required their food and drink to be prepared in order to maintain their health. The records of what people had eaten showed that the food available to people was varied and met people's needs in terms of culture and preference.

The registered manager had taken action to promote meal times as social events and we saw people were sat with others whose company they enjoyed. The registered manager had started to serve a formal afternoon tea in one lounge which people told us they enjoyed this. After our inspection the registered manager told us they were also supporting people who live in their rooms to take part in this activity.

People living at the home were supported to make use of the services of a variety of mental and physical health professionals including opticians and chiropodists as required. One person we spoke with said, "I feel that my health needs are being met as the doctor is here once per week and we can see him if we need to, and if you have been in hospital he would come out and see you when discharged." Another person told us, "We can see doctor, opticians, and chiropodist." Prior to our inspection we spoke with a health professional who told us they were regularly approached by staff to support people who used the service. They felt that staff involved them when it was appropriate and within a timely manner. People were supported to access health care professional in line with their needs.

Is the service caring?

Our findings

All the people we spoke with told us that the registered manager and staff were caring. One person told us, "The care is excellent and the staff are too." A person's relative said, "They ask my opinion and I keep involved in my relatives care."

Staff we spoke with knew people's individual preferences and things that were important to them. Although records of people's life histories were not always completed fully or accurately, staff were aware of the support people required to take part in their preferred activities. They told us of the things they knew people liked such as specific drinks, theatre visits and speaking with family. We observed several people enjoy a game of bingo, where one person who used the service took on the role of calling out numbers. Members of staff went to find people who they knew enjoyed this activity and when one person needed to leave the game for a short time to support the person staff continued to play on their behalf so they did not miss out on their chance of winning the game.

Staff were quick to support people when they became anxious. We saw a member of staff reassure a person who was at risk of falling by offering to make them a cup of tea when they became disoriented and wanted to stand up. The member of staff sat and chatted with the person while they enjoyed their drink. We saw staff checking that people were relaxed and comfortable and asking people if they needed any support. People were supported in line with their wishes and staff respected the views of people who had the mental capacity to make decisions which were not considered to be in their best interests.

Relatives told us they could visit at any time and we saw that staff would on occasion attend their shifts early to support a person to speak with their family on the internet. This was important to people and supported them to keep in touch with those who were close to them. Staff engaged in meaningful and enquiring conversations with people. We saw that staff knew and discussed people's life histories with them.

The registered manager had improved the range of communication aids available since our last visit to help people be involved in how their care was provided. When necessary relatives and those close to people were invited to support them to comment on the care they received. The relative of one person told us, "I am informed of all changes to health needs relating to my mother." The registered manager had introduced a programme to teach staff sign language and we observed two staff using this to communicate with a person who used the service. We noted the person was enjoying this interaction. There were resident meetings and people were supported by relatives and friends to express their views at these meetings. We saw evidence that the registered manager had listened to and acted upon people's views.

People told us that the members of staff respected their privacy and we saw staff knock and introduce themselves to people before entering their bedrooms. One person told us, "The door is closed and curtains are drawn when the staff deliver personal care to me." We saw a nurse using a screen to protect a person's privacy when supporting the person to take their medicines in a communal area where other people were present. At our last inspection we were concerned that personal care items that people needed had been left on display in people's bedrooms rather than stored away to protect people's dignity. We saw this had

improved and the registered manager told us they had bought additional storage cupboards to ensure this was fully addressed. In addition they advised that they were trying to arrange to reduce stocks of the number of items which required storage.

Is the service responsive?

Our findings

At our last inspection we found that the service had a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the support people received was not designed with a view to achieving their individual preferences and care needs. At this inspection we found that improvements had been made and the provider was no longer breaching this regulation.

The registered manager told us that since our last visit they had introduced a programme for the staff group to promote the importance of providing care which was centred on people's specific needs and wishes. This information was displayed around the home and staff told us they had found the training helpful. Staff we spoke with knew what people liked and how to support them to engage in these activities. One member of staff told us how they supported people to safely have alcoholic drinks which they had requested.

People were regularly being asked what they wanted to eat and drink and staff responded appropriately to their requests. We saw staff bring a person a newspaper they had requested to be delivered daily to the home. The activities co-ordinator knew which group activities people enjoyed and we saw them take action to ensure people were included in activities they knew they liked. There were regular visits from religious leaders to the home so people could practice their chosen faiths. Records showed that staff spent time with people in their bedrooms to pursue their interests such as reading. This helped to reduce the risk of social isolation.

All of the people we spoke with said that they were regularly approached for their views of the service and how it was meeting their needs. The registered manager had responded to feedback about the service and had taken action to ensure it was developing in line with what people said was important to them. This included supporting people to maintain relationships and engage in activities they enjoyed in the community. People had been involved in the development of improvements around the home thus ensuring the provider's improvement plan was reflective of their own views about the service. This had resulted in people being involved in choosing new decorations for the home and their own bedrooms.

There were additional aids available for people to express how they wanted to be supported. This had enabled staff to have a greater understanding of how to respond to people's individual wishes. We observed staff having enjoyable and positive interactions with people who were unable to verbalise their views.

The registered manager told us they had rearranged the layout of furniture in the lounges to promote social interaction between the people who used the service. This had been reviewed and rearranged depending on how people responded. Several people had specific chairs they liked to use and this was known and respected by staff. The registered manager told us, "We are continually tweaking the service to see what works."

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. The relative of one person told us, "I would go to the manager if I had any concerns or complaints." A person's friend told us, "I complained that the carers were not

[supporting the person in line with their care plan], this was considered and rectified." We observed that people were confident to approach staff and were supported to express their views about the service.

The registered provider had reviewed their policies and procedures for dealing with complaints since our last visit. We reviewed how the registered manager had dealt with complaints received and saw that this was in line with the registered provider's policy and followed good practice. We reviewed the records of two complaints and saw that there was a clear record of the action which had been taken to resolve these concerns. There was evidence that the registered manager had communicated with people who made a complaint and responded to concerns and queries.

The registered manager kept a log of complaints to ensure they had been dealt with appropriately however they were not analysed for trends and themes. The registered manager told us they had plans to rectify this and showed us evidence that they were already analysing some aspects of the service. This could help inform them of possible action to take to prevent similar complaints from reoccurring.

Is the service well-led?

Our findings

At our last inspection we found that the service had breached regulation. The registered provider did not ensure they had effective systems in place to assess, monitor and improve the quality and safety of the service. At this inspection we found that improvements had been made and the registered provider was no longer breaching this regulation.

Audit processes to check that people would receive effective and improving standards of care were not robust. Audits by nursing staff had failed to identify that care plans had not all been updated after reviews and this put people at risk that the care they received would not be consistent to meet their needs. Audits by the registered manager had failed to identify that some records were not fully completed and during our inspection some records which contained information about people's recent medication administration could not be located. The registered provider's quality monitoring systems had not been effective in recognising when systems had not been working or when issues and concerns needed to be addressed.

There was no structured programme in place to ensure audits and quality reviews would be undertaken consistently to promptly identify any concerns about the service. Monthly care plan reviews had not occurred as frequently as planned and there was no structure to ensure that audits and surveys undertaken on behalf of the registered provider would also occur promptly. Although staff told us they had regular contact with the registered manager to feedback their views of the service there had been no formal staff meeting to capture the views of staff for a year, the last such meeting was held in January 2016.

An audit undertaken on behalf of the registered provider by a visiting manager from another of the provider's locations had not been effective at identifying if improvements were needed or had been made. Where audits identified areas of improvement for the service, clear plans had not been developed so that the implementation and impact of recommended actions could be monitored by the registered provider. The registered manager told us that some actions had not been implemented, such as the development of a dependency score for all residents, although this had been identified as necessary by the visiting manager at their last audit in August 2016.

Processes to review the environment and facilities had resulted in some improvements to the home. However we noted that further action was required to address outstanding maintenance issues. We found several examples of damaged or broken items, such as door locks, but there was no record that these items had been reported as requiring attention. A maintenance book for staff to report such defects had not been updated since October 2016. There was no system in place to assess the continued viability of large equipment such as lifts and boilers to ensure any breakdowns and disruptions to the service would be minimised. People told us that one lift repeatedly broke down which had limited some people's daily options. There was no preventative maintenance plan to ensure equipment would be reviewed or replaced when it neared its expected obsolescence. After our inspection the registered manager sent us evidence that an additional maintenance book was also used by staff. We saw that staff had regularly report maintenance faults and that these had been responded to.

At our last inspection we were concerned that the registered manager was not receiving sustained support to deliver improvements to the service. Although some improvement actions were still outstanding they told us they were receiving increased support from the nominated individual for the service and managers from the provider's other locations. They told us this had provided them with additional leadership and guidance when they needed it. During our visit the nominated individual for the service also attended to offer additional support to the registered manager and assist with the inspection.

The registered manager had taken action to ensure there was a clear management structure in place. We spoke to three staff about who would be in charge when the registered manager was absent and they all provided a consistent and clear response. Staff knew who to approach for advice and guidance.

People living in the home and relatives told us they felt the home was well run. One person said, "I am happy here, I can see improvements and the management listen and implement changes." Another person told, "The place is well led now, I know who the manager is and the staff is so friendly." A member of staff told us, "Since the last inspection, I have seen changes from the recommendations given." Another member of staff said, "Things are getting better."

Members of staff told us that the registered manager was supportive and led the staff team well. A member of staff told us, "We have meetings with senior workers and ideas and requests are taken to management. We have seen improvements and changes through this process." Several staff we spoke with said they valued their teammates and that recent challenges to the service had resulted in them developing closer relationships with their colleagues. A member of staff told us, "We all worked together. The [registered] manager rolled their sleeves up and mucked in." Another member of staff said, "We are a good bunch. We communicate and co-operate." Staff had individual supervisions so they could express their views of the service. Records showed that senior staff had used these meetings to inform staff of new practices and implement actions in order to improve the quality of care people received.

People were involved in developing the service. People who use the service and their relatives were regularly approached to express their views of the service. Records of a recent meeting showed the registered manager took action in response to comments and these were also communicated in a recent newsletter to all the people who used the service.

Although the registered manager demonstrated that she was aware of the requirements of the regulations in relation to the running of the home, they had not always fulfilled their responsibilities to the Commission. As part of planning the inspection we approached the registered provider to complete a Provider Information Return (PIR) however this was not returned. The registered manager told us they had not received our request however our records showed that we twice approached both the nominated individual and registered manager using their designated contact addresses to complete a PIR.

The registered manager had notified the commission of events they were required to do so by law. We saw that the registered manager had displayed their latest ratings around the home and informed people how they were responding to the issues raised, in line with duty of candour obligations. They had taken effective action to address most of our concerns raised at our last inspection.