

Selborne Care Limited

Tiverton Drive

Inspection report

5 Tiverton Drive
Nuneaton
Warwickshire
CV11 6YJ

Tel: 02476347296
Website: www.selbornecare.co.uk

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19 April 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Tiverton Drive provides accommodation, personal care and support for up to four people who have mental health and learning difficulties. The service specialises in providing 'aftercare services'; the care and support of people who may have been detained under the Mental Health Act 1983 and then discharged from certain sections of the Act. The provider worked closely with other professional organisations and agencies in providing the agreed care and support to people. There were four people living at the home on the day of our inspection visit but only two people received personal care. Each person had their own bedroom and there was a shared lounge, bathroom and a dining room area that people used.

People's experience of using this service and what we found

People were supported by a well-established staff team that knew them well and how to keep them safe.

Staff were trained in safeguarding and demonstrated a good understanding of recognising signs of abuse. Staff knew how to report any concerns and told us they would be acted on appropriately by the management team.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions Safe and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence. People were supported to live their lives how they wanted to and were supported to continue doing things that interested them.

Right care: People were supported by staff that were kind and caring. Staff were passionate about their roles and the people they were supporting. They knew people well and knew their likes, dislikes, needs and preferences. This allowed staff to provide personalised care that met people's needs.

Right culture: There was a positive culture in the service that promoted independence. The staff team spoke positively about each other and the support they received from the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support was personalised and tailored to meet their needs. Staff showed a good

understanding of people; their likes/dislikes, routines and their preferred methods of communication.

Staff supported people to access the community, be involved in activities and interests that they wanted to pursue and staff encouraged and prompted people to be as independent as possible.

People were supported to take their medicines and for those people who could, they were encouraged to self-administer their own medicines. People received their medicines by trained and competent staff. Staff understood what action to take should an error occur with medicines. Daily medicine counts ensured errors were kept to a minimum.

Staff were provided with training and regular refresher training which enabled them to carry out their roles effectively. Staff told us they felt they were supported.

The staff team ensured people's health needs were met and sought appropriate healthcare when required. This included working closely with mental health support teams.

A variety of audits and monitoring systems were in place to maintain oversight of the service and to further drive through improvements which supported good care outcomes for people.

Risks to people had been assessed and identified. Staff had information which helped them to understand people's individual risks and how best to support them to reduce these.

The registered manager welcomed the inspection and during our visit, implemented improved ways of recording certain information and risks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 28 November 2018).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

The overall rating for the service has remained good based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tiverton Drive on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Tiverton Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector who visited Tiverton Drive on 19 April 2022.

Service and service type

Tiverton Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We used any information the provider had sent us from their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held, such as statutory notifications, as well as any information shared with us by the local authority. We also used the information we had recorded when we completed a recent

direct monitoring approach call with the registered manager. We used all this information to plan our inspection.

During the inspection

During our visit, people who received a regulated activity had gone out for the day, so we were unable to get their experiences of the service they received. We spoke with two staff members and the registered manager.

We reviewed a range of records. This included two people's care records and samples of medicine records and daily records. We also looked at records that related to the management and quality assurance of the service, fire safety and environmental risks, two staff recruitment files and records for infection control and risk management.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's needs were assessed, and detailed plans were in place to guide staff on how to safely support each person. For example, people had positive behaviour support plans in place. Staff followed these and understood triggers that may cause people distress and knew how to de-escalate any potential conflict.
- People's records were completed with the person's involvement and staff knew what each person's risks were. For example, risks associated with keeping people safe when accessing internet devices or supporting people to go out who were anxious and lacked understanding of road safety.
- People's identified risks were reviewed and updated to reflect any changes in people's needs.
- Environmental risks were regularly completed that included infection prevention and control, fire safety, water quality and safety and window restrictor checks.

Using medicines safely

- People were supported to take their medicines safely by staff that were trained in the administration of medicines. Where people were assessed to self-administer, reviews and checks ensured those medicines were taken safely.
- Staff had their competencies assessed which gave assurance staff were competent to administer medicines safely.
- Staff had access to the policies and procedures they required for the safe management of medicines and they knew what to do in the event of a medicine error. Each staff member completed a daily count check of medicines to ensure errors were kept to a minimum.

Staffing and recruitment

- People were supported by staff that knew them well. Many of the staff team had been employed at the service for many years. This provided people with continuity of care and support.
 - There were enough staff to support people. People received one to one support so whenever a person wanted to participate in an activity, go out, or to attend an appointment, staff were available to support them.
- The registered manager told us they could also help on shift when needed. If additional staff were required, staffing numbers could be increased.
- The provider had robust recruitment processes. We reviewed three staff files and records demonstrated there was a system to ensure that references, employment history and criminal background checks were in place to ensure staff were of a suitable character.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were not assured that the provider was using PPE effectively and safely. Upon the inspector entering the home, staff were seen not to wear face masks. The registered manager told us constant changes of guidance was not always clear, however the wearing of masks continued to be recommended. The registered manager reminded staff and agreed to ensure staff would continue to wear masks and to wear them correctly. We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Government guidance was followed by the provider to ensure visits took place safely. Visitors were screened for symptoms of COVID-19 on their arrival which included temperature checks. Hand washing facilities, hand sanitiser and personal protective equipment was available.

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. We saw evidence from that analysis, increased support from other external health professionals was considered to help support positive outcomes for people.

Systems and processes to safeguard people from the risk of abuse

- People's safety was protected and promoted because there were systems and processes in place to safeguard them.
- Staff understood and followed these processes. Staff demonstrated a clear understanding of safeguarding and knew what signs to look for and what action to take to protect people from the risk of abuse. Staff were confident any concerns raised to the registered manager in relation to people's safety would be acted upon.
- The registered manager understood their legal duty to report allegations of poor practice to us.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our visit, no one had any restrictions on their liberty or freedoms. MCA assessments were completed for those people who lacked capacity and records showed what levels of support they needed to make the right choices for them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes remained effective to identify improvements.
- A programme of audits and checks were completed at regular intervals and actions were taken to drive improvement. The locality manager reviewed completed audits and where actions were identified, action plans were in place and monitored.

Continuous learning and improving care;

- The registered manager and staff continued to develop their knowledge. For example, the registered manager and staff supported each other through the COVID-19 pandemic and kept updated with guidance to help keep people safe.
- Staff and the registered manager supported people living at the service to adjust to living with the pandemic. They supported them in different but engaging ways during periods of lockdowns introduced by the Government to manage the pandemic.
- The registered manager was committed to improving the home environment for people. Since our last visit, the home had been redecorated and people had been involved in making choices about their environment. People at the service wanted a snooker table and we saw this had been provided for people to use.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Incidents and complaints were recorded and there was evidence to understand why they had happened and to take action.
- The provider met their legal responsibility by displaying their rating on their website and in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others;

- The registered manager continued to work well with other agencies and health professionals to ensure people received the right support for them. The registered manager told us about one placement that was not suitable, they continued to provide the right level of support to that person and others at the service until a more suitable placement was found. The registered manager understood their responsibilities to support people and to work in partnerships with other agencies to find positive solutions.

- Staff said people received a good standard of care because the staff team got on well with each other, but more importantly, with those people they looked after. Staff said they worked well as a team and they worked at the service for the right reasons.