

Glenthorne Care Services Limited

Selwyn Court

Inspection report

1-3 Bilston Lane
Willenhall
West Midlands
WV13 2QF

Tel: 07308890016






Date of inspection visit:
06 February 2023

Date of publication:
16 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

About the service

Selwyn Court is a residential care home providing personal and nursing care for up to 35 people. The home is located in one adapted building over 3 floors. At the time of our inspection there were 22 people using the service and the third floor was unused.

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

Some systems to monitor the quality of the service had not been effective. Robust auditing had not taken place and had not identified that 'in stock' medication had been miscounted for 2 people. There were not enough meaningful activities taking place which would give people the opportunity to choose what they wished to do. Systems to audit daily notes for people's care had failed to identify that some people's files had gaps in recording care received.

People felt safe and trusted staff. Staff knew how to support people to keep them safe. Prescribed medication was given according to the prescriber's instructions. Staff had received training to recognise and report signs of abuse.

Safe recruitment processes were in place and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. Staff received appropriate training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and compassionate. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People's needs were assessed before the service provided them with care or support. People and their relatives, where appropriate, were involved in this process.

The provider was open and transparent and promoted a person-centred culture within the service according to staff. Systems and processes were in place to seek the views of the people who used it.

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

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

Rating at last inspection

This service was registered with us on 03 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service was unrated.

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

Enforcement

We have identified a breach in relation to ineffective auditing and governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Selwyn Court

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Selwyn Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Selwyn Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 06 January 2023 and ended on 10 January 2023. We visited the location's office/service on 06 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

When we visited the office, we spoke to the Provider and a manager. The current Registered Manager is leaving but while still in post they are providing a handover to the person who has been appointed to this role.

We reviewed a range of records. This included 5 people's care and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection at this service under the new provider. 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.

Using medicines safely

- The stock counts of medication were inaccurate. We noted that 2 people had 1 and 2 tablets respectively, over the amount recorded on Medication Administration Records (MAR). The provider told us that this was an issue of recording and auditing, and one of the people concerned was able to tell us that no medication had been missed.
- People were having medication administered as and when prescribed. People and their relatives told us the medication was administered as they had been advised by medical professionals.
- Appropriate body-maps were used when required for topical creams to help staff ensure creams were applied according to the prescriber's instructions. Staff knew how to record topical creams and patches and how to record on body-maps. Body Maps are used to help staff understand where to apply certain medicines and ensure staff adhere to the prescriber's instructions.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' prescribed medication should be administered.

Assessing risk, safety monitoring and management

- The provider checked staff competency following their training at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.
- People and their relatives told us that staff personalised their approach to managing risks around behaviour that could be challenging by having a good understanding of the people they support. One relative said, "The carers really are brilliant. My mum has dementia and can sometimes be abusive, but staff are always gentle and judge her moods to keep themselves and her safe".
- People's individual risks were assessed, and measures were put in place to keep people safe.
- Risk assessments provided details to guide staff in how to support people safely. These were updated by the provider every 12 months or when there were changes and updated information such as up to date family, medical and other agencies details.

Staffing and recruitment

- People were not always supported by a regular staff team that got to know them well. One relative told us, "There have been a lot of changes in care staff recently. But this seems to have calmed down now." However, they told us that the quality of the care was good, and that staff always made sure their relative received the care that was needed. The provider told us that they had recently recruited a number of new staff. This meant that it took a little time for people to get to know staff better. We saw that longstanding staff had good relationships with people and knew their preferences.

- Our observations during the day indicated there were generally enough staff on duty to meet people's needs. However, the provider was not completing a dependency tool to ensure that people's detailed needs could be covered by the skills and experiences of the staff available. A dependency tool helps the provider understand the specific needs of each person and the number of staff to be allocated to ensuring good quality care is provided.
- Staff were recruited safely and had appropriate pre-employment checks in place.
- The provider used a system to support safe recruitment practice which was in the form of a recruitment policy. This prevented staff from being approved to start work until all checks had been completed with an acceptable outcome. Checks included taking up references, completion of a disclosure and barring check and proof of identity and right to work in the UK.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff go out of their way to make sure I am well. One saw I had a small bruise on my hand and told the manager. She was only satisfied when I told her that I bruise easily and that I had bumped my hand against the table".
- Staff received training and were able to demonstrate they knew the process for reporting concerns. They knew about Safeguarding and Whistleblowing protocols. One staff member said, "Our job is about keeping people safe. We work with very vulnerable people and I think that I should respect them as my own family. This is a cultural thing for me".
- The provider had systems in place to regularly check staff competence in this aspect of their work. This included regular 'spot checks' where managers would assess work in a person's home environment. These checks included medication and safeguarding risks.

Preventing and controlling infection

- There were enough stocks of PPE stored safely within the home. Staff knew where items were kept and understood their role in infection control.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service develop and improve.
- Records showed the provider reviewed information and took appropriate action to reduce the risk of reoccurrence in incidents. This was done using an action plan arising from the original issue which used target dates to ensure good levels of compliance. An example is when the provider noted support plans were not robust enough as they did not contain enough information for staff to know people's needs well. They actioned an improvement plan which gave them a period of time to review all current plans and update them.

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.

This is the first inspection for this service after registration This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. We saw examples of support plans highlighting people's choices in food, personal care and mobility needs that used evidence from the person and family members where this was appropriate.
- Care and risk plans were reviewed and updated as people's needs changed. People, their relatives and staff told us that care plans were reviewed at least annually or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One person told us, "I am well looked after as the staff are so respectful and go over and beyond".
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding usage and assessing competency.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. An example would be diabetes training where staff would discuss signs and symptoms in team meetings to ensure that they understood the online training.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- We were told by people that the cook would always come to ask if the food was good and ask if they wanted anything different should the choices of the day be unsatisfactory. Menu cards were used to help people understand what was available.
- Staff told us they would always offer drinks and check for that people were drinking enough fluids.

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

- Although we saw some examples of the provider attempting to make the home dementia friendly, this was

not always the case. We saw that door frames had been painted a different colour to help people recognise their rooms. We also saw that small 'memory boxes' had been placed at door entry points. However, most of these did not contain personal belongings at the time of the inspection. The floor and walls of corridors were in pale colours which is not deemed to support people living with dementia in a positive manner.

- The home was clean and well maintained. There was a system in place to monitor hygiene as well as maintenance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The staff were working within the principles of the Act, mental capacity and best interests' assessments. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed.

- People told us that staff sought their consent before providing them with any care. One relative told us "They (Staff) are really good about asking permission to do anything personal like dressing or washing". People told us "The carers always ask when undressing me, and are so careful to keep my body covered during washing".

- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

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

- Staff knew people's needs by reading care plans prior to providing care and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate. However, regular staff changes meant that all staff did not know all people well.

- Staff and managers worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.

- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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

This is the first inspection for this service after registration This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and treated them well. One relative told us, "It's not just a job to them [the staff]. It makes all the difference in the world when they actually care what they're doing".
- People said they appreciated having caring care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect. One relative told us, "The staff work so hard and put up with a lot, especially as my mum can be a little difficult due to the dementia."
- Staff, relatives and people told us that the provider made efforts to see carers completing tasks. These were recorded as 'Spot checks'. They enabled the provider to be reassured that staff were meeting people's needs.
- One person receiving care told us, "The cook always tries to provide food that is culturally right for me. The staff know my family bring food as well and they support them and me to make sure that I am eating enough."

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

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, the previous registered manager often called and visited people regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative told us that carers always ensured doors and curtains were shut when supporting their family member with personal care.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels and sheets to cover private areas.

Is the service responsive?

Our findings

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

This is the first inspection for this service after registration. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office and straight away they will change things or explain why they can't".
- People were supported to achieve the goals that were important to them. For example, one person was supported to obtain culturally significant food.
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed.
- Staff were kept informed about changes in people's care and support needs by managers. They did this during daily morning meetings.

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.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. However, 1 such communication had very little detail for staff to follow. It said, 'staff to support (name of person), communicate with his family' without providing any other instructions.
- The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English. We saw no examples of this during the inspection. The person who spoke a different language was offered documents in their preferred language, however they had declined as they understood and spoke enough English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.

- The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives. The provider told us that they would be commencing completing end of life plans with all people, regardless of whether they were at the end of life, to support them better for eventualities.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Requires Improvement.

This is the first inspection for this service after registration. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not have an effective process in place to ensure that the stock of people's medication kept at the home was effectively monitored. We counted some people's medicines in stock and found that there were more in stock than was recorded in Medication Administration Charts (MARS). The providers audit dated 03 February had not noted this discrepancy. This could potentially mean that people had not received medication as prescribed.
- The provider did have a robust dependency tool that could be used to ensure there were staff who had the appropriate skills and knowledge to support people effectively. This meant that the provider could not be reassured that staffing met all needs of people living at the home.
- The providers environment audits had failed to note that one person's bed rails were missing bed rail bumpers. The provider ensured all bed rails were checked during the inspection.
- The providers auditing systems had failed to identify that people did not have enough meaningful activities whilst living at the home. There was no regular timetable of activities, nor was there a nominated person to support activities. Since the inspection, the provider had recruited a person to this role and is awaiting pre employment checks.
- We found that 2 records were incomplete without detailing people's food intake for the day. This did not impact people negatively as both people had not lost weight during the period. The provider had identified this in their own Service Improvement Plan.

The provider's failure to ensure that effective systems were in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that the staff and provider worked hard to make sure support and care was centred around their individual needs. One person said, "(Provider), knows me and what I like and dislike. This is good as I get the care I want". Another person told us that staff ask them about care plans and help them understand what will be put into a care plan in simple language.
- There were some auditing systems to ensure care plans had adequate guidance for staff to follow. The provider told us, and records confirmed that they completed audits regularly including care plan audits.
- There was a system in place to monitor accidents and incidents. There was a good level of oversight in place to analyse information and use lessons learnt to reduce the likelihood of re-occurrence. Staff were

invited to share lessons learnt to facilitate better incident management.

- Systems in place had identified risks to people and ensured that staff were able to follow risk assessment guidance.

Continuous learning and improving care

- The provider told us that they continuously sought to improve the service. They showed us a service improvement plan which is a document that they completed to find areas for improvement. This plan sets target dates for completing any improvements and supports the provider in ensuring that the concerns are dealt with in a timely manner. The providers service improvement plan (SIP) had identified and managed a number of issues found, such as lack of detailed recording in daily notes, however other concerns found during inspection had not been identified such as the lack of dependency tool or missing bed bumpers. The provider told us that the SIP was a work in progress and the newly appointed manager is responsible for updating and managing the plan.
- The provider's systems identified that they had not always sought to find out people's views and wishes regarding their end of life wishes. This was identified in team meeting minutes and the provider told us that the new care planning regime addressed this.
- The providers systems had identified and ensured that all staff receive training and were knowledgeable about whistleblowing and safeguarding policies. Staff told us that the provider would talk to staff about policies informally to 'sense check' knowledge.

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

- The registered manager demonstrated awareness and understanding of the Duty of Candour and could demonstrate how they would meet this requirement.
- 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.

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

- There were several ways for people and their relatives to make their views known, including regular telephone quality checks, spot checks and surveys.
- Staff told us they felt well supported by the provider and said the registered manager and office staff were approachable and responsive if they raised any issues with them. A member of staff said, "There's usually always someone to help me if I have a problem with a very early or late call, the managers here always work with us to make things smooth".
- The registered manager ensured that, where required, staff had reasonable adjustments to support them in their roles. We saw an example of an, 'expectant mothers' risk assessment which highlighted how best to support staff whilst pregnant.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Your systems failed to identify measures to audit the service were not robust or effective.