

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

SELF Limited - 16 Park View

Inspection report

16 Park View
Hetton le Hole
Houghton le Spring
Tyne and Wear
DH5 9JH

Date of inspection visit: 21 September 2015, 25 September 2015 and 2 October 2015
Date of publication: 21/12/2015

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 unannounced inspection took place on 21 September 2015, 25 September 2015 and 2 October 2015. As this home was registered with the Care Quality Commission on 5 December 2014, this was their first inspection.

S E L F Limited - 16 Park View provides care and support for up to eight people who have a learning disability. Nursing care is not provided. At the time of our inspection one person had been living in the home for five months.

The registered provider operates three separate services at Park View (numbers 14, 15 and 16). During this inspection we inspected all three services. Although the

services are registered with the Care Quality Commission individually we found that there were areas that were common to all three services. For example, a single training programme, joint staff meetings and one set of policies and procedures across all three services. For this reason some of the evidence we viewed was relevant to all three services. Our findings for S E L F Limited - 14 Park View and S E L F Limited - 15 Park View are discussed in separate reports.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The person using the service said they were happy with their care. They confirmed staff were kind and considerate. They commented, "Kind staff. They have lovely staff here", and, "I love it here."

We observed throughout our inspection good relationships between the person using the service and staff. We saw they were happy to engage with the staff team. Likewise staff responded positively with the person using the service.

The person using the service was supported to be as independent as possible. They took part in structured activities to improve and develop their life skills. Staff said they felt the home was a safe place for people to live.

We found staff had a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns. They felt concerns would be dealt well. One staff member said they, "Hadn't seen anything." They also said, "Management would deal with it well. They are easily approachable."

Potential risks had been assessed and control measures identified. The registered provider used photographs to personalise the risk assessments.

Medicines records across all three of the registered provider's services supported the safe administration of medicines. Staff had received medicines training from an independent pharmacist.

There were enough staff on duty to meet people's needs. One staff member said, "There are more than enough [staff]."

Agreed recruitment and selection procedures had been followed. This included requesting and receiving references and carrying out disclosure and barring service (DBS) checks.

Health and safety checks were carried out to help keep the premises safe. This included checks of fire safety, emergency lighting, extinguishers, exit routes, gas and electrical safety. Incident and accident records confirmed action was taken following accidents to keep people safe.

Staff were well supported to fulfil their caring role. One staff member commented, "Very much supported." Staff could have an 'Individual Development Session' anytime if they needed it. Staff received regular one to one supervision and appraisal.

Staff received all of the training they needed. Records confirmed completed training included specific workshops bespoke to the needs of individual people. Other training completed included risk management, moving and assisting, food hygiene, first aid and fire awareness.

The registered provider was following the requirements of the MCA. Some people using the registered provider's services displayed behaviours that challenge. Personalised behaviour profiles gave details of best to support people needed when they were displaying behaviours that challenge. Detailed records of physical intervention showed it was only used as a last resort.

The person using the service said they were supported to have enough to eat and drink. They also had regular input from a range of health care professionals, such as GPs.

The person using the service had their care and support needs assessed, including identifying their care preferences. For example, taking part in community based activities and relaxing activities such as watching TV and listening to music. The assessment also considered the person's ability to complete daily living tasks, such as eating, drinking, personal hygiene, cooking, cleaning and travelling independently. Detailed, person-centred care plans had been developed.

The person who used the service told us about their care plans and particular skills they were working on relating to their daily living. Key worker records showed the person met with their key worker to discuss the progress they had made.

The person using the service had opportunities to take part in activities both inside and outside of the home. These included outings and planned activities such as games, arts and crafts. They told us they usually spent time with people living in the other two Park View services.

Summary of findings

The registered provider had a complaints procedure. No complaints had been received at the time of our inspection. People had opportunities to meet together to give their views.

The person using the service and staff told us the registered manager was approachable. They said, "The manager is kind." One staff member said, "The manager is easily approachable."

Staff said there was a positive atmosphere in the home. One staff member said, "I enjoy coming to work. The service users are lovely and the staff team are lovely."

There were regular opportunities for staff to give their views. Staff said they had regular team meetings,

handovers and start and end of duty meetings. One staff member said, "I have had a lot of help, there are staff meetings and handovers are done." The registered provider consulted with staff and external professionals. We found positive feedback was received during the most recent consultation.

The registered provider carried out a quality audit to make sure people received good quality care. Audits included checks of fire safety, housekeeping, infection control, accidents, maintenance and medicines audits. The registered provider developed annual plans for improving 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. Staff said they felt the home was a safe place for people to live. Staff had a good understanding of safeguarding adults and whistle blowing. Potential risks had been assessed and control measures identified.

Medicines records across all three of the registered provider's services supported the safe administration of medicines.

There were enough staff on duty to meet people's needs. Agreed recruitment and selection procedures were followed.

Regular health and safety checks were carried out. Incident and accident records confirmed action was taken following accidents to keep people safe.

Good



Is the service effective?

The service was effective. Staff were well supported to fulfil their caring role. They received regular one to one supervision and appraisals. Staff received all of the training they needed.

The registered provider was following the requirements of the MCA.

Personalised behaviour profiles gave staff details of the best way to support people needed when they were displaying behaviours that challenge.

The person using the service said they were supported to have enough to eat and drink. They also had regular input from a range of health care professionals, such as GPs.

Good



Is the service caring?

The service was caring. The person using the service said they were happy with their care. They also said staff were kind and considerate.

We observed throughout our inspection good relationships between people and staff.

The person using the service was supported to be as independent as possible.

Good



Is the service responsive?

The service was responsive. The person using the service had their care and support needs assessed. The assessment considered their ability to complete daily living tasks. Detailed, person-centred care plans had been developed.

People told us about their care plans. Records showed the person regularly met with their key worker.

The person using the service had opportunities to take part in activities both inside and outside of the home. They told us they usually spent time with people living in the other two Park View services.

The registered provider had a complaints procedure. No complaints had been received at the time of our inspection. People had opportunities to meet together to give their views.

Good



Summary of findings

Is the service well-led?

The service was well led. The person using the service and staff told us the registered manager was approachable.

Staff said there was a positive atmosphere in the home.

There were regular opportunities for staff to give their views, through attending team meetings. The registered provider consulted with staff and external professionals.

A quality audit was carried out to make sure people received good quality care. The registered provider developed annual plans for improving the service.

Good



SELF Limited - 16 Park View

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 21 September 2015, 25 September 2015 and 2 October 2015. An adult social care inspector carried out the inspection.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority safeguarding team, the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We used this information to inform the planning of our inspection

We spoke with the one person who used the service. We also spoke with the registered manager, deputy manager and one care worker. We observed how staff interacted the person who used the service and looked at a range of care records. These included care records for the person who used the service, medicines records and recruitment records for five staff members.

Is the service safe?

Our findings

The person using the service gave us positive feedback about their care. We asked staff for their views about the safety of the service. A staff member said they felt people were safe because staff were well trained and there was good communication in the service.

From discussions with staff we found they had a good understanding of safeguarding adults. This included their responsibilities with regard to reporting concerns. They told us about various types of abuse and potential warning signs. For example, changes in behaviour or mood and a decline in personal hygiene. Staff knew about the registered provider's whistle blowing procedure. One staff member said they, "Hadn't seen anything." They went on to say they would report concerns to the registered manager. They said, "Management would deal with it well. They are easily approachable." We viewed staff training records which showed they had recently completed safeguarding training.

There was a structured approach to risk management in place. Potential risks had been identified and a detailed risk assessment completed. The assessment identified the potential risk and the measures in place to manage the risks. The registered provider used photographs to personalise the risk assessments. Thereby helping people to have a better understanding of the risks relating to their care.

Medicines records showed medicines were managed safely. Medicines administration records (MARs) were

completed accurately and fully confirming which medicines people had received. Training records confirmed staff had received medicines training from an independent pharmacist.

There were enough staff on duty to meet people's needs. When the person using the service returned to the home, we observed staff saw to their needs quickly. We spoke with staff to gather their views about staffing levels. One staff member said, "More than enough [staff]."

The registered provider followed agreed recruitment and selection procedures to check prospective new staff were appropriate to care for people using the service. Recruitment records for five staff confirmed the registered provider had requested and received references, including one from their most recent employment. Prior to confirming any appointments disclosure and barring service (DBS) checks were carried out. This was to check new staff were suitable to work with vulnerable adults.

In order to help ensure the premises were safe, the registered provider carried out health and safety related checks. For example, this included checks of fire safety, emergency lighting, extinguishers, exit routes, gas and electrical safety.

Records confirmed the registered provider logged and investigated incidents and accidents. We found there had been two accidents logged in the past 12 months. This was across all three of the registered provider's services. We saw staff took action following the accidents to check people were safe. This included emergency basic first aid and additional monitoring.

Is the service effective?

Our findings

Staff were well supported to fulfil their caring role. One staff member commented, “Very much supported.” Staff told us they could have an ‘Individual Development Session’ anytime if they needed it. For example, a staff member had requested an individual development session as they wanted advice and guidance to improve how they recorded details within people’s diaries. The staff member was given an explanation of the information they should be recording. Their views had been documented. The staff member confirmed they had received the information they needed. They also confirmed they could approach their manager for further help if required. Following the session the registered manager checked to ensure the required improvements had been made.

Staff received regular one to one supervision and appraisals. Records showed these were used to identify good practice as well as areas for improvement. Improvements identified included checking that staff had followed people’s care plans and dealt with unexpected situations in an appropriate timescale. Staff also used supervision as an opportunity to discuss any areas they needed support with, for example, support with completing paperwork accurately.

Staff told us they received the all of the training they needed. There was a single training programme for all staff working at the three Park View services. Training records were available for us to view. Records confirmed training completed so far this year included specific workshops bespoke to the needs of individual people. Other training completed included risk management, moving and assisting, food hygiene, first aid and fire awareness. At the time of our inspection all staff were due to attend oral hygiene training. One staff member said they had, “A lot of training.”

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered provider was following the requirements of the MCA. Staff completed a DoLS indicator tool used to assess whether a DoLS authorisation was required for people using the service. Across the provider’s three locations assessments had indicated some people’s liberty was being restricted. For these people the registered provider had applied to a ‘Supervisory Body’ for the required authorisation. Staff we spoke with were knowledgeable about the MCA and their responsibilities under the Act.

Some people using the registered provider’s services displayed behaviours that challenge. We found each person had a personalised behaviour profile. This gave details of how best to support the person when they were displaying behaviours that challenge. This included information about the person’s background, the behaviours they displayed and how best to support them through these difficult times. For example, strategies recommended for various people included diversion and distraction, such as physical activity, time alone, listening to music or having a bath. Physical intervention was occasionally used as a last resort.

We saw detailed records of physical intervention used. Records clearly identified why intervention was needed and the type of intervention used. Records also confirmed physical intervention was used as a last resort. This was where there was a risk of physical aggression either towards staff or another person or damage to the environment. The person’s views about the incident were recorded. There were opportunities for staff to have a de-briefing session afterwards to discuss the incident further.

The person using the service said they were supported to have enough to eat and drink. During conversation the person using the service told us about their meal preferences. We saw their evening meal met their

Is the service effective?

preferences as described to us. Staff had guidance to refer to about safe handling of food and health eating. A four weekly menu was in place which included choices for each meal and fresh fruit and vegetables.

The person had access to external health and social care professionals when required. Care records we viewed details of regular contact with a range of professionals, including a GP, community nursing and a social worker.

Is the service caring?

Our findings

The person using the service said they were happy with their care. They also confirmed they received their care from kind and considerate staff. They commented, “Kind staff. They have lovely staff here”, and, “I love it here.”

People’s support was focused around promoting their independence as much as possible. Staff confirmed they aimed to promote independence through allowing people to do as much for themselves as possible. One staff member said, “Independence is definitely promoted.” The staff member also told us people took part in COSHH awareness and fire awareness training. The person using the service confirmed they were supported to be independent and make their own choices. They said, “You can do what you want.” They went on to tell us about the personal development goals they were working towards.

We spoke with person using the service to find out whether there was enough going on in the service to keep them occupied. They said, “I have made loads of progress here.”

The registered provider told us the person was looking forward to starting a college course. We spoke with them when they returned. They spoke with pride about what they had done that day.

Staff had a good understanding of the needs of the person living at the service. We asked staff about the person using the service’s needs. They were able to tell us about how they cared for the person. They also told us about the person’s preferences. Staff aimed to meet people’s preferences as much as possible. The person using the service told us about certain foods they liked to eat. At tea-time we observed the person eating these foods.

People were provided with information in a format appropriate to their needs. For example, photographs and pictures were used to help make information accessible. We saw ‘service user meeting’ agendas and minutes were written in a pictorial format, as well as the service user guide and activity timetables. The service user guide contained information about access to healthcare, nutrition, complaint/concerns and advocacy. Photos were added to people’s risk assessments and care plans to help them contribute to the care planning process.

Is the service responsive?

Our findings

Staff gathered information to help them better understand people's needs. Care records contained personal information such as people's place and date of birth, family details and other agencies involved in their care. When people were admitted to the service a detailed baseline assessment was carried out. This was a way of identifying each person's care and support needs. The assessment included spiritual needs as well as a mental health assessment, nutrition, mobility, occupation and leisure needs. The person using the service was interested in taking part in community based activities and relaxing activities such as watching TV and listening to music. The assessment also considered people's abilities to complete daily living tasks such as eating, drinking, personal hygiene, cooking, cleaning and travel.

Care plans were detailed and person centred. Care plans detailed the support people needed to restore, maintain or achieve a level of independence and quality of life. All care plans were personalised including the use of photos to help with the person's understanding of the plan. Care plans were structured to ensure the person received consistent support. Thereby helping people to move towards greater independence. Care plans we viewed covered a range of needs such as communication, relationships, physical skills, an activity timetable, health, living skills and personal care.

People also focused on developing skills in three main areas specific to their individual needs. These were supported with a specific care plans for each task. These identified the steps required to complete the task which were scored between one (requiring help 100% of the time) to five (completed task independently) to measure progress over time.

Activities were available for people to take part in. Many of the people living in the registered provider's services took part in activities together. The person using this service told us, "I get to go on trips." A staff member said people had been to Beamish and had also visited other local towns and villages. A health and social care professional said people benefitted from individual and group activities which reflected their interests.

The person using the service had regular meetings with their key worker to discuss their care. These meetings were structured and were an opportunity to review aspects of the person's care. For example, social interaction, health appointments, behaviour/mood and activities. People were able to reflect with their key worker on their progress. We viewed a sample of key worker reports. These showed people had taken part in quizzes, puzzles, dominoes, creative sessions and games. They had also had outings to the shops, the farm, the coast, go karting, swimming and Beamish.

The registered provider had a complaints procedure which was applicable to all three registered services. No complaints had been received at the time of our inspection.

There were opportunities for people to meet and share their views through attending 'service user meetings.' People from all three services met together as a single group. Pictorial agendas and meeting minutes were made available to people understand the information. Topics discussed previously included staff, menus, care plans activities and outings. We saw from viewing the minutes from previous meetings people had stated they were happy. They also stated they enjoyed spending with each other. The registered provider incorporated a team building activity into each meeting. A previous activity was based around people's likes and dislikes. We also saw from the meeting minutes people found these enjoyable and useful.

Is the service well-led?

Our findings

The service employed a registered manager. They had been registered with the Care Quality Commission since 5 December 2014. The person using the service told us the registered manager was approachable. The person using the service said, “The manager is kind.” One staff member said, “The manager is easily approachable.”

The home had a positive atmosphere. A staff member said, “I enjoy coming to work. The service users are lovely and the staff team are lovely.”

Staff told us they had regular team meetings, handovers and start and end of duty meetings. One staff member said, “I have had a lot of help, there are staff meetings, and handovers are done.” Staff from all three services attended the same team meeting. The meetings were used to discuss important care related issues, such as staffing rotas, people’s meal time experience and confidentiality. Action plans were developed following each meeting. For example, to improve team work, change working practices and ensure staff followed health professional’s advice and guidance. Consultation took place with staff. Staff had given positive feedback during the most recent staff survey.

The registered manager held ad hoc meetings with individual staff members to discuss specific situations. For example, to discuss time keeping, attendance at training and not following company policy.

A regular quality audit was carried out to check people received good care. The audit included checks of fire safety, housekeeping, infection control, accidents and maintenance. The registered provider undertook a separate check on the quality of people’s care records. Care records audits ensured risk assessments, care plans and other key documents were kept up to date. Other checks included checks of staff personnel files and recruitment. This was to make sure, amongst other things that references had been received and DBS checks carried out.

Regular medicines audits confirmed medicines were handled safely. Audits showed medicines for all people were checked in May and September 2015 with a sample of medicines records checked in between. The audits we viewed indicated that medicines were administered correctly.

We viewed the registered provider’s mission plan for all three services at Park View. This included aims for the forthcoming year, steps on how to achieve the aims and specific goals. Identified aims included developing the services through listening to people, staff, relatives and visiting professionals.