

Selborne Care Limited

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## Inspection report

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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 ●

# Summary of findings

## Overall summary

We undertook an announced inspection on 2 February 2016. We gave the registered manager 48 hour's notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with learning disabilities who live in their own homes. At the time of our inspection 4 people received care and support services. There was a registered manager in post. 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 were supported to make safe choices in relation to taking risks in their day to day lives. Staff had been trained and understood how to support people in a way which protected them from danger, harm and abuse.

Staff had been recruited following appropriate checks on their suitability to support people in their homes and keep them safe. The registered manager had arrangements in place to make sure there were sufficient care staff to provide support to people in their own homes and when going out in the community. Relatives and staff told us people who used the service received reliable care from a regular team of staff who understood their likes, dislikes and preferences for care and support.

Medicines were administered by staff that had received training to do this. There were procedures in place to check people had received their medicines as prescribed to effectively and safely meet their health needs.

Staff had the skills and knowledge to support people's needs. They were supported in their roles and attended training that was relevant to the people they looked after.

People were involved as much as possible in the support they received and were enabled by staff who knew them well to make their own everyday decisions about their care. When people could not make their own decisions these were made on their behalf and in their best interests by people who knew them to make sure their rights were protected.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and were assisted to maintain a diet which met their nutritional and health needs. People's routine health needs were looked after and people had access to healthcare when

they needed it.

Staff provided care and support to people which was personalised and responded to changes in their needs. People's preferences and wishes were known to staff and were respected.

Regular checks were completed by the registered manager to monitor the quality of service which staff provided and improvements were made where needed.

People, relatives and staff were able to share their views about the service provided and were listened to. The ethos of the service was to put people first and this was echoed by the management and staff team. Relatives were happy with the care people received and the support staff gave them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Staff had received training to make sure people had their medicine when they needed it.

### Is the service effective?

Good ●

The service was effective.

Staff received training that was relevant to their roles and were supported to provide care that met people's needs. Staff supported people to make decisions about their care to make sure their rights were protected. People were encouraged to eat well and provided assistance to enable people's nutritional and health needs to be met. People were supported to access to healthcare when they this was required.

### Is the service caring?

Good ●

The service was caring.

Staff had positive relationships with people and spoke about them with warmth and consideration. Staff provided information in ways people could understand to enable everyone to make their own choices wherever this was possible and be involved in their care. People's privacy was respected and they were encouraged and supported to be as independent as they could be.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and was kept under continuous review by staff. People's preferences and wishes were respected and people received their care and support the way they wanted it. People and relatives were encouraged to raise any concerns and complaints, and were given opportunities to do so.

## Is the service well-led?

Good 

The service was well-led.

There was an established management and staff team who put people at the heart of the service they provided. Systems were in place to monitor the quality of care provided and action taken where it was needed to continuously drive through improvements to the services offered to people.

# Selborne Care Limited

## 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 2 February 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths and or injuries to people receiving care. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided at the agency. The local authority are responsible for monitoring the quality and funding for people who use the service.

At the time of our inspection four people used the part of the service which is regulated by us to provide personal care. The four people who used the service had complex needs so we were unable to gain their views. However, we spoke with four relatives by telephone to gain their views and experiences of the service provided to their family members.

We spoke with the registered manager, two senior co-ordinators and four care staff. We looked at the care records for three people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

Relatives spoken with all agreed they had not witnessed any behaviour by staff which worried them. They all felt their family members were safe with the care staff who supported them in their homes and when going out. One relative said, "I can sleep at night thinking [person's name] is safe with the staff who know [person's name]." Another relative told us, "The staff are very safety conscious and I trust them to keep [person's name] safe as they know [person's name]."

All staff we spoke with told us that they had received training in how to keep people safe from potential abuse and harm. They understood how to recognise the signs when people may be at risk of harm or being abused. One staff member told us, "I would report anything which placed people I supported at risk of harm straight away to the manager or [senior co-ordinators name]." Another staff member said they would, "Immediately report to the manager" any abuse they had witnessed. They confirmed they were confident the registered manager would act on this to make sure people were not at risk of harm. The registered manager had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

We spoke with staff about how they managed risks to people's safety. They told us they were kept regularly informed of risks to people's health and safety which related to the care and support they provided. One staff member told us, "I look at the care and risk plans of people I support. We (the staff team) always speak with each other about anything which places people at risk." Another staff member said, "We (the staff team) know people we support really well and share information about any risks to people in handovers." Staff we spoke with knew people well and were able to describe what care and support people needed in order to reduce risks to their wellbeing which matched the care plans we looked at. For example, how they would provide support to a person if they experienced a seizure due to their epilepsy. A staff member also told us about how a person was provided with supportive equipment. This was to manage and reduce the person's risks to their safety so their freedom was not unnecessarily restricted.

We saw risks around people's home environments were considered which reflected where possible the risks of harm to people were reduced. For example, information about seeking help in the event of an emergency and checking there were no visible hazards which could place people at risk of injuries.

Staff spoken with knew the reporting procedures for any accidents and incidents which may happen. A staff member told us, "All incidents are reported and looked at to see if there are ways of reducing these, we do work with other agencies if needed to prevent further incidents." We spoke with the registered manager who told us how the information from any accidents and incidents would be used to identify if there were any patterns in why these had happened. They said any changes in people's needs would also be reviewed.

Relatives and staff spoken with told us there were enough staff to safely support people who used the service. Everyone said their family members were usually supported by the same small team of staff who knew them well. One relative said this was important as their family member would become distressed if their support and care was provided by too many unfamiliar staff. Another relative told us it was important

for them to know the staff too as it provided them with reassurance their family member would be in the, "Safe hands of staff who knew them well." We spoke with the registered manager and the senior co-ordinators about the arrangements in place to respond to people's needs. They told us staffing levels were based on the assessment of each person's care and support needs and agreed with commissioners who were funding the care people received. Staff told us they considered they had enough time to meet people's care needs and support them in doing interesting things which included having the support to safely go on outings.

We looked at the arrangements the provider had in place for recruiting new staff. The information contained in the files showed appropriate checks had been carried out prior to staff starting employment. Staff told us they had completed an application form and attended an interview before they started their employment. The files we looked at showed all new staff had Disclosure and Barring Service (DBS) checks, references and records of employment history. These checks helped the provider to make sure only suitable people were employed so people who used the service were not placed at unavoidable risk due to their recruitment arrangements.

Relatives spoken with had no concerns about the competency of staff to be able to support their family members with their medicines when this was required. A relative said, "It's good they (staff) are able to support [person's name] in taking their medicines to keep them well." Staff were able to describe to us how they provided people with assistance to take their medicines. A staff member told us if a person declined to take their medicines, they would report it to the registered manager and contact their relative. We saw people's care plan guided staff in supporting people with their medicines. This included medicines which some people needed at certain times to meet their mental and emotional needs so staff understood the circumstances about when to give these medicines. We saw medicine records all held the necessary staff signatures to reflect people had taken their medicines. The care plans we looked at reflected that the staff rotas had been planned to make sure where people needed support with their medicines this was taken into account. Staff spoken with told us they received training before they were allowed to support people with their medicines and regular assessments were completed on their continued competence. We saw people's medicines were checked weekly and any problems reported to the registered manager and co-ordinators. This happened so that steps could be taken to resolve any concerns to ensure risks to people's safety was reduced.



## Is the service effective?

### Our findings

Relatives spoken with told us they considered staff had the knowledge and skills to be able to care and support their family members. One relative said, ""They (care staff) know what they are doing and I am in no doubt they have had the training to meet [person's name] specific needs." Another relative told us, "They do seem to have the knowledge to support [person's name] needs."

Staff told us they had received an induction where they worked alongside more experienced staff and regular training. Staff confirmed they their induction had supported them in feeling more confident to meet the needs of people they supported. The registered manager had now introduced the care certificate as they felt this would help to further enhance the skills and knowledge of new staff when they started their roles. The care certificate has been introduced nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours.

The registered manager had a system in place to monitor all staff's training and made sure this was kept updated. We saw staff had attended training considered relevant to their roles and where this needed to be updated further training was booked. The registered manager and staff told us training needs were discussed at regular one to one meetings and staff had the opportunity to request role specific training. Staff told us they felt the training they received assisted them to provide the care to people who they supported. One staff member told us their training had helped them to understand the specific needs of people with learning disabilities and how to support people with their behaviour which could be challenging. They said the knowledge they had gained was useful in providing useful guidance to the early signs which may indicate a person's unhappiness and or anxiety, such as, their facial expressions and gestures. Another staff member told us their training had helped them to understand the specific needs of people with autism and how important it was for people to follow their own specific chosen routines. They said, "We received a lot of training as soon as we are employed so we can be confident in the care we provide, this is important as we support people with complex needs."

One team leader told us they had recently completed training in areas of management to help them in their role. Staff confirmed they received feedback about their practice at one to one meetings and their practice was observed on a regular basis where they received feedback on their work. They also had the opportunity to discuss their training and any issues about the care and support they provided to people in order to support best practice.

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 registered manager and staff showed they understood the importance of supporting people when

making decisions about their care. Staff told us they had received training to enhance their knowledge around the MCA. One staff member told us, "Even if someone lacks capacity, they still have capacity to make some decisions and it's important to give people choices and help them to understand." Another staff member said, "We use different ways of helping people to make choices, such as showing a person objects so they can decide." The registered manager had followed through their responsibilities to ensure where people did not have the mental capacity to make specific decisions they had sought the involvement of other people, such as, relatives and other professionals in order to make decisions in the best interests of people who used the service.

The registered manager was aware of what action they were required to take when people might possibly have their freedom restricted and were deprived of their liberty. The registered manager was knowledgeable about how applications to the Court of Protection needed to be made and was in consultation with the professionals who were involved in the care and support people received.

When people needed nutritional support as part of their care and support this was provided by staff. A relative we spoke with told us staff supported their family member with their meals and drinks which they were happy with. We saw people's care records gave staff information about the support needed to assist people to eat and drink their meals. Risks associated with people's ability to eat and drink had been assessed and monitored by staff. Where necessary we saw referrals were made to dieticians for assessment and guidance. One relative said, "[Person's name] has swallowing difficulties and staff have guidance which they refer to." One staff member told us, "We have guidelines to follow for people's eating and drinking and we know people well." We also saw staff had received training in order to meet a person's needs who required a specialist approach to ensure they had adequate nutrition and fluids. Staff we spoke with told us that if they were concerned a person was not eating or drinking enough they would report their concerns to the co-ordinators.

We saw staff monitored people's health and wellbeing and liaised with professionals involved in their care. A relative we spoke with told us, "They always let me know if (my relative) is unwell." Another relative said staff worked closely with other health professionals when needed. For example, speech and language therapists to assist in the person gaining the relevant expert support and also guidance provided to staff so they had the knowledge to incorporate into their care practices. Staff told us they monitored people's needs and changes were reviewed with people and their relatives involvement where appropriate.

# Is the service caring?

## Our findings

Family members of people who used the service told us staff were caring and kind. One relative said, "They (staff) are all about care and providing people with the best care they can give them." Another relative said they were happy with the care [person's name] provided by the small team of staff who were kind to [person's name].

Staff understood the importance of developing positive relationships with people and their relatives. The registered manager made sure people who used the service enjoyed a continuity of care because staff worked in small teams and usually supported the same people. This was confirmed by relatives who told us the small team of staff knew their family member's needs and abilities and get to know and understand them well. One relative said, "There is always a continuity of staff who know [person's name] well." Another relative said they were much happier now with the small team of staff who supported their family member. Staff also gave us positive feedback about working in small teams and how this benefitted people who they supported. One staff member said if people were supported continuously by staff who they were unfamiliar with this would be unsettling for people. Another staff member thought it was positive people had a small regular team of staff as it helped in building up relationships with people and this was comforting for people who did not like change.

When staff spoke about people they supported they did so with warmth and consideration. One staff member said, "Everything we do is to make sure people are happy with their support." Staff were able to describe people's preferences and interests and showed staff knew people well and understood their individual communication abilities. For example, staff were able to describe to us people's individual ways of communicating and how they made sure each person's wishes were always sought. One staff member said, "We can find out their preferences by offering choices through pictures or objects. We always respect the person. They can always make a decision and will always find a way to communicate it." Staff told us and we saw information was presented in an easy read format where possible so people could be involved in making their own everyday decisions where possible.

Relatives told us staff supported their family member's to be as independent as they could be. One relative said, "They give [person's name] as much independence as they can." Another relative said, "As far as possible they (staff) take the view that this is their life and they are there to support them to live it." They were able to describe in detail how they supported people and how important it was to listen to them and promote their independence where possible. Staff we spoke with showed they were passionate about treating people as individuals and supporting people to have as much choice and control in their lives as possible. People's needs, preferences and how much they could do for themselves was assessed as part of the planning for their care and support. Staff were aware of people's individual abilities and made sure the care and support was adapted to suit each person's level of independence.

People's privacy and dignity was respected by staff. They told us they respected people's choices and they respected they supported people in their own homes. They recognised that even though people received support from staff they were only visitors. For example, they told us they would always knock on people's

doors before entering and be aware of privacy and dignity when supporting them with personal care.

Staff spoken with were aware of the importance of advocacy services and how to access them should people require independent advice and support.

## Is the service responsive?

### Our findings

Relatives spoken with told us they considered the staff who supported their family members knew their individual needs and were therefore able to respond to these appropriately. One relative told us, "They (staff) always know how to respond to [person's name] needs." Another relative said, "They (staff) know [person's name] support needs well and really do their best."

The registered manager told us people had their care and support needs assessed before they received care from staff. This assessment was detailed which formed their support plans and included people's preferences and routines which had been compiled in conjunction with the person where possible and their family. Staff we spoke with were able to tell us people's preferences, likes and dislikes. For example, one person disliked a lot of people around them as they found it overwhelming. Staff told us they did not use any physical interventions with people but would use distraction methods. For example, supporting people with things they found interesting and liked doing to help people in feeling reassured while preserving people's safety as much as possible in the least restrictive way.

Relatives said they felt their family member's preferences and wishes were respected and the service provided was flexible so their family member's social wellbeing was taken into consideration. For example, supporting people who used the service with interesting things to do and any learning opportunities to try new things. Relative's spoke about how their family members had benefitted from the support staff gave them. One relative said, "They (staff) try to make [person's name] day an interesting one as well as responding to their support needs."

We heard from the registered manager how they had supported people to access support from health and social care professionals. This was so changes in people's needs could be responded to in the best possible way for them. For example, staff had received specific training in order to meet the health needs of a person who required their diet to be prepared in a specialist way. Staff told us they were now working with the dietician to introduce more varieties of foods into the person's diet. The wellbeing of each person was documented in daily records. These recorded the person's activities, support with people's behaviours and communication and provided an overall picture of the person's wellbeing.

Relatives we spoke with told us they were kept up to date with what was happening with their family member and with their care. One relative said, "We have a regular dialog with (staff) as we need to. I feel at ease to phone if I need to speak with the office or manager about anything. I am invited to any review meetings so I am kept up to date and involved in [person's name] care."

The registered manager and staff encouraged people to raise concerns and complaints. Staff we spoke with told us people who used the service would need some support to be able to make a complaint but staff told us how they would support people. If people were unhappy about something their relative may have to complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would always support a person to make a complaint if they wanted to and would observe people's body language or behaviour to know if they were unhappy.

The provider's complaints procedures were available and provided in different versions, such as, easy read to meet the needs of people who used the service.

Relatives spoken with told us they would always speak with staff if they had a concern and would feel confident in raising a complaint directly with the registered manager if they needed to. We heard from relatives who had raised concerns and they explained to us how these had been investigated by the registered manager in consultation with external professionals. They said, "I'm comfortable raising things". We asked one relative if the provider encouraged them to raise concerns and complaints. They said, "They don't need to encourage us to raise concerns, we feel we just could."

## Is the service well-led?

### Our findings

Relatives we spoke with told us they knew who the registered manager was and they were approachable if they needed to speak with them about their family members care and support. One relative said the care and support provided to their family member was, "Going along lovely. It is really good and the care is catered to fit [person's name] needs." Another relative said, "I feel the service is well run and they (staff) never let us down."

We found there was a stable and established management and leadership structure within the organisation. The registered manager had been in post since 2013 and was supported by their line manager and co-ordinators. The registered manager knew all the people who used the service and their relatives well. They were able to tell us about each individual person and what their needs were. They told us they were passionate about making sure people had the right support to meet their needs and staff were supported to do their specific roles. They were also proud of staff being advocates for people as they used positive methods to resolve any issues for people.

Staff spoken with told us they felt well supported by the registered manager and the co-ordinators, and they enjoyed their work. One member of staff told us, "I love my job, it's challenging and I learn every day." Staff told us and we saw they were encouraged to make suggestions about the care and support people received through one to one meetings, staff meetings and review meetings. For example, a staff member had made a suggestion at the review meeting of a person they supported which provided a positive resolution in order to support the person with their needs. Relatives of this person commented they thought the staff members idea was a good one. The co-ordinators told us they too felt very supported and listened to by the registered manager. One co-ordinator said, "They're [registered manager's name] great. We talk on a daily basis." They told us they felt supported in their roles and had a three day management course to enable them to undertake their specific responsibilities in supporting staff.

All staff we spoke with understood their roles and responsibilities within the organisation and in supporting people to receive a quality service. Staff told us the registered manager and co-ordinators provided them with clear direction and they all wanted to provide people who used the service with good quality care and support. The registered manager kept them up to date with current guidance and had been updating staff on the changes to health and social care regulations and what this meant for the service. The registered manager had also recently made changes to staff meetings as these had not been successful so they were going to establish smaller team meetings to enable staff to discuss ideas and any issues. Staff told us they were encouraged to give feedback, raise concerns and complaints and they felt they were listened to. Staff told us they were confident that if they raised any concerns then they would be acted upon. Staff described the registered manager and the co-ordinators as 'approachable', one staff member told us, "I can call the co-ordinators at anytime, anywhere, they are always there to speak to, they are very supportive."

Relatives told us their family member wherever possible and they felt involved in what happened in relation to the support and care provided. They were encouraged to give their opinions on the quality of the service through questionnaires and relatives felt they could speak with management about any concerns or

suggestions they may have. One relative said, "I think as a parent you may see things differently but we are able to discuss any issues which may come to light."

We discussed with the registered manager how they ensured they delivered a quality service. They told us there were a number of quality checks in place to develop and improve the quality of the service offered to people which included medicine audits. Where medicine errors had happened staff had received further training to enhance their knowledge and competencies. Regular audits also took place to ensure people received the care and support to show their needs were being met as assessed and planned for. This was completed through a number of methods such as observing staff practices and checking the daily notes staff completed for each person they supported. There were also arrangements in place whereby managers undertook quality checked across other services of the providers. The registered manager told us this enabled ideas to be shared across the management team where they had worked well.

The registered manager had future plans which they told us included continuing to grow and develop the bespoke services provided to people. They also wanted to establish regular peer meetings to share thoughts which would benefit nursing staff with their professional validation process.

We heard from the registered manager and staff that the registered manager led by example and had become the dignity champion for the service. They had also developed close links with a local university to provide students with work experience. The registered manager's ethos was, "To be creative, to improve service users life and relationship opportunities." This was also supported by the co-ordinators who told us, "Staff do go that extra mile. We are all pro service user and all sing from the same hymn sheet. If we can make it happen for service users we will." Staff we spoke with also adopted an approach which was centred around people they supported with one staff member confirming, "If we have ideas the co-ordinators do listen to us and we are encouraged to try ideas for the benefit of people."