

Selborne Care Limited

Holendene Way

Inspection report

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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

Holendene Way is registered to provide personal care for up to four adults with a learning disability. At the time of our inspection four people were using the service.

At our last inspection we rated the service good. 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 on-going 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.

There was not registered manager in post. There is a care coordinator acting as manager who is responsible for the running of the home. 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.

People continued to receive safe care. People were safe and individual risks to people were considered and reviewed when needed. There were enough staff available to offer support to people and medicines were managed in a safe way. There were safeguarding procedures in place these were followed to ensure people were protected from potential harm. Infection control procedures were in place and followed. There were systems in place to ensure lessons were learnt when things went wrong.

People continued to receive effective care. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People enjoyed the food that was available and were offered a choice. Staff were supported and trained to ensure that they had the skills to support people effectively, in line with current best practice. When needed people received support from health professionals in a timely manner. The home was decorated to meet people's individual needs.

People continued to be supported in a caring way by staff they were happy with. People's privacy and dignity was promoted and people continued to be offered choices. People were encouraged to maintain relationships that were important to them.

People continued to receive responsive care. People received care that was responsive to their needs and preferences. People had the opportunity to participate in activities they enjoyed. When needed people had information available to them in an accessible format. Complaint procedures were in place and followed when needed.

The service remained well led. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. The provider notified us of significant events that occurred within the home. Feedback was sought from people and their relatives and this was used to

bring about changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service has improved to good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Holendene Way

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 inspection took place on 19 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with two people who used the service and one member of care staff. We also spoke with the manager and the area manager. After the inspection we spoke with a relative on the telephone.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff files.

Is the service safe?

Our findings

People continued to receive safe care. People were happy with the care they received and felt safe. One person told us, "I like it here and the staff, they help me look after myself good." Risks to people had been considered and assessments were in place. When incidents such as falls had occurred within the home, these risk assessments had been reviewed to reflect people's changing needs. For example, one person had recently fallen in the shower. The risk assessment had been reviewed and measures put in place to ensure the person was safe whilst in the shower. The provider had considered the dignity of this person and had put measures in place that were not restrictive for this person. Staff we spoke with were aware of this and the action that they take. This meant individual risks to people had been considered. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information that was recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need. We also saw there was environmental risk assessments in place and checks were completed within the home to ensure people and staffs safety.

Staff continued to know what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's protecting vulnerable people from harm or abuse." They told us any concerns they would report to the manager and they were confident they would report it and take action. They said, "Defiantly they are very professional." We saw procedures for reporting safeguarding concerns were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

There were enough staff available to meet people's needs. One person said, "I have staff to go out with me when I want to." We saw people were supported whenever they requested assistance and staff were always available within communal areas to offer support. Staff we spoke with confirmed there were enough staff available for people. People received one to one support throughout the day and we saw they always had someone available to offer support during our inspection. We looked at two recruitment files and saw pre-employment checks were completed before staff could start working in the home. This demonstrated the provider completed checks to ensure the staff were suitable to work with people.

People's medicines continued to be managed in a safe way. One person told us they were locked away in their bedroom and staff offered support with these. We saw when people were prescribed 'as required' medicines, there was guidance known as PRN protocols available for staff to follow to ensure people had these medicines when needed. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

There were infection control procedures in place within the home. We saw an audit had been completed by the provider in this area. Staff told us and we saw protective equipment including gloves were used within the home. The home was clean and tidy and during our inspection we saw people who lived at the home

participating in daily living skills such as hovering and washing and cleaning the kitchen area.

When incidents occurred within the home the provider took action to ensure lessons were learnt. For example when a medicines error had been identified, the provider had investigated this and shared with staff. Staff confirmed this to us and this was reflected in minutes to meetings we reviewed. They had also updated their handover to reflect this area, so that further concerns could be identified sooner.

Is the service effective?

Our findings

At our last inspection capacity assessments that were in place did not always reflect accurate information. When needed people did not always access health professionals in a timely manner. At this inspection we found improvements had been made and the rating had improved to good.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the principles of MCA were followed. We saw when needed capacity assessments were in place and decisions made in people's best interests. Capacity assessments were individual and specific to the decisions being made. There was clear documentation showing how the decision had been reached. When people had restrictions placed upon them DoLS had been considered. There were two people who had DoLS authorisations in place. The staff we spoke with had an understanding of who had them in place and how to offer support to people.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the manager in a timely manner. We saw referrals to speech and language therapists and psychologists this demonstrated when a person needed access to health professionals it was provided for them. The manager told us how they worked closely with the GP and other health professionals to ensure people's needs were reviewed and considered. Records confirmed that when needed people had been seen by the GP, dentist and chiropodist. During our inspection one person had an appointment with a health professional.

We saw that when needed, care plans and risk assessments were written and delivered in line with current legislation. For example; when people received medicines care plans were in place for these. Alongside this the provider had printed copies of the leaflet detailing these medicines. This ensured staff had the most up to date information to follow. Staff were aware of these and said they offered the necessary information they may need for example, what the side effects maybe. We saw the care that people received was consistent and in line with care plans and risk assessments that were in place for people.

Staff received training to support people. One staff member said, "We have just recently undertaken some training, we don't use restraint in the home so you forget how to use it. The training keeps you up to date in case we need to support anyone with this." Staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed, in areas such as medicines management; which ensured staff were providing care and support effectively and safely. The area manager

told us how they had implemented the Care Certificate for all new starters as part of their induction. The Care Certificate has been introduced nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People enjoyed the food and there was a choice available. One person said, "I have whatever I want." Another person said, "We have our own food in the cupboard and we go shopping and buy whatever we need." We saw people had access to the kitchen and they were able to make whatever they chose for their meals during our inspection. People were also making drinks independently.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms and were decorated to their preference.

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "I like the staff." A relative told us, "The staff are exceptional all of them." The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. When people needed support it was provided for them. This showed us that people were treated with kindness.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We really just talk to people in the office or their rooms away from other people if they need to, try to be discreet." A person told us, "I go to my room if I need some space. It's quieter." This demonstrated people's privacy and dignity was promoted.

People were encouraged to make choices about their daily routine. One person said, "The staff help me do my planner and decide what we do for the week. I can change if I change my mind." We saw staff offering people choices about what activities they would like to do and the levels of supported they needed. People had activity and menus in place for the week that staff had supported them to develop. The care plans we looked at considered people choices and preferences throughout and staff provided support accordingly.

People were encouraged to be independent. One relative told us, "What they have got my relation doing for themselves is wonderful, things I never thought they could do." During our inspection we saw people access the kitchen and make breakfast and drinks for themselves independently. Another person made themselves a pack lunch to take out with them. We saw the care plans in people's files reflected the levels of support people required with tasks such as preparing meals and personal care.

People were encouraged to keep in contact with people that mattered to them. We saw and people told us they would visit their relatives and talk to them on the telephone, they would meet up with them for meals and visit them at their homes. Relatives we spoke with told us the staff were welcoming and they could visit anytime. A relative said, "I visit each month they know I am coming it's never a problem."

Is the service responsive?

Our findings

Staff knew people well. Staff told us they would find out information about people from their care plans and risk assessments. They told us new information or changes would be shared with them through handover. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. The provider had considered people's cultural needs and other support in relation to the other protected characteristics. Information was gathered from people as part of their pre-admission assessments. No one was currently being supported with any cultural needs at the time of our inspection.

When people communicated using different formats we saw this was available for them and used during our inspection. For example, one person communicated using pictures; they had pictorial rosters available so they knew how they were spending their day. Other information such as minutes to residents meeting and the complaints procedures had been adapted to ensure a pictorial version was available for this person to read and use. At the time of our inspection no one was using technology to assist them. Staff gave examples of how this had previously been used for other people and demonstrated an understanding of this.

People were given the opportunity to participate in activities they enjoyed. One person said, "I love going out I am always out." People told us and we saw that at the beginning of the week people were supported to complete a plan of activities they like to participate in. This included going to the local gym, places using public transport, to the local pub and out for meals. During our inspection we saw that people went out to various places with the support from staff.

The provider had a procedure in place to manage complaints; this was also in a pictorial easy read format for people who lived at Holendene Way. No formal complaints had been made since our last inspection. A relative told us they would have no concern about complaining and were sure if they did, it would be addressed. They said, "I have no complaints, if I am concerned about anything I would talk to them. When I visit I check everything is okay and it usually is." The home asked people as part of their residents meeting if they were happy and if they had any complaints. The feedback they received was positive.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

There was not a registered manager in post. There was a care coordinator who was responsible for managing the home. A representative for the organisation was present during our inspection and offered support to the manager. The manager told us they received constant supervision and support from their line manager. We asked the provider to send us information next day about action they were taking to ensure a registered manager was in post in line with our requirements. The provider sent us this information as requested.

People and relatives knew who the manager was. One relative said, "The manager is approachable and pleasant, they do a great job." Staff had meetings where they had the opportunity to raise any concerns, this included staff meetings and individual supervisions. Staff felt they were listened to and if changes were needed then the manager and providers would take action. Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

The providers understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home and published on the provider's website in line with our requirements.

Quality checks were completed by the manager and the provider. These included checks of medicines, infection control and care plan audits. The provider had also completed a quality audit based on the CQC inspection process. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, the audit identified when topical creams had not been highlighted on the medicines administration record and action had been taken. This showed us when improvements were needed action was taken to improve the quality of the service.

Feedback was sought from people who used the service and their relatives. Alongside meetings we saw people met with staff to review their care and files to ensure everything was accurate and up to date. The feedback that had been received was positive and the manager told us how they would discuss this with people, relatives and staff and let them know the outcome.

The home worked alongside other agencies to ensure people received safe care and treatment. This included the community learning disability team and psychologists. Throughout the inspections we saw records where professionals had been involved in people's care. A relative commented to us how closely the home worked with these professional.