

Selborne Care Limited

Tiverton Drive

Inspection report

5 Tiverton Drive
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection visit took place on 16 October 2018.

Selborne Care Limited is a large provider of care services which had been acquired by another provider, CareTech since the last inspection in 2016. Selborne Care Limited continues to be the legal entity for 5 Tiverton Drive.

5 Tiverton Drive provides accommodation, personal care and support for up to four people who have mental health and learning difficulties. The service specialises in providing 'aftercare services'; the care and support of people who have been detained under the Mental Health Act 1983 and then discharged from certain sections of the Act. The home works closely with other professional organisations in providing the agreed care and support to people. There were three people living at the home on the day of our inspection visit. Each person had their own bedroom and there was a shared lounge, bathroom and a dining room area that people used. The home also had an annexe that included a small lounge area, kitchen and bedroom. This was unoccupied, but a person was planning to move into the annexe after our inspection visit.

People in care homes receive accommodation and nursing and/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.

At our last comprehensive inspection in February 2016, we rated the service as Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

There had not been a registered manager at the home since 10 October 2017. However, a manager was responsible for the day to day running of the service. 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. At the time of our inspection visit, there was a manager in post who was in the process of applying to be registered with us.

The manager and staff continued to assess risks to people's health and welfare and care plans provided accurate information for staff to minimise the identified risks. There were the same staff and people had lived at the home as our last inspection. They were familiar around each other's company which helped people be relaxed with staff. We were confident staff knew people well and they continued to support and

encourage people's independence.

Staff understood their responsibilities to keep people safe and protected from harm, but allowed them to do the things they wanted to do, to live a fulfilled life as possible. Policies and guidance were accessible to staff to remind them how to raise concerns in the event they saw poor or abusive practice.

There continued to be enough staff to meet people's health needs and there continued to be flexibility in staffing levels, to make sure people received a safe, effective and responsive service. People had their prescribed medicines available to them and staff supported those people who needed help with them, whilst others self-medicated.

Staff received training in the safe handling, administering and recording of people's medicines. New staff received an induction and long-term staff continued to receive refresher training to ensure their skills and knowledge remained updated.

Staff said people's care plans provided them with the information they needed to support people safely and effectively. Communication through records and staff handovers continued to inform staff of important issues regarding people's health and welfare.

The 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 multi-disciplinary team reviews took place when needed. Staff supported people to access specialist healthcare appointments to maintain their wellbeing.

People were involved in what they had to eat and drink. Menu planning ensured people's choices and preferred foods were considered so people maintained a balanced and healthy diet. People were involved in planning how they wished to spend their time and some people used an individual weekly activity plan because they benefitted from routine and structure. People were involved in pursuing a variety of individual and group activities that continued to give them pleasure and promote social skills.

Staff knew what worked well for people in their care. Staff knew about people's individual personalities and if people were of low mood, what worked well and how to support them to keep their overall health and wellbeing positive. Staff helped people plan goals and objectives and helped people build and maintain social engagement.

Staff continued to promote people's independence and people said staff were considerate, patient and kind towards them.

People were regularly involved in planning and reviewing their care and support. Care was planned to meet individual needs and was focussed on meeting people's emotional and physical needs.

People's feedback on the service was sought by the provider and people were very complimentary of the service and staff team who supported them.

People felt confident and comfortable to share any concerns they had and were confident they would be listened to and actions taken.

Consideration and thought has gone into the decoration and layout of the service with people's involvement. The overall effect created was a homely and relaxed environment with due consideration given

to the needs of people with learning disabilities and mental health issues.

Staff told us they felt supported by the management team and by each other. The provider had quality monitoring processes which included audits and checks on health and safety, fire safety, training, medicines management, infection control and care planning. Some audits required better monitoring however the new provider was improving and strengthening the audit systems in the service so they were aligned to the standards they expected.

The provider fulfilled their legal responsibilities by displaying their rating and telling us of notifiable incidents that happened within their service.

Further information is in the detailed findings below.

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 serviced remained Good.

Is the service effective?

Good ●

The serviced remained Good.

Is the service caring?

Good ●

The serviced remained Good.

Is the service responsive?

Good ●

The serviced remained Good.

Is the service well-led?

Good ●

The serviced remained Good.

Tiverton Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 16 October 2018. The inspection was carried out by one inspector.

During this inspection, we asked the manager to provide us with information that showed how they managed the service effectively. We also asked for evidence to show what they were proud of, and what improvements they had identified and when they planned to address them.

The provider had completed a Provider Information Return (PIR) before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR during our visit. We found the information reflected how the service operated and provided us with a detailed picture of their service.

We looked at information received from statutory notifications the provider had sent to us and from commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home. They had no additional support to share with us that we were not already aware of.

We spoke with two people to get their experiences of what it was like to live at the home. We spoke with the manager and one care staff member who both supported people living at the home. Other care staff were not available as they had gone out with people living in the home. We also spoke with a locality manager and a head of quality for adults. We reviewed two people's care records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

At this inspection, we found there continued to be sufficient staff to provide safe care and staff continued to manage risks so people remained protected from harm. People continued to be kept as safe as they were during the previous inspection. The rating continues to be Good.

People said they felt safe because, "Staff are really friendly and they help me" and "I am treated really well." People said they were cared for by a consistent and experienced staff team who knew them well. The manager and staff told us staffing levels continued to meet people's needs. The locality manager said, "Here we are one to one so we know it is enough." The manager said if additional staff were needed, this would be provided but they were confident help was always on hand. The manager was in addition to the four care staff on duty throughout the day.

Risks continued to be managed safely. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. For example, one person wanted to go go-karting. A detailed risk assessment was in place to enable the person to do what they wanted, safely. Other risks were known and managed, such as when people used the kitchen, knives were kept away from people until they were needed for cooking. For people who used razors, they were locked away until needed. Staff spoken with knew about these risks and what to do.

Staff continued to keep people safe and protected from poor or abusive practice. Staff knew the actions they should take if they had any concerns about people's safety. One staff member said, "I would report it to you (CQC). The manager knew when and what to report, and had no hesitation removing the risk to the person, and notifying the relevant authorities. The provider had submitted notifications to us when they believed people were at risk and had taken the appropriate actions to ensure people remained safe.

People's medicines continued to be administered safely by trained and competent staff. Medicines were stored securely and within safe temperature ranges. Regular checks of medicines stocks ensured any errors were kept to a minimum and action was taken when an issue was identified. Medicines given 'as and when' needed, had protocols that ensured staff administered these safely.

Regular fire safety checks were completed that ensured the fire equipment remained safe and fit for use. People who used the service had Personal Emergency Evacuation Plans (PEEPs). PEEP's are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency. On call management support was provided in case of emergency outside of daytime hours.

We found no maintenance issues during our visit. People's rooms were clean, furnished and decorated in line with their choices. During our visit there were no infection control risks that caused us concern. Staff understood how to reduce the risks of cross infection. For example, when they prepared meals, staff used

designated coloured chopping boards to prepare, vegetables, raw meat and fish.

We did not review staff recruitment files, however the locality manager said they automatically requested enhanced criminal record checks every three years and staff were required to complete an annual self certification to confirm they had no convictions. The criminal record checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed

Accidents and incidents were recorded and action was taken to minimise similar events. This was because they were reviewed regularly to see if patterns were emerging. For example, the provider sent to us notifications where police had been contacted. The manager knew why police were called and was confident these incidents were specific to this person who had since left the service. The system of review had been improved since August 2018.

Is the service effective?

Our findings

At this inspection, we found staff were as effective in supporting people's needs as they were during the previous inspection. The rating continues to be Good.

Because of people's complex health conditions, sometimes people could become anxious and display behaviours that challenged and could present a risk to themselves or others. One person told us, "Because of my personality I can get low moods, so staff help direct me to other things. They distract me from my negative thoughts." Staff said they knew what to do and how to reduce anxieties. In this example, the manager said they had set goals for this person to try to reduce their negative behaviours. The manager said they were, "Proud of what [name] has achieved, it is remarkable." We were told there had been no instances of negative behaviours, which had a positive effect on this person's physical and mental wellbeing.

Staff were trained to use safe techniques to manage challenging situations if needed. Staff said their training remained effective and equipped them sufficiently to meet people's needs. Training was in line with the Care Certificate which is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. An on-going training programme ensured care staff kept their skills up to date and remained effective in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one had a DoLS authorisation to lawfully deprive them of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied. The manager told us they and staff had received training on the MCA and DoLS. They told us, that if a person lacked the mental capacity to make a decision, a referral for a mental capacity assessment and 'best interests' meeting would be arranged, with advocacy, family or clinical professionals. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them.

Some people did have restrictions placed up on their liberty, for example staff made a record where they were and what they were doing. These had been agreed with the person as a part of their 'aftercare services'; the care and support of people who have been detained under the Mental Health Act 1983 and then discharged from certain sections of the Act. The manager told us, "[Person's Name] has an Order that restricts them from going to certain places." We were told the person knew this and complied with their order. One to one support was also in place to ensure the person and others remained safe.

People continued to be supported to maintain their physical and mental healthcare needs. They continued to access healthcare services such as the GP, consultant psychiatrists, community learning disability nurses and multi disciplinary teams (teams consisting of a number of specialist health professionals). People's care records showed people's care and support was agreed and supported by those health care professionals.

People continued to be supported to eat and drink enough to maintain a balanced diet, although people

could still choose to eat less healthier alternatives in moderation. Where people had specific dietary requirements, these were met. Staff and people prepared meals which helped support people's independence as much as possible.

The premises suited the needs of the people living at the home. People could move around the home and garden, without staff support, with unrestricted access. People had been involved in deciding how they wanted communal areas of the home decorated; for example, the hall, communal lounge and their bedrooms. People completed art work to decorate communal areas.

Is the service caring?

Our findings

At this inspection, we found staff were as caring towards those people they supported as they were during the previous inspection. The rating continues to be Good.

The service continued to have a strong visible person centred culture. Both staff and management were fully committed to ensuring people received the best possible care in a safe and caring environment. The manager said the recent home redecoration, "Makes it feel more homely, less clinical." Improvements were being made in how they cared for people. The manager explained how setting goals for people gave the person a sense of purpose to strive for good outcomes. They told us how working with one person, who self harmed, in this way, had meant their self harming thoughts had reduced because there had a clear focus on what they wanted to achieve. The person told us how this had made them feel better and as a result, how this had been rewarded. They told us they had always wanted a pet and because they had done so well, they now had a pet to look after. The manager said they would continue to look at other goals and objectives to promote good care outcomes.

Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their own views. We saw staff putting this into practice during the inspection, letting people decide what they wanted to do and where they wanted to go. Some people went out on their own, other people went with staff. Staff spoke with people in a calm, relaxed and friendly manner. People responded well to this. People said staff were always polite and included them when making decisions about how they wanted their care provided. One person told us, "It's great here, they have a good understanding of me...they talk to me." They explained, "The staff are caring, I go out every day and staff go with me." This person told us they got on well with others living in the home. Another person said if staff asked them to do something they didn't want to do, staff respected their choice.

Staff gave us examples of how they promoted independence. People went out on their own, people prepared their own meals and drinks. One person was supported to work in a local shop and people were given their own money to buy the things they wanted. However, regular checks on people's money, with their consent, ensured they were not taken advantage of when they went out into the community.

We saw staff supported people in line with their wishes and their agreed 'after care services'. Care plans contained important information about people's likes, dislikes and how their independence should be promoted. Care records showed that people had been involved in planning their care and agreed to the care plans in place. People signed consent forms to show their agreement. The manager said people's communication skills meant they understood what was written in their plans and information throughout the home was also written in a way they understood.

The locality manager told us they had noticed how caring staff were. They said from their visits, they had seen how, "Staff do the little things in a thoughtful way, sitting and chatting. I can see that happening." They were complimentary of the staff and said how staff interactions had a positive impact on people.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were involved in the care planning process. Staff had a good understanding of people's care and support needs and responded effectively to them. Staff gave examples of when they would be required, for example, to call the police to notify them of an incident and they knew how they should record this. Our records showed there had been a significant number of police incidents in 2018 that the manager had notified us about. We found these related to a person who had left the service. Some people at the service had potential to present a risk of absconding. Effective measures were in place to ensure they could respond in case a person did not return home when planned. Staff recorded what the person wore that day, so an accurate description could be provided to emergency services, and the person telephoned the staff to let them know they were safe at key intervals through the day. During our visit, one person telephoned the manager to say where they were going onto next, and a revised estimated time of arrival. This meant people were kept safe, but the service could respond promptly when required.

Staff knew people's personal histories, their likes, dislikes and preferences. This was because they had known them for some time. Care records recorded important information about each person, their lives and experiences before moving to 5 Tiverton Drive. These records included information about how people wanted to spend their time each day, preferred routines and what help they needed from staff. These records were regularly reviewed and updated. Key workers (designated staff member) were responsible for updating the care plans which they did with people's involvement if they wanted to be involved.

Staff told us changes in people's care and support needs were communicated to staff by a handover at the start of each shift. This, along with comprehensive and up to date care records, ensured staff had the information they needed so they could respond to changes in people's physical and emotional needs. Staff said they all communicated with each other well.

People told us and we saw for ourselves that people had access to a wide range of personalised activities. People continued to be encouraged to take part in activities which supported their interests. For example, people were supported to go shopping, go to watch their favourite football teams play and to participate in activities in their local community, such as attending a disco or playing ten pin bowling. The manager told us they were guided by people's wishes and aspirations when it came to pursuing their interests. Staff had an excellent understanding of people's needs and continued to find creative ways of supporting them to have a good quality of life. For example, people living at the home went on holiday with staff to Blackpool. We saw photographs showing how they spent their time. We saw one person's diary they kept throughout their holiday that showed they enjoyed themselves by what they had recorded.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. One person said they would score their home as '10 out of 10'.

At the time of our inspection visit, no one received end of life care. If this was required, the manager said they would support people as much as possible for them to remain at the home, if it was their wish.

Is the service well-led?

Our findings

At the last inspection we rated this area as Good. At this inspection, we found the provider's governance systems continued to support and demonstrate good outcomes for people.

There had been a change in the registered manager since our last inspection. 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. A manager was appointed in August 2018 who had worked at the service for some time so knew people and staff well. They told us they would be applying to be registered with us.

A new provider had taken over Selborne Care Limited since our last visit and was in the process of transition with policies, procedures and administration. However, the new provider and manager had a clear set of values and principles for supporting people in their care. They believed in people having the right to determine their own lives and to be as independent as possible. They wanted people to have the best quality of life they could provide, so wanted to continue to place people at the heart of what they did.

The locality manager and head of quality for adults were supporting the manager with the new paperwork, standards and expectations. The locality manager said the provider, since acquiring Selborne Care Limited, had no concerns regarding this service. The locality manager said of the manager, they were committed to working with them to improve people's wellbeing. They told us about the example where a person had stopped self harming because of how they had been supported by the manager and their team. They said, "I am amazed with the progress made." They were proud of what had been achieved.

Plans were underway to improve and strengthen the audits. The manager said the audits were in a 'transition period'. Since the previous registered manager left one year ago, some audits and actions were not always recorded. The manager told us they were being supported by senior managers who visited regularly to help implement a robust system of reviews. Some audits were completed, such as medicines, infection control, health and safety and fire safety checks and we found no concerns with these audits. The manager completed a 'waking night' check to ensure night staff were on duty, awake and available to support people if needed. They found no concerns.

We looked at other audits for temperature checks and found these were completed but they continued to record excessive temperatures that exceeded safe limits. We found additional medicines checks had been introduced, however there was a lack of clarity and consistency in how these records were completed. We checked examples of boxed medication and found stock counts did not balance with what had been recorded. Staff were confused in when to record stock balances. Speaking with the manager, the locality manager and head of quality, they agreed to consider the use of this form and how they communicated with staff to ensure a consistent approach to recording. However, we were confident medicines were given as required.

The head of quality explained the governance processes within the organisation and how at provider level, trends and patterns would be identified. Internal quality assurance teams would visit the home annually or more frequently, if concerns were found and additional support would be provided. An internal psychologist visited this home in September 2018 to complete an audit. Following this audit, the locality manager told us how the psychologist was impressed with policies around specific behaviours and what staff had done. They shared these with the provider to consider rolling them out across all of the provider's services. We were told accident and incident analysis had been introduced from August 2018 so patterns could be identified and action taken to prevent similar incidents from occurring. Further visits and scrutiny of their audit system would ensure it was effective to record, monitor and drive improvements.

The staff team were complimentary of the manager since they took up their post in August 2018. Staff felt listened to, supported and said the manager was approachable and a good listener.

The manager was proud of the staff team, saying they had the right team in place to look after those in their care. The manager had improved the one to one staff meetings and said this was a good for reflective practice and to keep staff informed of important issues. The manager said they had freedom to care for people and be proactive in how they and staff supported people. They said trying new techniques and approaches, such as giving people 'goals', had positives and said staff were willing to try to improve people's quality of life. The manager said they were getting used to the paperwork since the company had been taken over. In some cases, they found the paperwork was 'heavy' but said they could speak with their locality manager about what would work well at this home. They understood the importance of good record keeping but they needed to find the right balance between good records and continuing to meet people's needs.

People's feedback was encouraged, such as inviting people to tell staff what colours they wanted internal areas of the home to be painted. Regular reviews with people and their key worker continually sought people's feedback on the service they received and what support they wanted going forward.

People's personal and sensitive information was managed appropriately. Records were kept securely in the staff office, so that only those staff who needed it could access those records. This meant people could be assured their records were kept confidential and complied with legislation regarding how their records were used and who was able to look at them.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. A copy of their rating poster was displayed in line with the legal responsibility.