

Selborne Care Limited

Selborne Mews

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?

Requires Improvement 

Overall summary

This was an unannounced inspection that took place on 26 and 27 February 2015. We last inspected this service on 22 July 2013. There were no breaches of legal requirements at that inspection.

Selborne Mews provides nursing and personal care for a maximum of 20 people. The home provides accommodation and care for people who have a learning disability, complex needs (autism spectrum disorder) or mental health needs. At the time of the inspection there were 18 people living there. The home comprises of two units, one providing nursing care and one providing residential care and is set out mainly in the form of small sub-divided flats within the building.

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.

People and their families told us that they felt safe in the home. Staff were aware of their roles and responsibilities in respect of keeping people safe.

Staff were able to demonstrate a detailed knowledge of people living at the home, their likes and dislikes and

Summary of findings

how to meet their needs. Detailed care plans and risk assessments were in place and were regularly reviewed and updated. However, we noted this was not always consistently applied.

The registered manager had introduced monthly meetings to review accidents and incidents and act on lessons learnt.

Staff felt well trained and supported by the registered manager and their colleagues. There were robust recruitment systems in place to ensure appropriate staff were employed by the home. There was a good team work ethic amongst the staff in the home and the registered manager was very well thought of by people living at the home, their families and staff alike.

Staff had a good understanding of both the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). We found that the home complied with the requirements of both.

Medicines were stored securely and people were aware of what their medicines were for. However, we found that the information available for staff when administering 'as required' medication was not robust enough to ensure they were administered in a consistent way.

People were supported to have sufficient to eat and drink and encouraged to make healthy choices. People were encouraged to maintain their independence and to pursue other interests outside the home and maintain links with their families.

People knew how to raise complaints and were confident if they did raise concerns that they would be dealt with.

The registered manager was popular and respected. She worked to develop her own learning in order to move the service forward and sought the advice of other professionals where appropriate.

The registered manager had a number of audits in place to assess the effectiveness and quality of the service. However, a number of these systems and processes were not effective in recognising shortfalls within the home.

Summary of findings

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 was safe.

People were supported by sufficient numbers of skilled staff to meet their needs.

Staff had been recruited safely and given training to meet the needs of the people who live in the home.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training and support to carry out their role.

The registered manager had made referrals to the local authority so that people were not unlawfully restricted and received care in line with their best interests.

People were supported to have enough food and drink and make healthy choices at mealtimes.

Good



Is the service caring?

The service was caring.

People and their families spoke positively about the registered manager and the staff who supported them.

People were supported to make choices regarding their daily routines.

People were supported to maintain contact with their families.

Good



Is the service responsive?

The service was responsive.

People living at the home were well supported and cared for. The registered manager and staff knew the individuals they supported and the care they needed.

People and relatives told us that if they had any concerns they were confident they would be listened to and acted upon.

People were able to meet daily with staff to discuss their 'news and views'.

Good



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

Staff felt supported and well trained.

Relatives and staff told us that the manager was approachable and they felt the home was well managed.

A number of the systems and processes in place were not effective in recognising shortfalls within the home.

Selborne Mews

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 26 and 27 February 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor had experience of working with people with a learning disability or mental health needs.

Prior to the inspection we looked at information we held about the home. A Provider Information Report (PIR) was requested to obtain specific information about the service. This was completed and returned to us. The PIR is a form

that asks the provider to give some key information about their service, how it is meeting the five questions and what improvements they plan to make. We also looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts that they are required to send us by law.

During the inspection we spoke with four people who lived at the home, the registered manager, the nominated individual, eight members of staff and one relative. Following the inspection we also spoke with three relatives and a commissioner from the local authority.

We looked at the care records of three people. We also looked at three staff files, training records, complaints, accident and incident recordings, three medication records, minutes of meetings for people living at the home, rotas and staff supervision records.

Is the service safe?

Our findings

People living at the home told us they felt safe. One person said, “I feel safe in here. Everyone’s around, I’ve always got someone to talk to, night staff as well”. Another person with them agreed with this. Family members also spoken with told us they felt their relatives were safe, one person told us of their concerns for their relative prior to moving into Selborne Mews. They told us they now felt, “[Person’s name] is safe here – they need people round them to keep them safe”. Another relative commented, “I’ve never seen anything untoward going on. If [person’s name] had seen anything they would tell me”.

Staff spoken with were aware of the home’s policies and procedures in relation to safeguarding and what to do if they witnessed or suspected abuse. One member of staff was able to tell us of a particular incident and how they had responded to it. They told us, “I have used the process and it has worked”. Staff told us and records showed how safeguarding’s were recorded and reviewed and lessons learnt where appropriate. Staff told us, “If there is an incident, we complete a form with the details and give this to the team leader or the nurse”. We saw that where appropriate, safeguarding referrals had been made to the local authority. We saw incident reporting forms were also in place which included details of action taken, decisions made by the registered manager and a debrief of the situation. We saw evidence of where incidents had taken place, care plans were updated appropriately.

One member of staff said, “I think people are safe as we always know where people are and they are always with staff”. Staff spoken with were able to describe in detail, potential risks for some of the people living at the home and how they would manage these risks. For example, the health risks to one particular individual, and when they displayed behaviour that challenged, how this could adversely affect this person’s health.

In other records looked at, we saw that risk assessments were in place and were reviewed regularly. We also saw there were risk assessments in place for activities that people undertook in the community. The registered manager told us how monthly meetings were conducted to review any accidents and/or incidents and what lessons could be learnt from these. We saw evidence of these meetings and the follow up notes in people’s care files.

The registered manager advised us that there were no staff vacancies and that any absences were covered by existing staff or bank staff. The registered manager and staff told us they felt there were enough skilled staff on each shift to meet people’s needs and keep them safe. We observed that staff were available at all times to support people and to respond to their requests. One member of staff said, “We have enough staff on duty”. A second member of staff said, “We have got enough staff, I know the staff I’m working with and know what they are doing that’s how we know people are safe”. Relatives spoken with acknowledged that there was ‘a hard-core group of staff’ who had worked at the home for a long time. However, one relative said, “There’s such a big turn round of staff – always having people in”. Another relative stated, “Staff do keep changing over a period of time which is to be expected”. We looked at records which showed that there was a low turnover of staff during the last 12 months.

We spoke with one member of staff who described their induction to us which had lasted a week. They said, “Everyone was really helpful and offered loads of support. If I was struggling with anything there was always someone I could go to”. We looked at the files of three members of staff and noted that the home had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

We observed that medicines were stored securely within the home. We saw that policies and procedures were in place with regard to the administration of medication and medication audits were undertaken on a weekly basis by the registered manager. We were also advised that all staff had recently been signed up to receive medication training. Competency checks were completed by the pharmacy that supported the home. We observed during a handover meeting staff displayed detailed knowledge regarding people’s medication. Two people living at the home were able to tell us why they were on particular medication for physical conditions and reported good results. One person told us, “I always I take my medication. If I don’t take it, it affects my behaviour, I become silly”. We saw people were supported to take their medicine when they needed it. Staff on duty told us how they ensured people received their medicines at particular times of day or when required to manage their health needs.

Is the service safe?

We looked at guidance for as required medicines for other people living at the home. Staff spoken with were able to describe what the medicines were for and the circumstances in which they would be administered.

Is the service effective?

Our findings

Families spoke positively about the care and support their relatives received and the difference it had made to their lives. One person told us, "They can read [person's name] moods now and that has come by effort on their part". Another relative told us, "I have seen a difference since [person's name] has been there. They are more outgoing and more loveable".

Discussions we had with staff demonstrated to us that they had a good understanding of people's needs. We saw that people living at the home receive the care they want because staff have the knowledge and skills to meet their needs. People spoke of the support they received from staff. One person told us, "I used to be really destructive but not anymore because of the help I get here". Another person added, "I am moving on. They found me somewhere. I've changed, I can do a lot for myself now". A relative told us, "From the word go the manager has been very positive about making it work for [person's name]".

A number of staff spoken with described in detail the problems they had encountered recently with regard to certain behaviour that challenged. They spoke positively of the registered manager's response to this situation which was to bring in a community nurse to discuss the issues. Staff told us that the meeting was very useful and it helped to provide solutions to the challenges that staff were presented with. One member of staff commented, "We had a good debate – trying to support each other and it did work".

Staff told us they felt well trained and supported to do their job. Staff told us and records showed that arrangements were in place for monthly supervision of staff. As well as core training, staff commented on additional training that had been put in place, for example caring for people with autism and behaviour that challenges. One staff member told us, "Anything we need re training we will ask the manager and she will sort it out". Another told us, "We all did dementia training last year to support someone before they moved in. We really know how to support them and everyone benefitted". A third added, "Training – we never stop – the manager is red hot on it".

The activities co-ordinator spoke positively about their role and explained how the registered manager had involved

them in the initial pre-assessment of people before they came into the home. This enabled them to obtain information regarding people's likes and dislikes and what they liked to do prior to moving into the home.

We spoke with one member of staff who was currently on induction. They described the training that they had received during their induction and how they had shadowed other staff which they felt they had benefitted from.

The registered manager and staff spoken with had all received training in the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguarding (DoLS) and were able to demonstrate knowledge of these subjects. We saw a number of authorisations of DoLS had been approved and people's care plans were updated to reflect this. Staff spoken with were able to tell us what restrictions were in place and what this meant for the people living at the home.

People living at the home were supported to have sufficient amounts to eat and drink. People had their own individual kitchen areas in their flats and were encouraged to make their own food and drink where appropriate. Staff also supported some people to shop for their own food and encouraged them to make healthy choices where possible. One person told us that they were learning to cook at college and that staff were supporting them to prepare their meals. They added, "Food needs to be cooked properly".

Each person living at the home had their own health care record. One person told us, "I had to go to the dentist. I have to clean my teeth three times a day". Another person told us "I sometimes have a blood test, a needle" and then demonstrated how the blood was taken. Families spoken with told us how they were kept informed of their relative's health care needs. One person told us how their relative had been taken ill. They said, "It was only down to the quick action of the staff that they caught it in time. I take my hat off to them, they are quick if something goes wrong". We saw that where appropriate, referrals had been made to a wider multi-disciplinary team of healthcare professionals in order to meet the physical and mental health needs of the people living in the home.

Is the service caring?

Our findings

We spoke with two people living at the home. Both people told us that a particular member of staff was 'Easy to talk to'. One person told us, "The staff are kind to me, I like it here". Other people living at the home told us that staff were caring. Another said, "If I want to go shopping or on holiday, they sort it all out". A third person described being helped to make sure their new TV worked properly. Relatives spoke positively about the registered manager and the staff in the home. A relative told us, "Staff are very friendly – they know me really well. Staff have a bit of banter with [person's name]; they do treat him with respect".

We observed that staff and people living at the home spoke to one another in a friendly manner. People knew the names of many of the staff members and sometimes commented on their different roles, for example team leader or handyman. One person told us that their family came to visit them. When asked 'What would your family say about this place if I asked them?' They replied with a smile, "They'd reckon it's a good place". A relative told us, "Selborne Mews has been very supportive of both [person's name] and me. They have taken the trouble to get to know my relative".

Staff spoke positively about their role in supporting people who lived at the home. A member of staff told us of an occasion where they had accompanied one person to the cinema. They described how rewarding it was to see how with support that person had coped with the challenges that this had created for them. They told us how proud they were of them adding, "They were a different person". Another member of staff told us how they enjoyed supporting people in the home. They added, "I love it when people do something they want to do".

Staff told us how important it was for people where possible to maintain family contacts. Families told us they could visit at any time and that the registered manager and the staff had supported them to maintain those links. On relative commented, "It is a lot easier here for [person's name] than anywhere else. I know they have a life here". They explained how well the staff knew their relative and supported them to make their own decisions. They gave a number of examples and added, "They know [person's name] boundaries and know they like to do things themselves".

People told us they attended 'Clients meetings' on a regular basis that were set up by the registered manager. One person living at the home described the meetings as "Good" and another person with them agreed. We saw that monthly meetings with people living at the home had been put in place. The registered manager told us the purpose of the meetings was to give people the opportunity to talk to her and raise any issues that may be concerning them. She told us these meetings had given people a voice and commented, "Service user meetings give people the chance to tell me anything". The manager told us that she ensured she spoke to each person every day and we observed that she had a good relationship with the people living at the home.

We observed that people living at the home were treated with dignity and respect. We observed that one person had dressed in the clothes they had wanted to wear which were appropriate for the weather and their activity for the day. Staff told us how important it was to ask people if they wanted any help before they assisted them. One member of staff told us, "I make sure I am sitting down when speaking to residents and not standing as if in a position of authority".

Is the service responsive?

Our findings

People told us that staff involved them and their relatives in their care planning so they could decide how they wanted their care and support to be delivered. One person told us, “I have seen my care plan, [person’s name] showed it to me”. Another person told us they had seen their care plan and had signed it but did not want a copy as it was ‘too much mess’. Relatives told us they were involved their relatives care plans and they were invited to yearly reviews. One relative added, “They tell us how [person’s name] is getting on in the place”. Relatives told us how arrangements were in place with the registered manager for them to be kept informed of any issues. One relative said, “We had an agreement from the start – any ‘petty issues’ they wouldn’t ring me. They always ring me if any injuries or incidents happen and I am always happy with their explanation; I ask [person’s name] about it as well”.

People had their rights and personal preferences considered. For example, one person living at the home told us how they did not want to share a flat so arrangements were made for them to have a flat on their own. The opposite was true of another service user who preferred to share and had been given a shared flat as requested. Another person told us, “I go to college three times a week. I like it here”.

When speaking to staff they demonstrated that they knew the people living at the home individually. They knew where they liked to go, what they liked to do during the day, who visited them and what they would like to do in the future. They told us about people’s personal history and how they support them. They were knowledgeable about what triggers to look out for and how best to support people, including what worked well and what didn’t. Staff told us of the behaviour that one particular person exhibited when they became ‘agitated’. They were able to describe what might be done to help this person manage this.

When discussing their role, staff were able to describe in detail how they supported people. We observed a handover meeting and noted that staff shared the latest information they had regarding the people in the home and what (if any) changes in their behaviour may mean for them. One member of staff described how a particular individual managed their health care needs and how important it was to listen to them and support them to

make choices around this. They described an incident when this person felt unwell whilst out shopping. Instead of insisting that the person returned immediately to the home they asked them first if they felt well enough to continue. They added, “Everything is their choice. I know them well enough to ask them if they are up to carrying on”.

We saw that person-centred plans were in place that asked the question ‘what is important to me?’ and ‘what support works well’. We noted that care plans were in place and reviewed regularly.

We asked how one particular person liked to spend their day. We were told they liked to listen to particular music, go out for meals, rides in the car and visit the pub occasionally. We checked this person’s care record to see what activities they had taken part in. The record showed that this person had not left the home for four weeks. We were told that this was due to the inclement weather. During our inspection, we saw that two people had asked to take part in particular activities within the community and had been supported to do so.

People living at the home told us how they participated in the ‘news and views’ meetings that were held every morning by the activities co-ordinator. One person told us, “It’s good to talk about things, holidays, whatever is on our minds” and another person agreed. The activities co-ordinator explained the benefits of these meetings and how one person had opened up to the group about a particular health issue.

On the day of the inspection, we were told two people were at college, one person was at work and one person had chosen to attend a leisure centre. Other people were also given the opportunity to go out. We observed the activities co-ordinator discussing with one person how they wanted to spend their day and they told us what they planned to do. Another person was debating with a member of staff whether or not to visit a particular place and we observed the member of staff talking it through with them and the best time for them to go.

People living at the home had their own flats and there was a courtyard for people to spend time in weather permitting. There was one activities room but this was not large enough to accommodate everyone at the same time. Relatives spoken with commented to us that the one thing lacking about the service was a ‘communal space’ for people to meet and socialise.

Is the service responsive?

One person told us they had never had to complain. When asked what they would do if they had any problems, they told us, "I would speak to the staff. They are nice. They help us. I watch TV with them". A second person told us, "If I wasn't happy I would speak to the manager or the deputy". Families spoken with told us they had no concerns regarding the home. One relative told us, "Never had any major problems. Anytime I've had any concerns I have mentioned them and have felt confident they would sort it out". Another added, "Any problems and I speak to the manager. The manager is very good, very good as a carer and as a manager". We saw that had survey had been completed by people living at the home. The survey

highlighted that two people did not know how to make a complaint. In response to this the registered manager had given all the people living at the home a copy of the complaints procedure.

We saw a pictorial complaints process on the noticeboard in one of the communal areas of the home. We saw that the home had a complaints folder in place and an easy read pictorial form for people to complete. We noted that one person had raised a complaint. The form was completed and there was evidence of the investigation taking place and the outcome.

Is the service well-led?

Our findings

People living at the home and relatives spoken with all spoke highly of the registered manager. Words used to describe her were 'approachable', 'professional' and 'caring'. We saw that the registered manager had a high profile in the home and that everyone referred to her in a positive light. Comments from relatives included, "The manager in particular has reassured me as time has gone on that any problems they will deal with and [person's name] trusts them as well". A second relative added, "As far as care homes go, this place is perfect; I can't say anything bad about this place" and a third relative told us, "[Person's name] is used to the staff, particularly the manager, she is a lovely person".

Staff also spoke highly of the registered manager. They told us that the registered manager was approachable and supportive and if they needed any particular training she would arrange it. One staff member added, "The manager will help you. With some managers you can't do that". Another added, "I like the clients, I like the manager and the staff, we work as a family. I like the way we work". A third said, "I feel listened to. In supervision we look at things and the manager will ask me what I could have done differently". Staff spoken with all told us they received regular supervision and a yearly appraisal. However we noted that one member of staff had not received supervision since December 2014. This was brought to the attention of the registered manager.

Staff spoke positively about the home and their colleagues. They told us they would have no hesitation in approaching the registered manager or a member of the management team if they had any concerns. One told us "I like it here and get real job satisfaction; I like the days when I think I've done something to make someone happy". Another said, "As a team we work well. There are people here to support you".

All conditions of registration were met. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. We saw that accidents and incidents were logged and recorded and that monthly meetings took place to review this information so that learning could take place from these incidents. We saw evidence of these meetings and the follow up notes in people's care files of actions taken and lessons learnt where appropriate.

We spoke with the registered manager of the home. She told us how she was a mentor for student nurses and worked with Wolverhampton University to deliver first aid training. We saw that she sought guidance and advice from a number of professionals in order to support people living at the home. She was aware of the new approach by CQC to regulating, inspecting and rating services and she had passed this knowledge onto her staff. She demonstrated good knowledge of all aspects of the home including the needs of the people living there, the staff team and her responsibilities as a manager. She told us, "I never have two days the same, that's why I like my job". She told us she felt supported by the management team. Staff commented that it would be good if members of the management team could have a more visible presence in the home during their visits and meet up with some of the people living there.

The registered manager had put in place daily meetings for people living at the home and this was seen as a positive way of starting the day. We saw that these meetings had enabled people to air their views or concerns and these were passed onto the registered manager each day to ensure she had the most up to date information about people living at the home.

We saw evidence of monthly meetings for people who live at the home and annual surveys. The complaints procedure had recently been re-issued to people living at the home. The procedure was in a pictorial format to assist people completing it. However it contained a photo of the previous manager not the current manager. This was brought to the attention of the registered manager.

Staff surveys were also sent out and we saw that the registered manager had responded to comments raised in the last survey, for example, care plans had been modified in order to assist staff. Relatives told us they had been invited to relatives meetings and had completed surveys.

The registered manager had audits in place to assess the effectiveness and quality of the service. However, a number of these systems and processes were not effective in recognising shortfalls in care delivery. For example, when looking at medication records, we saw that in some cases, there was very little written information available to staff to enable them to make the right decision as to when to

Is the service well-led?

administer particular medicines or what other means of care or support to consider before administering them. We discussed this with the registered manager and she agreed to update this information to reflect staff practice.

The registered manager told us about one particular individual and the package of care put in place in order to address a number of risks to their health and wellbeing. We looked at this person's care record and noted that risk assessments were not in place. We spoke to the registered manager regarding this file and were told that it had not been updated in line with other care records as the person was originally at the home on a respite placement and this had now changed to long term. At the end of the inspection, the registered manager had updated the care file and risk assessments were in place.

We saw 'communication passports' for some people were in place but had not been reviewed for some time. We also

saw that a 'Health Book' had been put in place for one individual in February 2013 but it had not been fully completed or updated. This meant that where people's health care needs had not been assessed they were at risk of receiving inconsistent care and not receiving the care and support they needed.

Staff were able to describe to us how they supported a particular person when they became agitated. However when looking at this person's care plan there were no details of what was known about their agitation or what options there were for staff for helping them manage it. This meant that staff could not be confident that they were responding to these issues consistently or were learning from any particular episodes which could be used to review how people's care was delivered.