Selborne Care Limited

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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 December 2016 and was announced. This is the first inspection of this service following its registration with us in November 2015.

Selborne Care Limited is a large provider of care services. This location is registered to provide care and support to people in their own homes. The registered manager told us they currently provided only one 24hour supported living service to one person that included the regulated activity of personal care. The provider informed us that other people using their service received support with day to day tasks in their homes, such as cleaning or support with shopping. These services are not regulated by us and were not included in our inspection.

The supported living service provided by Selbourne Care Limited offers personal care and support to one person with a learning disability and autism.

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. The registered manager was registered with us for this service and two other small services provided by Selborne Care Limited.

Staff knew how to keep the person they supported safe. There were processes to minimise risks to the person's and staff safety. These included procedures to manage identified risks with the person's behaviours that could challenge. Care staff understood how to protect people from the risk of abuse and how to report any concerns. The suitability and character of staff was checked during the recruitment process to make sure they were suitable to work with the person who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care staff understood the person's non-verbal communication and respected their decisions and told us they understood they should never force the person to do anything.

There were enough staff to meet the supported living package of care of 272 hours a week. Recruitment was taking place to fill two care staff vacancies and extra shifts were covered by existing care staff or experienced agency staff when needed. Staff demonstrated a kind and caring attitude toward the person they supported.

Staff received an induction when they started working for the service and completed regular training to support them in meeting the person's needs effectively. Staff knew the person well and had the knowledge of how to respond to the person's needs. Information about the person and assessed risks was available for staff to refer to in the person's care plan.

Staff described how they knew if the person was unhappy about something and what action they would take. Relatives knew how to raise concerns or make a complaint if needed. Management told us concerns were used as a way of learning and to improve the service provided.

Staff felt supported by the management and they were able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with the person's relatives and staff, annual quality surveys, spot checks on care staff and audits undertaken at the service.

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.

Staff understood their responsibilities to protect the person they supported from the risk of abuse. Staff understood their responsibilities to report any concerns about the person's safety and to minimise risks to the person so that the person and those around them were safe.

Shifts were planned to safely and effectively meet the person's needs and communication between staff and management was good, so that the person's safety was maintained. Staff were trained to administer prescribed medicines to the person they supported.

Is the service effective?

Good

The service was effective.

Staff were trained and knew the person they supported well so that they could effectively meet their individual needs and reduce incidents of behaviours that challenged. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and worked within the principles of this Act. The registered manager understood and worked within the remit of the Deprivation of Liberty Safeguards.

Staff understood how to meet the nutritional needs of the person they supported. Staff referred the person to healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff demonstrated they were kind and caring. A relative described staff as having caring approaches. Staff knew how to show respect and promote privacy and dignity to the person they supported.

Is the service responsive?

Good

The service was responsive.

Relatives were involved in planning care and support with staff for their family member. Care plan information was detailed, personalised and contained information to enable staff to work with people to minimise their anxiety. Staff knew how to respond to people and de-escalate behaviour that challenged. Incidences of behaviours that challenged had decreased because staff used their skills and knowledge to effectively respond to the person's needs and plan the day.

Staff understood when the person was unhappy about something and took appropriate action. Relatives knew how to raise concerns and these were used to improve the service provided.

Is the service well-led?

Good

The service was well led.

Staff felt supported by the management and given the information they needed. The provider had systems and processes to monitor the quality of the service provided to people and took action where improvement was needed.

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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 December 2016 and was announced. The provider was given notice because the location provides a supported living and domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector.

The provider had 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 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 sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We contacted staff who worked at the supported living home and one person's relative by telephone on 13 December 2016; before we met with the registered manager on 16 December 2016. This was to obtain staff experiences of working for the service. A relative told us about their experiences of the services provided to their family member, because their relation was unable to talk with us themselves.

We spoke with two care staff and the registered manager. We reviewed one person's care plan to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support this person required. We looked at other records related to this person's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

The provider and care staff understood their responsibilities to keep people safe and protect them from harm. Both staff spoken with had a good understanding of what constituted abusive behaviour and their responsibilities to report this to the care co-ordinator or registered manager. One staff member told us, "I completed safeguarding training and if I had a concern I would report it straightaway and also record it."

A relative told us they felt their family member was safe when supported by staff that knew them well. They said, "For example [staff name] has known my family member a long time, many years and they know how to keep them safe. It takes staff a while to get to know my family member and only once they know them well, do I feel they have the skills to keep them totally safe."

Both staff members spoken with felt that risks were effectively managed. Staff were able to tell us about the risks to this person and the potential risk they posed to staff when they became anxious and displayed behaviours that challenged. One staff member told us, "Due to identified risks, we always have three staff to support [person's name] when we go out in the car. They enjoy being in the car, but do not enjoy it if we stop and get stuck in traffic. So, we always plan and avoid busy traffic routes and times. Also, we always have one staff member to drive and two other staff members to sit in the back with [person's name]. This means that risks to everyone are low."

One staff member said, "This person has behaviours that can challenge. We have completed training to distract these behaviours and most of the time this works. The training also taught us safe 'holds' and we sometimes use minimal restraint. This might involve placing our hands over their hands to hold them and prevent them hurting themselves. We have not had to use any other levels of restraint that our training taught us about."

Risks were assessed and actions to minimise risks of harm or injure to the person or others were recorded and staff knew what these were.

Staff knew how to deal with an emergency, such as the person harming themselves due to their anxiety or having a fall in the home. One staff member told us, "A few months ago, [person's name] had a fall, and I checked them over for any obvious injury and could not find anything. Then, I phoned 111 to get advice in case I needed to do anything else." Once I knew the person was safe and well, I completed an accident form and their daily care notes. The other staff member told us, "We have first aid training and know when to call for professional help."

Recruitment procedures made sure, as far as possible, that care staff were of good character to work with the person who used the service. All staff had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Both care staff spoken with told us they had worked at the supported living home for several years but recalled having an interview and checks being undertaken before they started supporting the person. Records confirmed necessary employment

checks were completed before staff started work.

A relative told us they had some concerns about the use of agency care staff because changes in staffing and new faces caused their relation to become anxious. This relative said, "I think there has been shortage of two care staff for the past six or seven months. That means my family member has different staff they are not used to and this causes them higher anxiety, for example they will scream when there are different staff with them. It is better for them if they have the same staff."

Care staff said they always had enough staff on shift to keep the person safe and meet their needs. One staff member said, "At night there is one staff member and during the daytime there is either two or three staff. [Person's name] always has a minimum of two staff during the daytime. If one is an agency carer, then the other staff member will be a permanent one, like me, who knows [person's name] well."

The registered manager told us two care staff had left during Autumn 2016 and these staff vacancies were currently advertised. The registered manager said, "We are struggling to recruit and fill these two vacancies. It is important for us to get the right people so that this person's needs are consistently met. Whilst we try to recruit, existing staff are willing to pick up additional shifts and we are using agency carers if needed." The care co-ordinator said, "There are just two agency carers that we have agreed to use if needed, one of them has done two shifts for us. They are experienced carers and have completed training needed for this service. Whilst we use agency, we aim for consistency in who we use on shift. Any agency carer will always be on with one of the permanent staff."

Both staff members told us they had completed training before they administered medicines to the person. One staff member told us what medicines were prescribed for the person they supported and what they were for. They said, "The medicines are in a blister pack made up by the chemist and we follow the person's medicine administration record when we give them their medicine." This staff member added that they understood when to give this person their 'when required' medicines and told us this was only used for healthcare appointments so this person did not become anxious in what they found a stressful situation. This person's care records provided information about their medicines that staff could refer to if needed.

Good

Is the service effective?

Our findings

A relative told us, "I feel most staff have the skills they need to look after [person's name]. Two staff have been with them for a long time and know them very well. It takes new or agency staff time to get to know them and that can cause my family member some anxiety." This relative added, "The new care coordinator is good and the manager is always approachable if there is anything I want to discuss about staff."

Both care staff spoken with felt they had the skills they needed for their role. Both said they had completed on-line and face to face training sessions that were essential for their role. One staff member said, "It is about seven years since I did my first training with another provider. When Selborne Care Limited took over to provide this person's supported living and care, I moved with them. Since, I moved to work for Selborne Care, they have given me refresher training so I am up to date with skills." For example, both staff told us they had completed 'managing violence and aggression' so that they could support [person's name] safely and effectively.

The care coordinator told us that all of the care team supporting [person's name] had achieved a minimum of a level three qualification in care skills which meant they had gained experience and built on their care skills over a number of years. The care coordinator said, "The keyworker has their level five leadership and management qualification and overall the team are very experienced in care work. We would never put someone new to care work in the service because they need to be experienced."

Staff told us their knowledge and learning was checked through a system of supervision meetings, observations to check their competencies. The care coordinator told us, "I meet with [person's name's] keyworker every week at the office base. The keyworker staff member is like a team leader and we discuss how things are in the team and whether this person has any changed needs and feedback from this person's parents." The care coordinator added, "The keyworker completes staff supervisions and I complete their supervision." Staff told us they felt their team worked well together with good communication.

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. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One staff member told us, "We always follow [person's routine] because this is how they like their day. None of the staff would ever force [person's name] to do things."

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). The registered manager informed us that the person did not have a community DoLS in place. Both staff told us that [person's name] did not wish to go out alone and chose to always be supported by staff when going out.

Staff told us they prepared food and drink for the person in their supported living home. One staff member

said, "[Person's name] will point to what they want in the kitchen cupboard and we will get that for them. We don't stick to set mealtimes, because [person's name] prefers to eat when they want to and this is okay, we work with what they want."

The other staff member told us, "[Person's name's] father does the food shopping and brings that to us, that has always been the arrangement and works out well. [Person's name] is very selective about what they eat, they are a safe weight and this year they have been eating better than previously and this includes more varied foods, such as porridge." The care co-coordinator said, "This person might eat the same food for two weeks or so, such as fish fingers or steak bakes. Staff encourage [person's staff] to taste different foods, such as banana, sometimes they spit it out but if they do eat it, then staff will try to include this food in what is offered to the person."

Both staff told us when they would contact the person's GP. For example, one staff member told us, "[Person's name] does get infections from time to time, so we look for signs of these and changes in their behaviour and always contact the GP if needed." The care co-ordinator and registered manager told us [person's name's] father arranged and supported them to their planned healthcare appointments.

Good

Is the service caring?

Our findings

A relative told us, "[Staff name] knows my family member very well, they are very kind and caring toward them. They have worked with them about seven years and another staff member has worked with them for two years. I think they care well for my family member."

One staff member said, "It takes time to get to know [person's name] and we always have to take things slowly at their pace and do things as they want. This is how we are showing we care for them, not rushing them or making them do things that makes them anxious. New staff and new situations do make them anxious, but we always try to think about how best to handle these changes so as to cause minimum distress and anxiety to them."

The other staff member said, "Everything we do during the time supporting [person's name] is about them and keeping them settled and happy. This means trying to keep their routine the same as this is what makes them feel safe and less anxious." This meant staff took a caring approach and had developed positive relationships with this person and were sensitive to their needs.

Staff told us they involved the person they supported in making decisions about their care and support as far as possible. One staff member said, "[Person's name] will express their views by making sounds and pointing. We know what they want from their non-verbal communication and we always act on these." The other staff member told us, "[Person's name's] parents are very involved in their care planning and being a part of what happens."

Both staff gave us examples of how they maintained the person's privacy and dignity. One staff member said, "If we support them with a shower, we will close the door to and make sure we have a towel for them." The other staff member said, "This person likes some quiet private time in their bedroom and we always respect this, we are in the flat if they need us and we can listen out for them, but if they want time alone, that is fine."

Staff understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with. Care records kept at the office were secure and were only accessible to staff authorised by the registered manager.

Good

Is the service responsive?

Our findings

A relative told us they contributed to the assessment and planning of their family member's care. The said, "I am totally involved in my family member's care and support and am always in contact with care staff at the flat and also the manager and care coordinator at the office."

Staff spoken with gave us examples of how they gave personalised care and support. One staff member told us, "Any activities we do with [person's name] have to be well planned. For example, with car trips we plan routes we take, so we avoid busy times and road work delays as far as possible. Whenever, the person I support has healthcare appointments we explain it would be better for them not to have to wait. Also, their father is very helpful in often going ahead of appointments and explaining about [person's name] so they will be understanding and helpful to us when we arrive." This staff member added, "We always follow the actions in this person's risk assessments, such as being in the car, which means one staff member drives and two staff sit in the back with [person's name] and this means they, and staff, are safe and they can enjoy travelling in the car. If they have a healthcare appointment, we know they will need to take some 'when required' medicine so the risks of anxiety are reduced."

The other staff member told us, "We understand [person's name] non- verbal communication and what each sound or behaviour means. If they point to a book, it means they would like us to read that to them. If they take off all of their clothing, this means they want a shower. Sometimes they might do this up to four times a day. We never say 'you've had a shower' or 'no, you can't have another one', instead we support them to have another shower. If we respond in this way, they remain calm and their day goes smoothly."

The care co-ordinator told us the person supported was sensitive to bright sunshine and on days when the sun shone, they wanted the curtains closed. Staff responded to these requests, which reduced levels of anxiety.

Staff gave examples of how the person they supported spent their time and explained the importance of their routine to them. As well as enjoying travelling in the car, staff told us they supported the person to buy chocolate and sweet snacks that they enjoyed eating whilst travelling in the car. One staff member told us, "[Person's name] is visited at least twice a week by their parents and two staff support them when they go out with their parents."

Staff told us they had detailed care plan information in the person's flat and were involved in reviewing the person's needs with their parents, keyworker, care coordinator and registered manager. A copy of the person's care plan was kept at the office and was detailed and personalised to them.

Staff explained how they would know if [person's name] was not happy about something. One staff member told us, "They scream if they are not happy, and also will hit themselves and might try to hit staff as well." The care coordinator told us, "The staff team know the person really well and always try to avoid things that might cause behaviours that challenge or anxiety, but sometimes things are not always avoidable. For example, recently the television had switched itself off, and this caused the person to become upset and hit

themselves." Staff told us most of the time they were able to verbally reassure [person's name] and use distracting techniques, though on a few occasions they put their hands over the person's hands to prevent them from hurting themselves.

A relative told us they phoned the home twice each day to ask staff for feedback on how their family member's day was going. This relative said they had raised a number of concerns to the registered manager on how they felt improvements could be made. For example, they had identified when specific toothpaste had not been purchased and also when a body map was not in place to show staff where their family member's cream should be applied on their skin. We saw the body map was now in this person's care plan for staff to refer to. The care coordinator and registered manager showed us they kept all of the relative's emails where concerns were identified and the responses given. The responses described what action had been taken and how the issues raised were used as an opportunity to learn and improve the supported living service provided.

Good

Is the service well-led?

Our findings

The relative we spoke with knew who the registered manager and care coordinator were and how to contact them whenever needed.

Staff felt supported within the carer team and by the keyworker. One staff member told us, "We are only a small staff team, but work well together. We will always try to cover one another if needed, such as for any leave." Both staff felt well supported by the care coordinator and registered manager. One staff member told us, "We can always telephone them if we need to and they will help us if there is any problem."

The registered manager undertook monthly visits to the person's supported living flat as a part of their 'provider visit.' However, the registered manager told us, "If I arrive and staff tell me that [person's name] would not cope with my visit on that day, I might not go inside as this would cause them anxiety." The care co-ordinator told us they tried to visit the person's flat on a weekly basis, but again if this visit would cause anxiety to the person, they would speak with staff on the telephone instead. The care coordinator said, "The weekly visits by the keyworker always take place because they are here, at the office, and we always keep in close contact with the staff team even if the manager or I do not actually visit the flat."

Systems were in place to monitor the quality of the service and included asking the person's relatives, staff and visiting healthcare professionals about their experience of the service. One of the directors of Selborne Care Limited told us, "We have not yet fully analysed the 2016 feedback from people because surveys have only been sent back to us during November. I have noticed we have not yet had one from this service, so will arrange for a further survey to be sent to relatives to ensure their feedback is gained." Feedback from 2015 was analysed and actions were taken, where needed, to improve the quality of the service provided. The registered manager told us an improvement they had, and continued to work on, was the monitoring of behavioural incident forms so that actions could be taken if any trends were identified.

We looked at medicine and infection control audits completed in November 2016 and saw no actions to improve had been identified. The care coordinator told us, "We did previously identify a prescribed cream had not been obtained when needed and this was rectified." The registered manager said, "If audits identify anything that needs to be improved on, we'll take immediate action to make sure it is done."

A system was used to record accidents and incidents and the registered manager told us that because there was only one person at the service, these were analysed on an individual basis and any actions to reduce risk or reoccurrence was taken straight away. The registered manager told us, "I do look for any pattern in reported behavioural incidents such as the same staff, the same time, the same activity, but mostly these are around changes we cannot always control, such as when the television turned itself off and when we do need to use a different staff member."