

Selborne Care Limited

63-66 Kinsey Road

Inspection report

63 - 66 Kinsey Road
Smethwick
West Midlands
B66 4SL
Tel: 01905 798247
Website: www.selbornecare.co.uk

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection, which took place on 20 November 2014. We last inspected this service on 4 November 2013 there were no breaches of legal requirements at that inspection.

Kinsey Road provides residential care and support for four younger adults with learning disabilities, autistic spectrum disorder or mental health needs. The service consists of four separate flats over three stories. Each person lived in their own individual flat.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoken with told us that they were safe. Staff spoken with knew how to reduce the risk of harm to people from abuse and unsafe practice, and had received appropriate training to help them to keep people safe. The risk of harm to people receiving a service was

Summary of findings

assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people required support with taking their medication, there were procedures in place to ensure this was done safely and people told us they received their medication as prescribed by their doctor.

People, relative and staff spoken with said there were sufficient numbers of staff available to meet people's needs. People and a relative spoken with felt the staff were trained and knew people's needs well. We saw that all relevant checks required by law were undertaken for staff that worked at the home. We found that staff received the training development and support needed to ensure they did their job well.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. All staff spoken with understood the MCA and DoLS and how to protect the rights of people in line with the legislation. The provider was in the process of making the appropriate application in line with the DoLS where necessary.

All the people we spoke with said they had control over what they ate and drank, with support from staff to help

them to maintain a healthy and nutritious diet. People and their relative spoken with said staff supported them with their health care needs; this ensured people's health was maintained.

People and a relative spoken with told us that they thought the staff were caring and all said they had good relationships with the staff. People and their relative said that staff were respectful and maintained people's privacy, independence and dignity. People told us and we saw that people's individuality was supported and maintained.

Everyone spoken with told us that people's needs were being met. A relative and a care professional told us that staff maintained contact with them, to ensure they were able to meet the changing needs of people. People and a relative told us there were no restrictions on visiting, so people's friends and relatives were free to visit.

People and their relatives were confident that their concerns and complaints would be listened to and acted upon. Although no one had raised any concerns or complaints about the service, to date.

Everyone spoken with felt that the quality of the service was good and that the service was well managed. All said the managers and staff were open and receptive to ideas about how they can improve people's care. The management of the service was stable, with internal quality assurance systems to monitor the service.

Summary of findings

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 safe. People said they were safe, procedures were in place to keep people safe and staff were trained and knew how to reduce the risk of abuse and harm to people.

Risks associated with people's care and the environment in which people lived were assessed and managed appropriately. There were sufficient staff that were suitably recruited to provide care and support to people. Systems were in place to ensure that people received support with taking their medication in a safe way.

Good



Is the service effective?

The service was effective. People, their relatives and professionals involved in their care said care and support was provided by staff that knew and understood the needs of people. Staff were trained and supported to ensure they undertook their role well.

The service was taking action to ensure that people's rights under the MCA act and DoLS were protected. People had control over what they ate and drank and staff supported them to maintain a healthy diet, and maintain their health care needs.

Good



Is the service caring?

The service was caring. People told us they were treated well by staff and we saw that staff were caring and patient towards people. People's privacy, dignity and independence were respected and promoted by staff.

People were supported to make decisions about their daily lives and friends and relatives were free to visit without restrictions.

Good



Is the service responsive?

The service was responsive. People received care and support that was centred on their individual needs.

People knew how to raise concerns about their care, but no one had made a complaint to date.

Good



Is the service well-led?

The service was well led. People were happy with the quality of the service they received and felt that managers and staff were accessible and friendly.

Quality assurance processes were in place to monitor the service, so that people received a good quality service and all conditions of registration were met.

Good



63-66 Kinsey Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 November 2014 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and

safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection we spoke with three people that lived at the home, a relative, two care staff the manager and the provider. We looked at, safeguarding records, maintenance records, audits, complaints records, sampled one person's care records; this included their medication administration record. We also looked at the recruitment records of two care staff.

Is the service safe?

Our findings

All the people that lived at the home and their relatives spoken with told us they were safe living there. People said they could speak with any of the staff if they were concerned about their safety. One person told us, “Yes I am safe at this place.” Another person said, “Safe, yes it’s alright.”

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. Information about keeping people safe was on display in the home, so that all staff and visitors were aware of how to report concerns. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff spoken with knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. A member of staff talked about an incident where someone that used the service had made an allegation, and how this had been reported and appropriate action taken by the manager and provider to ensure that the situation did not reoccur. We were kept informed of this incident and saw that the provider took the correct action to ensure that people were safe. This showed that staff were aware of what action to take to keep people safe from harm and where abuse was indicated the provider took action to prevent reoccurrences.

We asked people how staff made sure they helped them in a safe way. One person told us, “Yes, they do make sure it is safe for them to help me.” Another person said, “They always come to see me to check I am alright and they go out with me to make sure I am safe.” A relative told us, “[Person’s name], is safe they look after [person] and, they talk to them about safety.” All staff spoken with and records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people’s care. Staff said and records showed these were reviewed and took into account any new risks identified. Staff spoken with knew about the risks to people’s care and how to manage those risks to ensure people were as safe as possible.

People and their relative spoken with felt the home was safely maintained. One person told us, “Yes my flat is safe.” A relative told us, “The place always looks safe and maintained and it’s a lovely flat.” On the day of our inspection we saw someone came in to repair a window that had been broken in one of the flats, and all staff spoken with said the organisation had designated people to ensure all the flats were maintained and checked for safety. The fire service had previously advised us that they were concerned about the fire alarm system at the service. We saw information to show that the provider had installed additional fire detection devices and records seen showed that fire safety equipment had been inspected in April 2014. This indicated that the provider had taken corrective action to make the system safe. The provider told us that no gas equipment were installed in the service, and that electrical safety checks were undertaken and recorded for each individual flats. Staff spoken with knew the procedures for handling any emergencies in the service such as fire and medical emergencies. A person that lived at the home told us, “I know the fire procedures and would know what to do if there was a fire.” This showed that the provider ensured that the home was safely maintained and emergency procedures were in place to ensure the safety of people that used the service.

The building is accessed via a buzzer system to the block of flats. A social care professional told us that on the two occasions they visited, they were met in the entrance, before gaining access, so staff were aware of who was in the building at any given time. Visitors were also required to sign in, so that staff knew who was in the building. Staff told us that people had one to one support and a member of staff was either in each flats or sitting just outside if the person requested. This meant that staff would be aware if unauthorised persons were to enter people’s flats.

People and staff spoken with said there were enough staff to provide the service. One person said, “Yes I do think there is enough staff and they are very helpful to me.” A relative told us that they didn’t think there was enough staff to accompany their relative on outdoor activities. However, the relative did say that the person only liked going out with certain staff members, this was confirmed by the person and staff spoken with. Staff told us that usually there were between four and five staff on duty during the days and three at nights. They told us that the provider used bank staff to provide cover for annual leave and

Is the service safe?

sickness. The manager said that the staffing levels were based on the assessed needs of each person and this ensured that there were enough staff to support the service.

All staff spoken with said all the required recruitment checks required by law were undertaken before they started working and that they received an induction into their role. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. We looked at a sample staff recruitment records and these confirmed that all required checks had been undertaken. This showed that the provider undertook all relevant checks to ensure that staff were suitable to undertake their role.

All the people spoken with said that staff always helped them to take their medication as prescribed by their doctor. Staff spoken with and records showed that only senior staff that have been trained administered medication. We saw that people had secure facilities to keep their medication in their flats and to self-administer, depending on risk assessments and choice. Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when necessary, and we saw that individual protocols were in place to help staff to do this. Procedures were in place to ensure all medicines received into the service, were safely stored, administered, recorded and disposed of when they were no longer in use and we saw that staff adhered to the procedures. This meant that the provider ensured that there were safe systems in place to support people with their medication.

Is the service effective?

Our findings

People and a relative spoken with said they thought the staff were well trained and knowledgeable about people's needs. One person that lived at the home told us, "Yes at all times there are trained staff." Another person said, "Yes, staff are trained and knowledgeable." A relative told us, "I think they are all trained."

All staff spoken with knew about the needs of people. All staff said they received the necessary training, supervision and appraisal, to support them to do their job. One care staff spoken with said, "I feel I have enough training to do my job." Examples of training staff said they had received included: Autism awareness, diabetes, health and safety, infection control, managing behaviours that challenge the service, equality and diversity, mental health awareness and Mental Capacity Act 2005 (MCA). Training records looked at confirmed that staff received training as described. This showed that staff received training and support to help them to do their job and meet the needs of people.

All the people spoken with said that staff discussed their care and support with them and ensured they were in agreement. One person told us, "Yes, they do ask me before they help us." This showed that staff sought people's consent before providing care and support.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. All staff spoken with had undertaken MCA training and had an understanding of the principles of the MCA Act in relation to their role. The manager told us that one person did not have the capacity to make informed decisions about their care, so an application had been made for a DoLS for this person, and they were waiting for the supervisory authority to make the assessment. This showed that the provider was acting in line with the legislation to ensure that people's rights were protected.

A relative told us that when their relative presented with behaviours that challenged the service, staff responded

well. The relative told us, "Staff responds well to [person's name] moods. They are able to calm them down when [person] is in a mood." Staff spoken with told us that restraint was only used as a last resort and their training was to use de-escalation techniques, rather than physical restraint. A member of staff talked us through the techniques used to prevent a person's moods from escalating. The person's support plan reflected what the staff member told us. A social care professional told us that the staff they have spoken with were very knowledgeable in providing support for those with learning disabilities and complex behaviours. This showed that staff were clear on how to support people that had behaviours that challenge others.

People told us that staff supported them to go shopping for foods that they liked and where needed helped them to cook. One person told us, "I go shopping with staff to choose the food and the staff help me to do the cooking." Another person said, "I do the shopping with staff help and I do all my own cooking and make all my own decisions about what I eat." People talked about the types of foods they liked to eat and they described that they were supported to have a balanced and nutritious diet. A relative spoken with said they had no concern about their relative diet. They told us, "[Person's name], can go shopping and can cook their own meals, so no concerns about [person's] diet." We saw people making their own drinks and snacks and they told us that they did this whenever they wanted to. All staff spoken with knew how to support people with maintaining a healthy diet and knew how to identify people at risks of poor nutrition and what action to take. A member of staff talked about healthy cooking classes that they attended with people they supported to help people to understand and maintain specialist diet to meet their specific dietary needs. This showed that people were able to choose what they ate and drank with support from staff to help them to make health eating choices.

All the people spoken with said they would tell the staff if they were not well and the staff would take them to the doctors. One person told us, "They take me to the doctor's place if I am not well." Another person said, "I go to the doctor's and the dentist when I need to." A relative told us, "[Person's name] sees the doctor if [person] is ill. They [staff] take [person] to all medical appointments." Staff told

Is the service effective?

us and records looked at showed that people had a health plan in place to support their health needs. This meant that staff supported people to have access to health care services when needed.

Is the service caring?

Our findings

People and a relative spoken with told us that they thought the staff were caring. “One person said, “I get on well with all staff.” Another person said, “Yes, the staff are all nice and friendly to all of us, all the time.” A relative told us, “Staff are caring, they treat [person’s name] quite good.” We saw that staff interacted well with people. Staff spoke to people in a sensitive, respectful and caring manner. For example we saw a person waiting for a member of staff to take them out for the day, the staff was not due to be on duty until later on, and we saw a staff member patiently explaining this to the person. A social care professional told us that all staff appeared to be very caring in their roles and work in a person centred manner. This showed that people received care and support from staff that were caring towards them and treated them as individuals.

People spoken with said they were involved in all decisions about their care. One person told us, “I make all my own decisions, although I have to wait for staff to take me out.” We asked the manager why the person had to wait, given that each person had an allocated staff member each day. The manager said this was because the person only liked going out with a certain staff member. This was confirmed by the person’s relative who told us, [Person’s name], only likes going out with certain staff.” Staff told us that no one currently living at the home needed support from an independent advocacy service, but that one person used their solicitors as an advocate and would frequently contact them for support in making decisions. This showed that people were involved in decisions about their care and support.

Staff spoken with told us that people’s care plans included information about how to provide individual care and support to people. These included any specific communication needs that people had, so staff could ensure they provide information to people in a way that they could understand. A member of staff talked about and we saw that a person had a specific method of communication. We checked the person’s care plan to see if the person had the opportunity to document their wishes in their written care plan. We saw that this was not the case, so we spoke with the manager, who said they were in the process of reviewing the care plans to make them more

person centred and this person’s communication skills would be incorporated. However, we saw that staff supporting the person knew the person well and the person’s communication needs were taken into account at all times. This ensured that the person was involved in deciding what they wanted to do every day. Another member of staff told us that the routine of the day was centred on the needs of a person they cared for and everything was planned around the person’s need to express themselves. So whilst the person wasn’t able to verbally communicate what they wanted to do, staff would observe their moods and gestures in order to interpret what decisions the person wanted to make. This ensured that people with different communication needs were appropriately supported to make decisions about their daily living.

Everyone that we spoke with said their privacy and dignity was maintained by staff. One person told us, “They [staff] knock the door, if I am in bed I give them permission to come in.” A relative told us, “The staff are respectful people. They knock the door and wait for [person’s name] to tell them to come in.” We saw that staff knocked on people’s doors and waited to be invited in. Staff told us that depending on people’s needs and risks, they would sit outside people’s doors upon request, to ensure that people had their privacy. People lived in individual flats, so they had the privacy they needed. People spoken with told us that friends and relatives were free to visit them without restrictions. A relative spoken with told us that they were able to visit at any time. They told us, “When we visit [person’s name] we do have privacy. We saw that people were dressed in individual style of clothing, which reflected their age, gender and the weather, ensuring their dignity was maintained. This meant that people’s privacy and dignity was supported and maintained at all times.

People’s independence was promoted and maintained by staff. People spoken with said their independence was maintained. One person told us, “I think I am as independent as I can be and I do what I want.” A relative told us, [Person’s name], has always been independent and [person] is able to maintain that.” We saw that the service was organised to ensure that people lived independent lives, with the necessary support from staff.

Is the service responsive?

Our findings

People, a relative and a health care professional spoken with all felt that people's needs were being met by the service. One person told us, "I like living here and my needs are met." A relative told us, "Over all I am very happy with how [person's name] is being treated." A social care professional told us, all staff appear to know [person's name] well and their needs so that all those who support [person] are aware of the best way to do so. This indicated that staff knew people well and people's needs were being met.

Two people told us they were aware that they had a plan of care. One person said they had a copy of their care plan, so they could see what was in it. Another person told us, "They write the care plan and ask me things to put in it, I know the care plan is downstairs, but don't get a chance to look at it." We spoke with the manager about this; they told us that not everyone wanted to keep the care plans in their flats. A relative told us that the care plans were reviewed and they were invited to attend. Records looked at showed that people had an assessment and a plan of care. A social care professional told us that staff worked in a person centred manner, and have been keen to gain as much information with regards to people's support needs, and past history to ensure that the support they offer match people's likes and dislikes as well as their needs. The social care professional and a relative told us that the staff were quick to inform them when people's needs changed and implemented any recommended changes to care plans. All staff spoken with were aware of people's individual needs and background histories. Staff told us this was detailed in people's care plans and assessments. Whilst the care plan documentation we saw were not written in a person centred way, people told us they received care and support that was centred on their individual needs.

Two people, a relative and staff told us that people lived as full a life as possible and did whatever social activities they chose to do. One person told us, "I go to places like bowling, the movies, shopping and I went on holidays to Blackpool with my best staff [staff name]." Another person told us, My hobbies are football, shopping and visiting my parents, friends and family. "When I feel like it I go into town also." Staff spoken with told us that some people liked planned and structured activities that take place at certain times of the day. We saw that in these instances people had an activity plan that detailed the things they liked to do and when they did them. This showed that people pursued a range of hobbies and activities of their choice.

People spoken with knew who to raise concerns with; all said they would speak to any staff or the manager. We saw that the complaints procedure was on display for people to see in the hallway of the service and was available in pictorial format to aid the communication needs of people that lived in the home. One person said, "If I wasn't happy I would speak with any of the staff or [care coordinator's name or manager's name]." Another person told us, "If I am not happy I would tell all the staff." No one spoken with had raised any concerns about the service. A relative told us, "I have never made a complaint because I have always been happy and [person's name] has never made any complaints about their safety or how [person] is being cared for." A social care professional told us that staff were responsive to any contact made with them about people's needs. The manager said they had not received any concerns, so far, but procedures were in place to investigate and respond to concerns, should the need arise. This showed that people had no concerns about the service, and felt they could raise concerns if they needed to.

Is the service well-led?

Our findings

People, relative and a care professional spoken with felt that staff and managers were open and welcoming and that the quality of the service was good. One person told us, "The staff are friendly. I am alright and they treat us alright." Another person said, "It is fun and also great to be staying here at this place." A relative told us, "The management is good and I can speak with them about anything. We have a laugh and a joke when I visit. Although they have been a change of staff recently. They are really pleasant. Really nice people." A local authority officer told us that the managers and staff maintain regular contact with them to keep them updated on the progress of the person that they have contracted a service for. They also told us that the management was receptive to any ideas about how to improve the person's care. This meant that people were confident that the management of the service was open and accessible.

The manager told us that questionnaires had been sent to people and their relatives, so that they could comment on the quality of the service, but these had not yet been analysed. The people and their relatives that we spoke with said they had never received a questionnaire. However, people we spoke with did express a high level of satisfaction with the service and staff spoken with told us that someone from the head office visited to talk to people that lived at the home regularly.

Staff said they had regular supervision and were able to put ideas forward for improvement in these sessions. In all staff said they could speak with senior staff and the manager openly about any ideas they had on how the service could improve. A member of staff told us, "It's a well-managed home, open door policy; we can go in and talk about anything."

There was a registered manager in post with no changes of managers, so the management of the service was stable and the service had a history of meeting legal requirements. Before the inspection we asked the provider to send us a PIR, this is a report that gives us information about the service. This was returned to us completed and within the timescale requested. Our assessment of the service reflected the information included in the PIR, with the exception of questionnaires feedback from people that used the service. Where necessary the registered manager kept us informed about events that they are required to inform us of.

The provider had an internal quality assurance process; this entailed a manager from a different service within the provider's organisation undertaking monthly audits of the service. Following this the manager completed an action plan showing how they would address any shortfalls identified. We saw that regular audits were completed of health and safety, care plans, staff records, training, supervision, medicines, infection control and the environment. Staff spoken with confirmed that someone from the head office visited the home frequently to complete these audits. This showed that procedures were in place to monitor the service to ensure the safety and well-being of people living there. The provider told us that the managers were required to complete a weekly report (compliance report) of all incidents, complaints, and safeguarding within the service, these were analysed by senior managers for trends and learning. This enabled the provider to have an overview of all incidents within the service.