

Selborne Care Limited

Selborne House

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Selborne House is a 'care home' and accommodates up to 15 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 11 people were living at the service.

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

At our previous inspection we found a breach of regulation 11, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to risks to people not being managed effectively. There was a lack of intervention around assessing incidents as they arose and taking appropriate action, people were exposed to the risk of ongoing harm. Decisions were made by the provider on the person's behalf without ensuring these were taken in the person's best interest in line with the law. The provider had not ensured appropriate audits and governance systems were in place within the service and there were failures in effective reporting systems. At this inspection we found that improvements had been made and breaches had been met.

Some further improvements were needed to ensure the quality systems in place were fully effective and imbedded into day to day practice.

Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them. People were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse. People were supported to access healthcare professionals when required.

Improvements had been made to the training and support that staff received so they had the skills to meet people's needs. Where further training was needed plans were in place to provide this. Not all staff understood the importance of seeking people's consent before providing support.

People's care records were person centred and guided staff on the way they preferred their care and support to be provided. 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. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

People

The care service had not been designed and developed 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. The building layout and design was not always suitable for people with complex needs and challenging behaviour. There are long narrow corridors, numerous internal doors, internal locked doors with key coded pads, bedrooms close to communal areas. The environment is not conducive for its intended purpose.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The last rating for this service was Inadequate (report published March 2019)

This service has been in Special Measures since our inspection in January 2019. During this inspection, the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any key question. Therefore, the service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our well-Led findings below.

Requires Improvement ●

Selborne House

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 one inspector and an assistant inspector.

Service and service type

Selborne House 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 did not have a manager registered with the Care Quality Commission. This was discussed with the provider at the time of the inspection and they told us it was their intention to submit an application to register a manager imminently.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection

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.

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.

During the inspection

We spoke and or spent time with seven people who use the service. We also 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 six members of care staff, the manager, operational manager, regional director and the providers behaviour specialist. We also had contact with two health care professionals.

We looked at three 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 inadequate. At this inspection this key question has now improved 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.

At our last inspection we found significant failing in the providers management of risk. The provider had failed to robustly assess the risks relating to people's safety. People had known risks that were not being managed effectively. There was a lack of intervention around assessing incidents as they arose and taking appropriate action, people were exposed to the risk of ongoing harm. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 12 or 13.

Assessing risk, safety monitoring and management

- Improvements had been made regarding managing risks associated with people's health effectively. Some clarification was required regarding a health issue for one person and this was clarified with a health care professional during the inspection and records were updated. An epilepsy protocol required clarification regarding emergency medicines timescales and this was amended during the inspection.
- Improvements had been made to the environment. Maintenance matters were dealt with promptly and regular checks at intervals throughout the day had been introduced so that any items that could present a risk of harm to people were removed. We saw a COSHH storage area was left unlocked and brought this to the managers attention.
- Risk assessments provided information and guidance to staff to mitigate the risks. Staff were knowledgeable about potential risks to people and how to support people safely.
- Staff kept a constant presence in communal areas to make sure people were kept safe and to respond to people's request for support.

Using medicines safely

- Staff could describe to us the circumstances that medicine given on an 'as needed' basis (PRN) may be given and protocols were in place.
- Care plans needed to be in place to support medicine given as PRN and detail how to offer the medicine (such as outside the normal medicine round).
- People received the right medication at the right time. Medicines were stored safely and people's medicines administration records (MAR) were completed accurately. Staff had been trained to give medication safely and confirmed to us their competencies to administer were checked regularly.
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were checked regularly.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed around staff and one person told us they would speak with staff if they were not happy about something.
- Staff demonstrated a good understanding of the types of abuse people could be at risk from.
- Staff told us they were confident to report any concerns with people's safety or welfare to the management team or to external agencies and were confident that action would be taken. A staff member told us, "I would report anything to the manager, and their manager and to CQC, I am confident that any concerns would be dealt with."
- The provider had safeguarding systems and staff had received training.

Learning lessons when things go wrong

- The provider had systems in place to look at incidents for each person to identify trends; there was effective oversight of this information.
- The registered manager was aware of their responsibility to report any concerns to the relevant external agencies.

Staffing and recruitment

- We saw that staff were available to support people and staff told us there were enough staff to keep people safe and to meet people's needs. Where people were supported on a one to one basis this support was provided.
- The manager told us that they were actively recruiting to vacant posts. Some agency staff were supporting the service and the manager told us that this was gradually reducing, and regular agency staff were requested to ensure consistency with people's care. There was a system in place to ensure any agency staff working in the service were suitably trained and experienced to do so.
- Checks were carried out 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; the provider has employed the services of contract cleaners to maintain hygiene standards.
- 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)

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always receive good outcomes.

At our last inspection we found that the principles of the MCA were not being followed. Decision were made by the provider on the person's behalf without ensuring these were taken in the persons best interest in line with the law. This was a breach of regulation 11 (Need for consent).

At this inspection action had been taken to improve and the provider was no longer in breach of regulation 11, although some improvement was needed to ensure staff sought people's consent before care was provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff were trained on MCA and able to tell us about the importance of respecting people's capacity to make choices. However, we saw that not all staff checked people were happy before providing support or sought their consent before care was provided. For example, staff did not ask a person's permission or explain what they were doing when a clothes protector was put on at meal time.
- The provider ensured that best interest meetings had taken place when needed.
- The manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. They also had a process to record the expiry date of any authorisations along with those with any conditions, so these could be monitored.

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

- Some people required the support of staff to prepare and eat their meals. One person would at times chose to eat some meals in their own bedroom. The person had guidelines in place to ensure they were supported safely and seated upright during meal times however their bedroom did not have all the appropriate furniture to ensure this could be facilitated.

- People who were able to share their views told us they enjoyed the food and drink. One person told us how they had been supported to enjoy healthy meal choices which had resulted in them losing weight in a controlled way, to benefit their health and wellbeing.
- People with specific dietary needs due to preferences or a specific health condition were catered for.
- Records showed that people's weight was monitored to ensure they were staying healthy. Records did not always detail the date and time of day that people were weighed, this was addressed during the inspection.

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

- Good practice guidelines (Building the right support) promotes that people with complex needs and challenging behaviour should receive personalised care and not live in large congregate settings.
- Since our last inspection many improvements had been made to the decoration and the maintenance of the building to make it homelier for people. However, the building design and layout remains problematic for people. There are long narrow corridors, numerous internal doors, internal locked doors with key coded pads, bedrooms close to communal areas. One person had a living environment that had been developed into a bedsit style accommodation and was personal to their needs. However, most people were living in communal style accommodation and people's needs were not always compatible with each other.

Staff support: induction, training, skills and experience

- At our last inspection we found where people had complex needs and mental health conditions care staff did not have the skills and knowledge to minimise risk and provide effective support. The provider had not ensured care staff had the appropriate training and supervision.
- Improvements had been made to staff training. New staff completed a comprehensive induction training. Staff had also completed accredited training in the management of behaviour. However, about half the staff team had not completed epilepsy training and only a few staff members had completed training in Mental Health awareness. The manager advised that a training plan was in place which they were working towards.
- Staff told us they felt supported in their role and could approach any of the management team for support and advice and received regular supervision.

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

- At our last inspection we found that healthcare professionals were involved in people's care, but this was not always proactive or timely. Improvements had been made people's healthcare needs were monitored to make sure any changes in their needs were responded to promptly.
- People had access to health and social care professionals. Records showed people had been supported to access services such as GP, dentist and optician.
- A visiting healthcare professional told us and another one told us, "I have had several meetings at Selbourne House and I have noticed some positive changes in management, staff behaviour and welfare of citizens."

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

- There had been no new admissions to the service since our last inspection.
- People's care plans had been developed and contained information on their likes and dislikes and their aims and goals.

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 requires improvement. At this inspection this key question remains the same. This meant people did not always feel well supported, cared for or treated with dignity and respect.

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

- At our previous inspection we found some care staff did not engage or interact with people in a productive and positive way. We found the provider did not have systems in place to ensure the culture that was developed in the service was caring towards people.
- At this inspection improvements had been made. The provider had brought in experienced staff from their other services to support the staff team, to be positive role models and staff training and development had taken place to improve the culture.
- Most observations and interactions were positive and showed an improved culture within the home. However, on some occasions staff interactions with people were not appropriate, for example referring to a person as being grumpy or being task focused.
- People who could tell us their views spoke highly of the staff who supported them.
- People's diverse needs were respected, care plans identified people's cultural, religious and spiritual needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff protected people's privacy and dignity while completing tasks such as personal care.
- People had their own rooms which were personalised and contained their own personal possessions. People's rooms was their own space and we saw staff sought consent before they entered these rooms.
- People were encouraged to take control of their lives and were supported to complete household tasks and personal shopping.

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

- Staff worked with people, relatives and professionals to make sure their needs were met.
- Records showed people were involved in their care.
- Staff spent time talking to people and engaging them in activities.

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 requires improvement. At this inspection this key question has remained the same. This meant services were not planned or delivered in ways that met people's needs.

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

- Since our last inspection the provider had been proactive in requesting reassessments of people's needs and had supported some people to move on to live in more suitable settings and in some cases to live more independently.
- This showed a commitment by the provider to ensure people would be provided with the appropriate care and support to meet their individual needs. However, people with varied and complex needs continued to be living together and these needs were not always compatible.
- People were supported in the main by staff who understood their needs, likes and dislikes. Where staff were new, or agency experienced staff worked alongside them to ensure consistency.
- People's care plans included information about their likes, dislikes and preferences.

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.

- The manager understood their responsibility to ensure that important information would be given in accessible formats.
- Information was provided in easy read and picture format. For example, care plans were provided in an easy read format.

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

- People told us about the things they enjoyed doing. One person told us, "I had my hair cut and went out for something to eat and did some shopping."
- People were supported to take part in a range of activities including a walk in a local park, shopping, day trip to a leisure park and in-house board games. Some people were happy to relax and watch a television programme. From talking to people and reading their records we saw they were supported to do things they enjoyed doing.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they needed to. One person told us they could talk to the

staff about things.

- 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.

End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection. People and relatives had been supported to record their wishes in relation to any wishes they wanted respected at the end of their life

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 inadequate. At this inspection this key question has now improved to requires improvement. 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.

At our last inspection the provider had not ensured appropriate audits and governance systems were in place within the service. There were failures in effective reporting systems. The provider had failed to ensure there were effective systems in place to ensure people's needs were met. They had not identified care plans and risk assessments were not updated in line with people's changing needs. The provider did not have systems in place to ensure that processes were reviewed as things changed within the service. This was a breach of regulation 17 (Good Governance). The provider had not sent statutory notifications to CQC regarding safeguarding incidents and serious injury. Statutory notifications are required by law to inform the commission of significant events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Notifications of other incidents). The provider had also failed to comply with the conditions of registration that had been issued in November 2017 and this was a breach of regulation 33.

At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17. The provider had also complied with their conditions of registration that had been imposed. This included not admitting new people to the service without the prior agreement of CQC and sending monthly reports to CQC on how the provider was ensuring effective oversight of Selborne House.

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

- At this inspection we found that improvements had been made to the oversight of the service. Some further improvements were needed to ensure the systems in place were fully effective and imbedded into day to day practice.
- There were systems in place to monitor care records. However, these had not identified that some records required improvement. For example, records said checks should be made to people during the night but did not detail the reasons why or how the checks would be made. Also, some care records lacked detail about care given and people's response to care.
- Clarification was required regarding a health issue and an epilepsy protocol these were addressed during the inspection.
- There were systems in place to monitor health and safety and environmental risks to people and these had been improved significantly since our last inspection. However, we observed on a few occasions that the robust systems were not stringently followed, for example, we saw an unlocked storage area with COSHH items stored.

- Following a previous inspection (2018) the provider was required to submit monthly reports to tell us about how they were using their quality monitoring systems to drive improvements at the service. At our last inspection we identified that this condition had not always been complied with. However, since the inspection in January 2019 the provider has fully complied with this condition. The monthly reports were comprehensive and reflected the improvements we found during this inspection.
- The manager and operations manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection.
- The provider and manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, and their most recent inspection rating was displayed within the home.
- There was no registered manager at this service and this was discussed with the provider at the time of the inspection. They told us they would be addressing this matter and would inform us of their decision imminently.
- The provider understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

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 provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen.

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

- People and staff told us they felt listened to. One person told us that they knew who the manager was and liked talking to them.
- We saw the manager was visible and spent time talking to people, staff and visitors to the service.
- The manager and staff encouraged feedback and acted on it to improve the service. For example, by holding meeting with residents and undertaking care reviews.
- Staff told us the management team and senior managers were helpful and approachable and that the service had been improved.
- Health and social care professionals that we spoke with told us that there were many improvements at the service and relationships with professionals had improved.

Working in partnership with others; continuous learning and improving care

- Following the previous inspection and rating of inadequate the provider undertook a comprehensive root cause analysis into what went wrong, and lessons learnt, and this was shared with CQC.
- Learning taken forward from this was to improve the internal reporting systems and we saw evidence of this during the inspection.
- The manager told us the service had good relationships with other partners which benefitted people and staff.
- The manager and provider had been proactive in requesting local authorities completed reviews of people's care.

