S.E.L.F. (North East) Limited

SELF Limited - 16 Park View

Inspection report

16 Park View
Hetton le Hole
Houghton Le Spring
DH5 9JH

Date of inspection visit:
08 February 2018

Date of publication:
22 May 2018

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

Summary of findings

Overall summary

The inspection took place on 8 February 2018 and was unannounced. This meant the provider and staff did not know we would be coming. The inspection was planned partly in response to concerns raised with the Care Quality Commission (CQC) about the management of a recent safeguarding concern at the provider's adjacent services.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

16 Park View 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. 16 Park View provides care and support for up to eight people who have a learning disability, some of whom have a forensic background. Nursing care is not provided. There were eight people using the service at the time of our inspection.

The registered provider operates three separate services at Park View (numbers 14, 15 and 16). During this inspection we inspected all three services. Although the services are registered with the CQC individually we found that there were areas that were common to all three services. For example, training programme and delivery, joint staff meetings and one set of policies and procedures across all three services. For this reason some of the evidence we viewed was relevant to all three services.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risk assessments clearly set out how staff should protect people who may be at risk of absconding, or at risk of harm from others.

Staff did not always ensure confidential information was appropriately locked away and the registered manager needed to review arrangements in place for monitoring the movement of some people between services.

People who used the service interacted well with staff and told us they felt safe. No relatives or external professionals we spoke with raised concerns about safety.

There were sufficient numbers of staff on duty to meet people's needs and staff were aware of their safeguarding responsibilities.

All areas of the building were clean and processes were in place to reduce the risks of acquired infections. The premises were generally well maintained, with external servicing of equipment in place.

Pre-employment checks of staff were in place, including Disclosure and Barring Service checks, references and identity checks. These checks were refreshed after three years after external advice.

Medicines administration practices were safe and staff had been trained appropriately.

People had accessed external healthcare professionals such as GPs, psychiatrists, nurses and occupational therapists to get the support they needed. Staff liaised well with these professionals.

Staff received a range of mandatory training and training specific to people's needs.

People were encouraged to have healthy diets and were protected from the risk of malnutrition, with meals being a communal, positive time.

The premises were appropriate for people's needs and there were ample communal areas and bathing facilities.

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

Relatives and external professionals confirmed staff had formed good relationships with people, in part thanks to a continuity of care and a keyworker system.

People were encouraged to access their local community, which reduced the risk of social isolation.

The atmosphere at the home was communal and relaxed. Person-centred care plans were in place and regular house meetings took place. Care plans were reviewed regularly with people's involvement and people were empowered to make their own choices.

The service had good links with a local farm, stables and college, and people pursued a range of activities and hobbies meaningful to them.

Auditing was in place but required improvement to become effective and manageable in the future.

People who used the service, relatives and professionals we spoke with gave positive feedback about the leadership provided by the registered manager and the personal interest they took in ensuring people's day to day goals were met. The registered manager and staff had maintained a caring, person-centred culture within which people were supported to develop their independence.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has deteriorated to requires improvement.	**Requires Improvement**

SELF Limited - 16 Park View

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.

We visited the service on 8 February 2018 and the inspection was unannounced. The inspection team consisted of two Adult Social Care Inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We also asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During the inspection we spent time speaking with four people who used the service and observing interactions between staff and people who used the service. We spoke with five members of staff: the registered manager and four care staff. We spoke with one visiting healthcare professional. We attended a staff meeting. We looked at three people's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection we spoke with two relatives of people who used the service and four external professionals.

Good

Is the service safe?

Our findings

We found a range of risk assessments in place, which were specific to people's individual needs and had regard to promoting people's individual freedoms. These assessments were in people's care plans, reviewed regularly, and when we spoke with staff they demonstrated a good awareness of how to minimise the risks people faced.

Risk assessments were individualised and made it clear to staff the types of prompts or triggers people may display before displaying behaving that may challenge. Plans were detailed in their instructions to staff regarding coping and de-escalation and distraction strategies. Where relevant, people had 'mood logs' or 'anger logs' in place which staff completed to identify if people's patterns of behaviour changed over a period of time. These were then shared with community nursing professionals, who then liaised with multi-disciplinary colleagues and the registered manager to agree the best means of keeping people safe. One professional told us they felt a number of people who used the service had "flourished" thanks to the person-centred approach to risk management and the respect for people's rights and freedoms. They went on to say, "I'm here often and people's risks have always been managed well. We haven't had any concerns."

Premises and equipment were to a high standard and appropriately maintained, with contracts in place to ensure equipment was maintained and serviced to ensure safety. This included gas appliances, electrical installations and fire alarms and fire-fighting equipment. Portable Appliance Testing had been completed and the periodic electrical inspection was planned to be completed shortly after the inspection visit. The premises were clean throughout and people who used the service and visitors confirmed this to be the case.

Staff had completed specific training intended to better enable them to keep people who used the service and themselves safe, for example fire awareness training and safeguarding training. When we spoke with staff about how to identify signs of abuse and what to do if they had concerns, they were consistent in their responses and felt supported to raise concerns if they had them.

We observed people interacting in ways that demonstrated they were comfortable in their surroundings, with other people who used the service, and with staff. For instance, on our arrival people were interacting with each other in the communal area and sharing a joke with staff. People told us, "It's nice here. They used to shout at me in the last place but the staff here are lovely," "The staff make it feel safer," and "I'm safe because staff are there for you and if you have any problems they will help you." One relative told us, "My [relative] is happy and content, he gets on well with everyone and the staff. He is more relaxed here and we feel very safe."

The registered manager, who was also the director, had formed good relationships with police liaison representative and multi-disciplinary team personnel to ensure the risk people faced could be approached strategically and as a wider community team.

Recruitment processes continued to be followed for new staff to ensure suitable staff were employed. All

necessary checks were carried out for each new member of staff including two references and disclosure and barring service checks (DBS) prior to someone being appointed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults. The provider had recently introduced a three-yearly refresh of these checks, on the advice of the local authority, to help ensure staff who had been at the service a number of years remained suitable to work in the service.

We found there were sufficient care staff on duty to keep people safe and meet their needs, day and night, and staff worked well as a team. Rotas demonstrated a consistent level of staffing and people who used the service and their relatives confirmed there was always sufficient staff available. Staff also raised no concerns in this regard, whilst people who used the service told us, "There are always loads of staff," and "Yes, there are always plenty of them about."

We found no errors in the medication administration records (MARs). Where people needed medicines on a 'when required' basis (including creams) we found documentation could be improved and was often handwritten on to the existing MAR, which did not allow for detailed additional plans. The registered manager of the provider's adjacent service told us they were in talks with the pharmacy provider to ensure this information was on the MAR at the point of prescription for all three of the provider's services.

On our arrival we were able to walk into the building without having to pass any kind of security (for example, being asked to show identification or sign in) and we noted people from the provider's other two locations adjacent were able to access the building during the day. Whilst there were some positives to this in terms of the communal, pro-social feel the provider wanted to instil, there were risks associated that needed more close management. The registered manger agreed to review this area of practice, alongside reminding all staff of the importance of ensuring confidential sensitive information was stored securely. We noted the office where these records were kept was not always locked when unstaffed during the inspection, meaning there was potential for people to inappropriately access this information.

Good

Is the service effective?

Our findings

Records showed that staff had completed a range of training in areas such as safeguarding, Mental Capacity Act 2005 (MCA), moving and handling, fire safety, first aid and food safety. Staff had also completed training specific to people's needs including epilepsy, diabetes and dysphagia (when a person has difficulties swallowing). When we spoke with staff they demonstrated a good knowledge of people's needs and told us they found the role of keyworker a rewarding one. People who used the service told us, for example, "I know all the staff and they know me well," and "The staff are here to help. They have a laugh with you and look after you – they are good at what they do."

Staff received regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received three supervisions a year and an annual appraisal. Records of these meetings showed they were used to discuss any particular support needs the member of staff had, as well as areas of practice such as behaviour management, medicines and infection control. Staff told us, "The support is great – we are always doing training and it's a mix of face to face and some online things," and "If there's someone new moves in with complex needs then we get loads of background and training so we know what we're doing in advance. They're really good like that."

The 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. The application procedures for this in care homes and hospitals are 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 were being met. Where people were subject to DoLS authorisations these were clearly recorded and monitored to ensure the registered manager applied for new authorisations in good time should they be necessary. Where possible people had consented to their care and had signed care plans to show this as well as specific consent forms. Staff had received training in the MCA and DoLS.

People were supported to meet their nutritional needs. We spoke to staff about menus and were informed that there are two choices on a lunch and tea time for people to choose between. Staff explained that people were asked their choices prior to each mealtime and that other options were available for people if they didn't want either of the two planned choices. Feedback from people who used the service was consistently positive about the standard of food, and the encouragement they received to play a part in planning and making it. One person told us, "I make my own food but they do nice things for us when we want," and another said, "I like the meals, they are much better than any hospital!"

Most people helped prepare meals in the home on a rota basis. There were rotas on display in the kitchen to

inform which person would be assisted by staff to prepare lunch and tea time meals. Staff and people who used the service told us this helped to increase people's independence and give them a sense of responsibility.

People were supported to access external professionals to monitor and promote their physical and mental health. People told us, for example, "I go to the doctor's every two weeks for my injection" and another said, "I always go for check-ups – the staff call the doctor." People's care plans contained records of involvement with GPs, dentists, psychiatrists and other professionals involved in their care. People were supported to achieve good health and wellbeing outcomes thanks in part to the timely involvement of these professionals.

Staff meetings were held regularly and minutes of these meetings detailed a broad range of discussion points such as safeguarding, rota, professionalism, training and updates regarding individual's needs. We attended one team meeting and found staff demonstrated an ability to share important information appropriately.

Good

Is the service caring?

Our findings

People who used the service told us, for example, "The staff are always nice to me. They never hassle or rush me." Another said, "We sit down and have meals together every day – they always have time for me." One relative told us, "They are very caring. If [relative] doesn't know what to do the staff will talk it though with them so they can come to their own understanding and make their own decision, right or wrong." People were therefore consistently complimentary about the attitudes of staff.

We found staff knew people well and had built strong relationships with them. People were assigned a keyworker and we found these staff demonstrated a good knowledge of the person's individualities and preferences. Care plans contained good levels of information regarding people's preferences and wishes.

We found there to be a homely feel to the service where people interacted well with their peers and staff. We found this had a positive impact on people's wellbeing. Relatives told us, "They have really come on in there – there's a lot of freedom and they have responded to that," and, "It's relaxed and homely and they are more at ease." Another said, "[Relative] is more relaxed and content here. They used to be so quiet and not say very much at all." During our observations people played games with each other and staff and generally interacted in a relaxed fashion that demonstrated they felt at ease in the environment and with the people around them.

We observed staff treating people with respect and patience throughout the inspection, valuing their choices and the fact they may change their mind. Staff understood that people who used the service had differing levels of independence, and were mindful of this when asking people what they would like to do or encouraging them to take part in activities. There was a consensus of opinion that staff took the time to actively listen to people's concerns, however small, and that this was valued by people who used the service. They told us, "Anytime you want you can talk about your problems. I just say to staff, 'Can I have a word with you?' and they take you somewhere where you can talk straight away," and "Whenever I have a problem they are there – day or night."

When we spoke with external health and social care professionals they confirmed the staff and leadership focus at the service was to support people's independence as much as was practicable whilst also keeping people safe.

Where people were in contact with family members we saw this was encouraged and facilitated by staff. One person told us, "It's quieter here and you have a lot of freedom. If my family come to visit they offer them dinner. They are really good like that."

People who used the service told us they were involved in their own care planning and review, and that staff asked them regularly if they were meeting their needs, and that they understood the reasons for care plans being in place. Regular service user meetings were held as a means of ensuring people had a forum in which they could raise concerns or queries. Relatives confirmed they were also involved in care planning and review.

Care plans contained detailed information about how best to communicate with people on their terms and how to ensure staff did not trigger or raise anxieties in people. For example, giving them specific activities as an alternative if they were distressed, or avoiding particular topics. When we spoke with staff they displayed a good knowledge of how to communicate with people and we observed numerous examples of this during the inspection.

People's rooms we saw were well decorated and personalised, for example with pictures, memorabilia and their own belongings.

Good

Is the service responsive?

Our findings

Before people started using the service assessments of the support they needed were carried out, covering, amongst other things, mobility, dependency and eating and drinking. As well as people's physical needs these assessments also covered people's family history and religious beliefs and practices. The registered manager and staff demonstrated a strong understanding of people's needs, whether relatively new to the service or more established.

The pre-assessment and how information was shared with staff differed for each person who used the service. For example, if particular training or awareness was required to ensure staff were able to meet a person's needs, this was arranged. Likewise, the registered manager sought information from people's previous care provider to ensure they were better able to meet their needs.

People had a range of care plans in place to meet their needs, which had been identified from their assessments. Care plans were personalised and included peoples' choices, preferences, likes and dislikes.

Care plans were detailed and contained clear directions to inform staff how to meet the specific needs of each individual. Records showed care plans were reviewed on a regular basis and in accordance with people's changing needs. All care plans we reviewed were up to date and reflected the needs of each individual person.

People had individual activity programmes in place to help them develop practical skills such as self-care to improve their independence and boost their confidence. Programmes also contained activities to suit people's hobbies and interests. The registered manager of the provider's other two services showed us around the home and we saw there were ample communal spaces, where people who used the service could spend time with each other and take part in in house activities.

People benefitted from a varied range of activities and socialisation opportunities, such as attending football matches on the field opposite the home, visiting a local farm and stables, going shopping, going to museums and other day trips. People told us, for example, "I go to college on a Monday and Tuesday. I like going out in the minibus and we sometimes go to Beamish museum." Another said, "I go to the gym a lot and I go to the stables and put the bedding down for the horses." There was a vibrant array of activities available to people and an external healthcare professional we spoke agreed this was an important part of supporting people's wellbeing but also ensuring they used their time positively.

The approach to activities and care planning more generally was person-centred and had a regard to people's choices. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. One person told us, "I go to bed early or late depending on how I feel. I can do what I like." Another person said, "They give you more trust and responsibility. They believe in you and the goals you are going for."

At the time of our inspection no one at the service was receiving end of life care. Records showed that initial

discussions had taken place with people, although some did not want to have detailed plans around end of life care at that time.

We saw evidence that the registered manager and staff liaised promptly and regularly with external professionals when people's needs changed, or when further support or advice may be needed. We spoke with some of these professionals who agreed staff members kept them updated and appropriately raised questions or concerns with them in a timely manner.

With regard to complaints, there had been none recently and no one we spoke with raised concerns. People who used the service and relatives confirmed they knew how to raise any concerns they may have, and who to raise these with.

Residents' meetings took place regularly, at which people who used the service could discuss the planning of future activities, menu options, and any concerns they may have. People we spoke with were also confident they could raise any concerns with their keyworker.

Requires Improvement

Is the service well-led?

Our findings

Auditing processes required improvement. The majority of auditing processes were completed by the registered manager of the provider's other two services, and not 16 Park View. The audits were monthly and included health and safety, maintenance, medications and Control of Substances Hazardous to Health. We found, whilst they had maintained a level of oversight across all three services, this was not a practical or manageable means of ensuring service provision was maintained to a high standard in the longer term. Both the registered manager of these other services and the registered manager of 16 Park View told us some of these quality assurance duties would be appropriately delegated when new 'Head of Care' positions were filled. The provider's intention was to have a Head of Care at each of the three locations to ensure there was sufficient leadership and managerial support. At the time of inspection two of the three planned posts had been filled, although the staff had yet to begin work.

In addition to onsite auditing there was a regular visit by another company director, who undertook a range of checks. These included health and safety checks such as whether fire routes were clear, infection control standards, maintenance issues and water temperatures. They also reviewed care plans and staff files to see if there were any concerns or patterns evident. With regard to medicines, this audit, completed in January, did have a section entitled 'medication file/stock' with a 'yes' box ticked. It was unclear what information this audit had reviewed in terms of medicines.

Whilst we did not find evidence of any significant detrimental impacts on people due to the nature of the auditing processes in place, there was also no evidence that the auditing regime had led to significant service improvements.

We reviewed the service's overarching 'Mission Plan/Action Plan' for 2018 and found it to be lacking in detail and dates for individual actions, against which to monitor progress. Whilst the general goals in the plan were positive, it was not a plan against which performance could be effectively measured at the end of the year.

People who used the service interacted well with the registered manager, who demonstrated an excellent knowledge of the needs of people who used the service. External professionals we spoke with spoke positively about the registered manager and the way they communicated with them.

The majority of records we reviewed were accurate, up to date and person-centred. Staff we spoke with gave consistently positive feedback about the support they received from the registered manager and their leadership on site. One staff member told us, "They are here most of the time and have always been fair and flexible with me." Another said, "They are really sound. They've made the place what it is."

Staff meetings were held regularly as a means of ensuring information was shared and there were additional forums in which to raise any queries.

The registered manager displayed a lack of knowledge in some aspects of when they would need to notify CQC of relevant events and agreed to review relevant guidance on this matter to ensure they notified CQC of

appropriate events. They agreed to review the relevant guidance documentation and contact CQC should they have any further queries.

Good community links were in place, particularly with a local college, stables and farm and football club, all of which enabled people to engage in a range of activities meaningful to them. The registered manager had ensured people were able to access their community in a positive, meaningful way, and that they were protected against the risks of social isolation.

Turnover of staff was relatively low and staff morale was good, both with new staff and more experienced members of the team. We found staff had helped to deliver the person-centred service the leadership aspired to provide, with a focus on helping people achieve levels of independence within a homely and supportive environment. The openness and communal nature of the culture and atmosphere was a positive factor in the feedback we received, but the registered manager and provider needed to ensure the risks associated with such openness, for example people being able to move between all three locations, given the particular risks people who used the service faced, were more closely managed.