

# Selborne Care Limited

## 5 Tiverton Drive

### 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

The inspection took place on 16 February 2016 and was unannounced.

Selborne Care Limited is a large provider of care services. 5 Tiverton Drive provides accommodation, personal care and support for up to four people. The home 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 four people 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. Policies and guidance were accessible to staff to remind them how to raise concerns following the provider's safeguarding and whistleblowing policies. Risks to people had been assessed. Staff were trained to manage risks that could present a risk of harm or injury to people or others.

People had their prescribed medicines available to them and staff supported people to take them. Staff received training in the safe handling, administering and recording of people's medicines.

People had been involved in planning their care. Staff read people's care plans and received an induction and training so that they were able to effectively meet people's needs. Further training took place to update and refresh staff skills and knowledge. Staff said people's care plans provided them with the information they needed to support people safely and effectively.

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

People were involved in menu planning and had choices about food and drink. People said the food was good. People were involved in planning how they wished to spend their time and had individual weekly activity plans. We saw people involved in various activities of their choice. Staff knew about people's individual likes and dislikes and how to provide support so that people did not become anxious. Staff promoted people's independence whenever possible, and were kind and respectful toward people.

People were involved in planning and reviewing their care and support. Care was planned to meet individual

needs and was person centred. People's feedback on the service was sought by the provider. People told us they felt they could raise concerns or complaints if they needed to.

The provider had quality monitoring processes which included audits and checks on medicines management, infection control, care records and staff practices. Where improvement was needed, action was taken.

## 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 living at the home and staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing. People were supported with their prescribed medicines from trained staff.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that knew them well and had the skills and training they needed. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People had choices about their food and drinks. Staff referred people to healthcare professionals when needed and worked closely with healthcare and other professionals involved in people's care and support.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring. Staff supported people to be as independent as possible and treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. Staff knew how to respond to people's needs and supported them with planned activities. People knew how to raise a concern or complaint if they needed to.

### 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 service. The provider had systems to

monitor the quality of the service provided to people and took action where improvement was needed.

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# 5 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 inspection took place on 16 February 2016 and was unannounced. The inspection was carried out by one inspector.

The provider had not completed 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. We discussed this with the registered manager and they informed us they had not received a PIR request from us. They said they were more than happy to complete their PIR if needed and would supply all of the information needed.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications received from the provider, for example, incidents where the police had been called and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with, and spent time with, all of the people that used the service. We spoke with four care staff and one team leader. The registered manager was not at work on the day of our inspection visit but we spoke with them by telephone during our visit. We reviewed a range of records, these included care records for two people and their medicine administration records. We reviewed staff training, team meeting records, quality assurance audits and action plans to address issues identified where improvement was needed.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person told us, "This is a safe place to live. I'm okay here and feel happy here." Another person told us, "I previously lived in a hospital for a time and this is much better. I'm perfectly safe whilst I live here." Staff understood their responsibilities to keep people safe and protect them from harm from others or themselves. Resources, including the provider's policies, were available to staff to refer to if needed. Staff told us how they would raise concerns following the provider's safeguarding and whistleblowing policies if needed.

Staff knew about risks associated with people's care and told us there were copies of risk assessments in peoples' care plans for them to read and follow. One staff member explained, "We are given time to read people's risk assessments and we do follow these." Another staff member said, "One person is at risk of falling, so they don't use the stairs here and we encourage them not to walk too fast." Staff knew about home risk assessments which included the safe storage of sharp knives and cleaning chemicals so these were not used in a way to cause harm or injury to people. Care records contained risk assessments and showed care was planned to take into account and minimise risks.

The team leader informed us, "The home only opened in 2014 and some of the staff team are from that time, but there have also been more new staff join the team here." Staff told us they had an interview and employment checks undertaken to ensure staff were of good character before they started to work with people. One staff member said, "I had an interview and then waited for my references and checks to be returned before I started working here."

One person told us, "There is board in the kitchen and it shows which staff member is allocated to our support for the shift." The team leader explained people's agreed care and support gave them one to one staffing and we saw this was in place. Two people told us they felt some staff were a 'bit too young.' One person said, "I think older staff members are more experienced to deal with situations that might arise so everyone is safe." We discussed this with the team leader and they explained that when the staffing rota was arranged, levels of staff experience were given consideration. We observed sufficient numbers of skilled staff were on duty to keep people and others safe.

In line with people's risk assessment, staff managed people's medicines and supported them to take them when needed. One person told us, "Staff give me my tablets when I need them. I'm happy for them to do that." Staff told us they had received training to administer peoples' medicines, and had been checked to ensure they did this safely (competency checks).

We looked at two people's medicine administration records (MAR) and saw these listed their prescribed medicines which were available to them and safely stored at the home. We saw the pharmacy had printed specific instructions for taking medicines that staff followed. We saw people had some medicines 'as required' such as for pain relief. Information was available to staff to tell them when people's 'as required' medicines should be given. One person had an emergency first aid medicine prescribed to them. Staff knew how and when this should be given and we saw guidance was in place for staff to refer to if needed. We saw

this medicine was located in the office, but was not secure. We discussed this with the team leader and they assured us that whenever the office was not occupied by staff, the door would be locked. During our inspection visit, we saw staff were in the office and the medicine was not left unattended.



## Is the service effective?

### Our findings

As a result 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, "I can get angry and upset. I find some staff easy to talk to and they help calm me down a bit." Another person said, "I get anxious with changes and find trusting others (staff) hard but I am happy living here and staff know when I get angry." Staff informed us people were given 'talk time' where they spoke on a one to one basis with a staff member to describe how they were feeling. One staff member said, "This is useful as it can prevent challenging situations, we can try to talk issues through before any difficulty arises." Staff were trained to use safe techniques to manage challenging situations if needed.

One person told us, "The staff are brilliant. I like them a lot. I think they know what they are doing." Staff told us they completed an induction when they started working at the home and various training to give them the knowledge and skills to support people effectively. One staff member said, "It was a planned induction over two weeks and went really well. It was useful and the other staff were very supportive to me." Staff said they completed shifts shadowing an experienced staff member before they worked unsupervised with people.

Staff told us that their knowledge and learning was checked through a system of supervision meetings and staff team meetings. One staff member said, "Supervision is really useful, they are planned for monthly but we don't have to wait, we can just ask for a meeting with one of the team leaders or manager if we want to discuss something." Staff told us they felt team meetings provided an opportunity for them to discuss issues and these were listened to and resolved."

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. 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 Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training on the MCA and DoLS and most staff were able to tell 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.

Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One staff member said, "People living here need minimal support with personal care tasks, it is more about prompting and encouraging people to have a shower, for example." The team leader informed us that no one living at the home had a DoLS in place.

Some people did have restrictions placed up on their liberty, for example staff made a record every hour on where they were and what they were doing. These had been agreed with them 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. One staff member told us, "[Person's Name] has an Order in place that restricts them from doing certain things. They are aware of this and know why it is in place." Staff knew how to work effectively with specific restrictions in place.

People told us they enjoyed their meals at the home. One person said, "We have choices when planning the meals for the week." Another person said, "The food is okay but sometimes I choose not to have it and order in a takeaway for myself. I manage my own money and have what I fancy." One staff member informed us, "We try to encourage a healthy balanced meal selection. This can be challenging at times, though we do try to explain why healthy options would be beneficial."

People were supported to maintain their healthcare needs and had access to healthcare services. Staff told us they would contact a person's GP whenever needed if a person said they felt unwell. One person told us, "Staff took me for a blood test I needed." Care records showed people's care and support was agreed and supported by health care professionals, such as consultant psychiatrists, community learning disability nurses. People had regular multi-disciplinary team review meetings.

## Is the service caring?

### Our findings

People said staff were kind to them and commented to us, "Staff are great," "The staff are all okay here. I have no problems with them."

Speaking with staff showed us they knew people well and were non-judgemental about the people they supported. Staff told us about the importance of remaining professional when caring for people. The team leader said, "We are not allowed to share our own mobile phone numbers with people. It is important because we are their support staff and need to keep a professional relationship." During our inspection visit we observed staff had positive interactions with people and that people were relaxed with staff. We observed staff treated people with respect and kindness and were fair and firm in reminding people of any home rules, such as not entering the storage area where items and records were kept safely.

We observed staff supported people in line with their wishes and their agreed 'after care services' was person centred. Care plans contained information about people's likes and 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. Care records were kept in a secure area in the home, although people could ask staff to look at their own care plan. The team leader explained to us, "We will use people's care records to remind them of their agreed plan of care and the importance of following it." One person told us, "I've signed all my care plans. I know what is there. I know why they are written. Staff do sometimes need to remind me."

Staff gave examples of how they promoted people's independence. One staff member told us, "Some people are not motivated to clean their bedrooms and we do try to encourage this rather than do things for people. Some people will move from here to live independently, so we try to promote cleanliness." Another person told us, "If I want my one to one staff to sit with in my room and chat, they will do that. But, if I want to be on my own, they just come and check I'm okay every so often."

Staff maintained people's privacy and dignity. We saw staff knocked on people's bedroom doors and waited to be invited in. People had bedroom door keys and could choose to lock their bedroom if they wished to do so.

## Is the service responsive?

### Our findings

People felt staff met their individual needs. One person told us, "It is fine here. No issues." Care planning was centred on the individual and in line with health care and other professional involvement with people.

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. One staff member told us, "We have to know people very well here and that helps us meet their needs." Staff gave examples of when they would be required, for example, to call the police to notify them of an incident and knew how they should record this.

Staff told us they had time to read people's care plans. They said there was detailed information about people and to inform them of what support people needed. We looked at two people's care records and saw they provided staff with information about the person. Care records included information about people's health conditions, such as epilepsy and how this needed to be managed.

People told us they could take part in individual activities. One person said, "I go to arts and crafts sessions. I make pottery." They showed us some of their pottery that was displayed in the lounge. Another person said, "I go out on my own if I want to. I go for a jog. I do what I want. Sometimes I ask staff to come with me to town." We saw one person enjoyed listening to their music and playing their guitar, they told us, "I am teaching myself to play." Another person said, "I stayed in bed all morning because I wanted to. I'm happy playing a computer game by myself."

People said they had 'house meetings' with staff. One person told us, "There is no set agenda, we can just say what we want. We might have things to discuss or we might not. But, if we do, then the staff listen and either sort the issue out or explain why something can't happen."

People told us that overall they had no current complaints about the staff or the care and support they received at the home. One person told us they had previously complained about an issue to the manager and it has been 'sorted out'. Another person said, "I've been waiting for my bedroom en-suite flooring to be fixed, it seems like months." We discussed this with the team leader and they explained it was a job where quotations had been requested, these had been obtained and sent to head office. The manager was awaiting confirmation that the work could take place over the next month. Another person told us, "I don't want to live here anymore. It has been okay, but I just feel I want to move now. I've discussed this with my social worker, they know how I feel and that I don't want to stay here now. They are coming back to see me again soon." We discussed this with the team leader and they informed us that plans were in place for the person to move to another home. This showed us that the person's concern was listened to and was being responded to.

## Is the service well-led?

### Our findings

People told us they were satisfied with their care and support at the home. One person told us, "It's okay here." Another person told us, "I am very happy living here."

The team leader explained to us that the manager was not based at the home every day. This was because the manager also managed two other services. The team leader said, "Although they are not here all the time, it is not a problem at all. They are contactable if needed. We have a good staff team here and know our job roles in supporting the people living here." Staff told us they felt supported by the manager and the team leaders and that the organisation was open and honest.

A provider information return (PIR) was not submitted before the inspection. The registered manager told us they had not received a request to complete a PIR. We gave the manager, and team leader, the opportunity during the visit to tell us what the home did well and what areas could be developed.

The provider had systems and processes in place to assess and monitor the quality of the service provided. We looked at the monthly service audit completed in January 2016 and saw some actions were required. These included the need for some staff training to be arranged. Staff confirmed to us that they had been made aware of training. Dates had been planned and some had already taken place to update and refresh staff skills. Details of who was responsible for action and timescales were included in the audit action plan.

The manager shared electronic copies of completed audits with us. These included audits on people's medication, infection control checks and people's care records. A Local Authority quality monitoring visit had taken place in September 2015 and had identified some improvement was needed. The manager shared their action plan with us which showed improvement had been made, for example, changes to record keeping and the terminology used by staff when recording people's behaviour or what they had been doing for the day. This showed us where improvements were identified as needed; action was taken to implement change.

Feedback had been sought from people during November 2015 and this showed that people were positive about the care and support they received. There were no actions needed to make any improvement to the service provided to people. Three complaints were recorded and detailed how the manager had investigated and resolved these to people's satisfaction.

The team leader showed us where people's care records were stored. They told us, "Everything is kept in this storage area and when staff are not in the office, the office door is locked." Data management systems in place ensured people's personal information was kept securely.