

# Selborne Care Limited

# Selborne Mews

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Selborne Mews is a care home and accommodates up to 20 people with learning disabilities. Some people living at the service were also diagnosed with mental health conditions and had complex support needs. At the time of our inspection 15 people were living at the service.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated in part by people being provided with individual living accommodation. There were some identifying signs that this was a care home. For example, the building had the name of the service on the building. Some steps had been taken to minimise the signs that it was a care home. The industrial bins were in an enclosed area and staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

At this inspection December 2019 we found that systems in place for the management of risk was not always robust and risks to people were not always identified or action taken to mitigate risk. The providers quality assurance system failed to identify where improvements were needed, or where the system had identified a shortfall they had not always taken timely action to address this.

There were systems in place to protect people from the risk of harm, but these had not always been followed by staff so concerns about people's safety were not always reported. People received their prescribed medicines, but improvement was needed to the management of medicines taken on an as needed basis.

Staff were recruited safely and inducted. Staff felt supported in their role and received supervision. There was a planned approach to training and staff were receiving training some training specific to the needs of the people living at Selborne Mews so they had the required skills and knowledge to meet their needs.

People were supported to do things they enjoyed doing and to maintain relationships that were important to them. The provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc.

People were supported to have choice and control of their lives although improvements were needed to show that people had been fully consulted with regarding making decisions about their care.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. People with varied and diverse needs were living together and these needs were not always compatible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published July 2017)

#### Why we inspected

The inspection was brought forward, prompted in part due to concerns received about the service.

#### Enforcement

We have identified breaches in relation to the management of risk and quality monitoring of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-Led.

Details are in our well- Led findings below.

**Requires Improvement** ●

# Selborne Mews

## 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.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Selborne Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission.

Notice of inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan

our inspection.

During the inspection

We met with nine people who use the service and a relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of care and senior care staff, the registered manager and operational manager.

We looked at four people's care records, three staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints records.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Systems in place to assess and manage risks to people were not always managed effectively. For example, a person had a health condition which meant that they were at risk of eating non-food items (PICA). The person was exposed to items that were a potential risk to the person. Staff that we spoke with told us that although they knew the person was at risk of putting things in their mouth they were unaware of the PICA diagnosis and associated risks.
- Risks in relation to people's health care needs were not always well managed. For example, a person was assessed as at risk of constipation. However, there was no care plan in place to say how this health needed would be monitored and reviewed. The person had been prescribed medication to manage this condition based on the frequency of bowel movement. However, the records in place to monitor bowel movements were not maintained consistently.
- A person had been assessed as high risks to other people. However, the potential risk to people they lived alongside and how these risks would be managed effectively had not been considered and risk assessments were not in place to manage these.
- We asked a staff member supporting a person with epilepsy about the emergency protocol that was in place if the person had a seizure. They told us that emergency medicine would be administered after 10 minutes. We asked the registered manager about this and they told us and showed us that a new protocol had been written which instructed staff to administer after five minutes. They told us staff had been told about the change but the documentation had not been updated and placed in the person flat for staff to refer to. Immediate action was taken at the time of our inspection to address this with the staff member and to ensure the updated protocol was known by all staff supporting the person.

Risks to people's health and welfare were not mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had an emergency evacuation plan in place and regular evacuations of the home were recorded. Fire safety equipment was in place and records showed these were maintained. Staff told us they knew how to support people safely in the event of an emergency situation or fire.

### Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we received whistle blowing concerns including allegations that people living at the service had unexplained injuries, or injuries where the cause had not been investigated. There were also allegations of poor care. We raised a safeguarding with the local authority safeguarding team. Their investigation found the provider had not always taken reasonable steps to protect people from the risk of

harm and records in relation to people's care were not always detailed.

- The provider also carried out investigations into the concerns raised and identified some additional concerns. This included concerns regarding staff members not reporting safeguarding concerns onto the registered manager so that steps could be taken to prevent people from the risk of harm. The provider shared this information and an additional allegation onto the local authority and police and further investigations were still taking place at the time of this inspection.
- Staff could tell us their responsibilities and the correct procedure to report concerns. A staff member told us, "Any concerns about people, or their care I would report to the manager and they report to the local authority and CQC."

#### Using medicines safely

- We looked at three people's medicine management. One person had been given medicines 'as required' to help manage their distressed behaviour. However, the records did not always detail the reason for administering the medicines and that staff had followed the protocol. This means people may receive medication that is not needed.
- There had been incidents of missed medicines. When this had occurred, these had been investigated and measures in place to reduce the risk of reoccurrence. For example, we saw staff were stopped from administering medicines until they completed some additional training and were assessed as safe to recommence.
- The people whose medicines we checked had arrangements in place to store their medicines safely.

#### Staffing and recruitment

- There was a number of vacant post and agency staff were being used daily to maintain the staffing levels. The registered manager told us that they were actively recruiting to vacant posts.
- There was a system in place to ensure any agency staff working in the service were suitably trained and experienced to do so. An agency staff member training record that we asked to look at was not up to date. The registered manager requested this information from the agency on the day of our inspection.
- Staff were available to support people and staff told us there were enough staff to keep people safe. Most people were supported on a one to one or higher staffing level. We saw the staffing level that people were assessed as requiring was provided.
- The provider had their own human resource department who carried out checks on staff before they started work in the home to make sure they were suitable to work with people. This included Disclosure and Barring Service (DBS). This is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.

#### Preventing and controlling infection

- The home was clean and fresh. However, the external clinical waste bins were overflowing with clinical waste items. We brought this to the attention of the registered manager and by day two of our inspection this had been addressed. The registered manager confirmed they had reviewed and increased the frequency of clinical waste collections.
- Staff had received training and followed infection control practices to reduce the risk of cross infection. They understood their responsibility in this area and were provided with supplies of disposable gloves and aprons (PPE)

#### Learning lessons when things go wrong

- There was system in place for the recording of accidents and incidents and these were monitored for themes.
- When an incident had taken place, the registered manager followed a process that considered what went



wrong and any learning to prevent reoccurrence. Minutes of staff meetings showed safeguarding incidents and learning from these were discussed with staff members.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The registered manager had undertaken mental capacity assessments. However, it was unclear how staff had consulted with people about their care when completing the assessments and what consideration had been given to the person's personal choices or wishes and preference.
- A decision had been made in relation to a person's health care, not to proceed with a well person check because it may cause the person distress. However, there were no records available to show the decision had been made in consultation with others, in the person's best interests.
- DoLS applications had been made for people who required them.
- Staff had received training in aid their understanding of the MCA. They knew who had a DoLS in place and where able to tell us how they sought people's consent before providing care and what steps they would take if a person refused care. A staff member told us, "You shouldn't presume that a person lacks capacity. Consider everything first."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had undergone assessments from health professionals in relation to their food and fluids we found that records were not always detailed. For example, a person required a soft moist diet and it was unclear from the records of what the person had eaten that this was being followed. We brought this to the

attention of the registered manager who took immediate action and reviewed the person's risk assessments and care plan and ensured these were more detailed about the risks in relation to eating and how these were managed. They also met with staff members and reviewed food records and food stock to ensure that the arrangements in place ensured the person's safety and wellbeing.

- Some people were unable to make choices about what they wanted to eat. A staff member told us, "We know what they [ person's name] like and don't like and we can always offer a different meal if they don't eat what is prepared."
- Records of food for some people showed some repetition of meals served and it was unclear if this was the person's choice, or not.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to visit their GP and other health professionals where needed. We saw involvement from a variety of different professionals recorded in people's care plans which included; epilepsy nurses and speech and language therapist. However, we saw that on some occasions when changes had been made to the management of a person's healthcare needs there had been delays with transferring this into the person's records and ensuring all staff involved with their care were informed and providing the up to date care the person needed.

Adapting service, design, decoration to meet people's needs

- People all had their own individual flats which ensured they were provided with their own personal living space that could be adapted to meet their individual needs. We saw some variation in attention to how the flats had been adapted to meet the person's Individual needs. We saw some flats were very comfortable and reflected the person's needs. For example, for a person with visual impairment staff told us how important it was to make sure the layout was familiar for the person and we saw that thought and consideration had been given to make the flat suitable for them. Some adaptations had been made so the person could freely move around their flat using a handrail to guide them and meant they could move around safely and independently.
- Some people flats had not been given this consideration. One person's flat in particular lacked thought and consideration about their individual needs. We discussed this with the manager during the inspection. When we returned on day two of our inspection significant improvements had been made to make the person's living space more comfortable, homely and suitable for their individual needs.
- Since our last inspection the registered manager had developed snug room for people to meet and relax in and a sensory room. People told us they liked these facilities.

Staff support: induction, training, skills and experience

- Staff told us they were satisfied with the training they received. Some staff told us they were completing some training updates.
- Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for development. A staff member said, "We have regular supervision, I had one recently, but you can ask to speak to the managers any time." Staff told us the registered manager and deputy manager were supportive and approachable. Another staff member said, "I really like working here and I have gained a lot of confidence and feel supported in my training and learning."
- New staff completed comprehensive induction training. Staff had also completed accredited training in the management of behaviour. However, not all staff had completed training in autism and only a few staff members had completed training in Mental Health awareness. Many of the people living at the service have these needs and would benefit from staff having the training to ensure they have the required skills to

support people effectively.

- The registered manager told us the induction period could be flexible depending on individual staff members experience and confidence. They were able to give us examples of where staff induction and training had been extended to respond to a staff member learning need.
- A high number of agency staff were working at the service. The registered manager told us that a staff profile was available on all agency confirming their suitability to work at the service. People with autism need consistency with staffing and the use of high levels of agency staff is not beneficial to their well being.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who could tell us their views spoke well of the staff who supported them. A person told us, "I am quite happy living here and I get on well with the staff." A relative told us, "I am happy with [ person's name] living here. Most of the staff are very good."
- People's diverse needs were respected, care plans identified people's cultural, religious and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- A person told us, "They [staff] do ask me about my care, yes I do feel involved."
- People were supported to make choices and decisions about their care and how it was delivered. This included what they wear and how they spent their time. One person told us, "I do jobs in my flat and go out to different places." We saw staff asking people about their care and supporting people to be independent.

Respecting and promoting people's privacy, dignity and independence

- People lived in their own flats so that they could spend time alone if they chose. People who required support with personal care received this support in the comfort and privacy on their own private bathroom.
- People were supported to maintain and develop relationships with those close to them. Staff told us how they supported people to stay in contact with family and friends and how they facilitated this for people. A person told us, "I am going to see my parents and have lunch and come back to my flat later."
- Staff supported and encouraged people to be independent. A staff member told us, "We do encourage [person's name] to do as much as they can themselves and then step in when they need our help." Staff told us about people that had recently moved on to live in a setting that provided more independent living and how this had gone well for individuals.
- Where appropriate advocates had been involved with supporting people to help make decisions about their care. An advocate is an independent and appointed to make sure the person's voice is heard on issues that are important to the person.
- The registered manager completed dignity audits and observed practices of staff to promote good practice. Records showed some areas of practice where improvements were needed. For example, the dignity audit showed that during handover between staff members people's confidentiality had not always been respected when discussions had taken place in front of another person living at the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in the main by staff who understood their needs, likes and dislikes.
- People's care plans included information about their likes, dislikes and preferences and work was taking place to update these records.
- Since the last inspection the registered manager had developed an onsite sensory room. The room had been developed to include different textures, sounds and equipment to suit the diversity of people's needs. Staff told us people had really benefitted from the facility and people enjoyed using the room.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A relative told us, "They [ Staff ] are friendly and approachable, especially the manager."
- People were supported to follow their interests and take part in activities that were of interest to them. We observed staff encouraging people to access the community. Some people went out for a walk to the local park, one person went to visit family members a small group of people went to visit a Christmas market. People told us they were supported to do things they enjoyed doing. We read in a person's records that they enjoyed having stories read to them, when we visited their flat we saw that a staff member had just read to them.
- People were supported to be part of the local community and access social events outside of the home. People had been supported to enjoy and take part in day trips and holidays as a group and on an individual basis. Staff were able to give us examples of people being supported to take part in activities and interest. A staff member told us about a person who didn't go out much and how staff had supported them to do things they liked to do. They now enjoyed going out to the pub and for a drink, they had been supported to do something they enjoyed doing.
- The provider had a system in place for recording and monitoring the activities that people had been involved in, in the home and the local community. We saw these records were often not completed. This made it difficult to ascertain what people had done and their response to the activity which would help inform future planning. This was essential for many of the people who would not be able to verbalise and share their views.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people in easy read format and using symbols, so it was easier for people to understand.
- Information about how people communicated was included in their care plans to ensure staff could recognise the different ways that people communicated their needs and wishes.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Staff could tell us the signs to look out for to identify if people were happy or not.
- Records showed that where a complaint had been made these had been investigated in line with the providers procedures.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. The registered manager told us that were in the process of ensuring that information pertaining to people's end of life wishes and preferences would be recorded in people's care records.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to assess, monitor and mitigate risks to people however these were not always robust and followed through consistently. Risks to people were not always updated following a change in need, risks and their management were not always clear and the escalation of risk and dissemination of information in relation to risk was not always robust.
- There were systems in place to ensure people's consent was sought, however these were not always consistently followed. For example, how staff had consulted with people about their care and the outcome had not always been recorded.
- Shortly after our inspection the local authority carried out a visit to the service and concern was raised about the storage and management of a person's medicines. The provider informed us about the concerns on a notification to us. The person who recently come to live at the home, their medicines had not been managed in line with the providers policy and procedures and this had not been identified through their own monitoring systems.
- At the last three inspections at this service the well led key questions has been rated as requires improvement in four inspections and 'Inadequate' in one inspection. This demonstrated that the registered provider's systems in place to review quality were not always effective enough to drive the improvements in the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recently registered with CQC following a period of time as the deputy manager. They demonstrated an understanding of their responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager took action on many of the issues that were brought to their attention during day one of our inspection and progress on these were seen by day two. The provider's representative who was present throughout the inspection process told us they would be strengthening the management support at Selborne Mews and this was likely to mean an additional deputy manager. This gave some reassurance to us that the issues we raised would be addressed and improvements made to the effectiveness of the governance systems.



Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Recent safeguarding incidents at the service identified that some staff had failed to take action to protect people and this indicated there was not a consistently open culture at the service.
- People had their own living environment which provided people with a degree of personalised care and control over their day to day living environment. People's flats are within an enclosed complex. Although the provider had strategies in place to reduce incidents, at times some people's behaviour had negatively impacted on the safety and wellbeing of others.
- Records showed that the provider had systems in place to monitor the service this included unannounced visit at night, observed practice of staff, dignity audits and CCTV in communal areas that was monitored. The registered manager told us they had increased the frequency of monitoring checks following the recent concerns at the service.
- The registered manager demonstrated a person-centred approach for the people they supported. We saw very positive interactions between people and the registered manager and many kind and caring interactions between people and staff.
- Staff said they felt supported by the registered manager and could raise concerns if needed. A staff member told us, "They [ registered manager] is really open and cares about the people living here."

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

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff communicated with the GP, speech and language, physiotherapists and other professionals when required.
- People's care plans contained information about how they liked to be supported and people's religious and cultural needs so staff knew what peoples support preferences were.
- Staff we spoke with understood what was expected of them and had a good understanding of whistleblowing. They told us they received supervision with managers and told us the management team were approachable.
- People and their families were asked to give feedback about the service. Surveys had recently been distributed. However, information was yet to be collated and analysed.

Continuous learning and improving care

- The registered manager recognised that improvements needed to be made at Selborne Mews. They also recognised the importance of ongoing training and development for themselves and the staff team. For example, they were looking at upskilling staff in medicine management so that all staff supporting people would be trained to administer medicines and have their competencies assessed.

Working in partnership with others

- The registered manager worked in partnership with various external agencies, including local authorities and a wide range of health and social care professionals.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to ensure that risk to people were well managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider's systems in place to review quality were not always effective enough to drive the improvements in the service.