Selborne Care Limited

Selborne Mews

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

This inspection took place on 22 and 23 February 2017 and was unannounced. We last inspected this service on 26 February 2015, and the provider achieved an overall good rating with some improvements were required in certain aspects of the service under the well led domain.

A manager was in post but not yet registered with the Care Quality Commission (CQC) . A registered manager is a person who has registered with the CQC 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.'

There were systems and processes in place to assess and monitor the quality and safety of the service.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and supervision and staff training was monitored by the provider. Staff were recruited in a safe way and employment checks were completed before they started to work at the service.

People had been involved in decisions about their care and received support in line with their care plan. The provider had made appropriate applications to the local authority so that people's rights could be protected. Although, not all staff were clear about which applications had been authorised.

People were supported by staff that were caring and knew people's care needs including their personal preferences, likes and dislikes. Staff were respectful of people's diverse needs and the importance of promoting equality.

People were supported to maintain good health and had regular access to healthcare professionals. People received their medicines as prescribed. Arrangements were in place to ensure that people made choices about the food they ate and specialised meals were provided when needed.

People were supported to take part in interests and hobbies that they enjoyed. People who could tell us told us they could speak to staff if they needed to, and the provider had a system for listening and responding to complaints.

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.

People were protected from the risk of abuse and avoidable harm because staff had the knowledge and skills they required to keep people safe.

People were supported by enough members of staff to meet their needs.

People received support with their prescribed medicines as required.

Is the service effective?

Good

The service was effective.

People received care from staff who had received training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because key processes had been followed to ensure people were not unlawfully restricted.

Peoples were supported to have food and drink that they enjoyed.

People were supported to maintain their health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they needed to meet their individual needs.

People were cared for by staff who protected their privacy and

Dignity.

People were encouraged to be independent and were supported to express their views as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

People were supported to do things that they liked so that they led interesting lives.

People knew how to raise concerns if they were unhappy about the service.

Is the service well-led?

Good

The service was not consistently well led.

People and staff had opportunities to raise their concerns. There was a manager in post although they were not yet registered with CQC, it was their intention to do so.

Quality monitoring systems were in place to monitor the service.

Selborne Mews

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 22 and 23 February 2017.

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Providers are required to tell us about specific events and incidents that occur including serious injuries to people receiving care and any incidents which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us to plan the areas we wanted to focus on during our inspection. We also looked at regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has any concerns about the service they purchase on behalf of people.

We met all the people who lived at the service, we spoke with eight people and we also made some general observations and spoke with staff supporting an additional two people. We spoke with six members of staff including care staff, team leader, and nurse and deputy manager. We also spoke with the manager and registered provider.

We looked at the records in relation to two people's care and four medication records to see how their care was planned and delivered. We also looked at staff recruitment and training records to see that staff were recruited, trained and supported to deliver care to meet people's needs and records relating to the management of the service, complaints and surveys to ensure people received a quality service.

Good

Is the service safe?

Our findings

During the inspection we saw that people looked comfortable and relaxed in the presence of staff. People told us that they felt safe. One person told us, "I am happy living here and I feel safe in my flat". Another person told us, "I trust all the staff". A third person told us, "Sometimes [person living at the service name] shouts at me. I don't like it but the staff are good and will tell [person's name] not to do it".

All the staff that we spoke with were able to tell us how they would respond to allegations or incidents of abuse and also knew the lines of reporting within the organisation. Staff recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. A staff member told us, "I would report any concerns I had to the nurse or the team leader and I am confident that any concerns would be dealt with". Staff we spoke with confirmed that they had completed safeguarding training. The manager was also able to tell us of their role and responsibilities with regards to safeguarding people from the risk of abuse and avoidable harm, including what the reporting procedures were. Information we hold about the service showed that the provider had told us about safeguarding incidents and had taken appropriate action to ensure people who used the service were protected.

Staff we spoke with knew the people that lived at the service and the support that people needed with their care and how to manage any risks associated with their care. Some staff told us that they were concerned about the safety at times of some people who could access the community independently and the potential risks that people faced. Staff told us about the strategies in place to support and manage any potential risks to people and how they worked with other professionals to ensure people's wellbeing was protected and risk's to people minimised. We saw that risk assessments were in place for staff to follow. These included risk assessments relating to people's mobility needs, medication and nutritional risks, as well as risks that were specific to their physical and learning disabilities. For example, epilepsy and the risk of choking. We found that risk assessments provided information on the identified risks, including signs and symptoms and ways to reduce the risk from occurring. We saw that monthly meetings took place to review any accidents or incidents and any learning from these that needed to be made to the way people were supported with their care.

We spoke with staff about the procedures in place for handling emergencies and they described to us what they would do to ensure that help was provided quickly. Staff knew how to protect people from the risks associated with their health conditions and were aware of what action they [staff] needed to take in an emergency. One member of staff told us, "If [person's name] had a seizure I know what to do. I would assist them and make sure they were safe and let the team leader and nurse know. We would monitor them and when we need to we would call for emergency services".

People who could tell us told us that there were enough staff available to meet people's needs. One person told us, "There is always staff around if I need them". Another person who spent periods of time in their flat without the supervision of staff, told us they could ring over to the office at any time if they needed staff support and they showed us how they would do this. The manager and senior staff told us the staffing arrangements in place to support people. When we visited people's flats we saw that the staffing levels were

as they had been described to us. Some people had the support of one or two staff and some people had staff support at specific times throughout the day. We saw that senior staff were available throughout the day to provide additional support to people and to carry out specific tasks such as taking calls from health care professionals and medicine management.

All the staff spoken with told us that employment checks were carried out before they started to work at the home. We saw the provider had a recruitment policy in place and staff had been appropriately recruited and robust recruitment procedures had been followed. This included a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Records we looked at showed that regular checks of the fire detection equipment and response systems such as fire extinguishers and emergency lighting were completed to ensure they were working in the event of an emergency. We saw that people had personal emergency evacuation plans (PEEP) within their care records which informed staff of the level of support they required to evacuate the building in the event of an emergency. People told us they knew what to do if the fire alarm sounded. One person told us, "That's where we go out [pointing to a fire door] if the fire alarm goes off".

One person told us, "The staff help me with my medicines. I get them on time". We looked at the systems in place for the safe handling of medicines and saw that people received their medicines as prescribed. We saw medicines were stored safely in a locked cupboard. Staff we spoke with told us that they had received sufficient training to ensure they had the knowledge and skills they required to support people with their medicines. Processes were in place to identify missed medication or medication errors. When a medicine error had occurred we saw that the provider followed there procedures to identify the cause and ensure steps were taken to minimise reoccurrence.

Good

Is the service effective?

Our findings

People told us how staff supported them in a way that met their needs. One person told us, "The staff are helpful". Another person told us, "The staff do help me". Staff demonstrated to us that they had a good understanding of people's needs. We saw good interactions between people and staff.

Staff told us and records showed us that they received regular staff meetings and staff felt supported in their jobs. Staff told us that they received regular supervision. Care staff told us that they felt supported in their role by the team leaders and nurses. A staff member told us, "I go to [team leader's name] and or [staff nurse name] and they are there to help you out". The manager had only been in role for a few days and the deputy had only been in role for a few weeks. Staff we spoke with told us that although it was early days that the new managers seemed approachable and supportive. We saw that meetings had been arranged with people at the service and the staff team so that the manager could introduce themselves.

The manager and provider told us that some staff training was completed on line and that some specialist training was provided in group sessions. They showed us staff training records and we saw that the majority of staff had completed the providers required training. The manager told us that epilepsy, autism and training to support people with behaviour that may challenge the service, were all provided in group sessions. A staff member told us that the training was good and helped prepare them for their role. We spoke with a member of staff who was on induction. They told us that they had completed some training and shadowed experienced staff. They told us they felt well supported in their role. The managers operated an on call system across the providers service's so that staff had 24 hour access to support and advice if they need it.

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. Staff were able to tell us how they obtained consent from people on a day to day basis. We saw that staff gave people choices and asked people what help they needed. Staff we spoke with were able to give examples of how they gained consent and promoted independence in aspects of the day to day care and support they provided to people. A staff member told us, "I always ask get [person's name] to choose what they want to wear and what they want to eat". Staff we spoke with confirmed they had received training on the MCA (2005) and were able to give examples of how they protected people's rights and understood the need to ask people for their consent.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment and who is under constant supervision and/or control in order to keep them safe. They are required to submit an application to a 'supervisory body' for the authority to deprive a person's of their liberty in order to keep them safe. The manager told us that for the people who they had identified as having their liberty deprived applications had been made to the local authority. Some had been authorised and somewhere still waiting to be authorised by the local authority. Staff we spoke

with were able to tells us their understanding of DoLS and were aware of their responsibilities to keep people safe. However, not all staff were sure which applications had been authorised and which were still waiting for a decision to be made. We saw that staff gave people choices and asked people what help they needed. Staff we spoke with were able to give examples of how they gained consent and promoted independence as much as possible in aspects of the day to day care and support they provided to people.

We saw that people had their own individual kitchen areas in their flats and most people were supported to make their own food and drinks. We saw that a person had prepared their own lunch of cheese on toast. They told us, "I cook my own food". Another person told us, "I do my own breakfast and lunch and cup of tea and staff cook my dinner". Some people because of their needs required staff to do their cooking for them. We saw that there was an individual approach towards menu planning and people told us they were supported to cook and eat food that they liked. Staff told us that on a Tuesday they hold a breakfast club and on a Sunday a cooked lunch is provided and all the people are invited to attend both and this provides people with a social opportunity to meet up with all the people who live at Selborne Mews. People we asked told us that they enjoyed these shared meals.

We saw that where risks associated with peoples' diets or fluids had been identified; there was guidance for staff to follow from the appropriate medical professionals. For example we saw a report from a Speech and Language Therapist (SALT) in one person's care records that detailed the support they required when eating and drinking because they were at risk of choking and required a soft diet. A Speech and language therapist provides advice and support for people who have difficulties with communication, or with eating, drinking and swallowing. Staff we spoke with were aware of peoples individual needs in accordance with special dietary requirements, such as soft diets and were able to explain to us how these were catered for at meal times. We saw staff supporting a person who required support to eat and observed that the guidelines were being followed.

A person told us, "I can see the doctor when I am not well". We saw that a person had a medical appointment that they needed to attend on the day of our visit. The team leader spoke with the staff member who would be supporting the person and ensured that they had all the information they needed to support the person effectively. Records we looked at showed people were supported to maintain good health and attend medical appointments. The outcome of appointments were recorded in detail so that important information could be passed onto to staff so that any monitoring could take place. Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health and also how they supported people with their changing healthcare needs. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get.

Good

Is the service caring?

Our findings

We saw friendly and caring interactions between people that lived at the service and the staff that supported them. One person told us. "I like the staff and I can speak to them. Another person told us, "I trust all the staff". A third person told us that the staff were helpful and kind.

We saw that staff treated people with dignity and respect and provided support in a way that maintained people's privacy and dignity. We saw that most people lived in single occupancy flats and the people who shared a flat had their own bedroom so that they could spend time alone if they chose. People were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. One person told us, "The staff do knock my door". We saw that staff were respectful towards people they supported, they respected people's views and opinions, referred to people by their preferred name and involved them in conversations.

People told us that they were supported to be independent. During our visit we saw that people were supported to take part in cooking and household tasks. Some people could carry out these tasks with minimal support and some people required a high level of staff support. One person told us, "I look after my own flat and do the jobs that need doing". Another person told us that they were a bit frustrated with their washing machine not working properly. Staff took action to address this and they established that the person needed some support to operate the machine correctly. They took some photos of the different operating stages so these could be visually displayed for the person to follow.

Staff spoke positively about their role in supporting people who lived at the home. A staff member spoke in a caring way about people and explained some of the difficulties and challenges that people face and their role in supporting people in the best way they can. Another staff member spoke very enthusiastically to us about their role in supporting people to 'try out new things' and told us about their commitment to support people to do things that they enjoyed doing.

People were supported to make choices and decisions about their care and how it was delivered. This included how they spend their day, what they wear, where they went and how they decorated their room. One person told us, "Staff do ask me what I want to do and they encourage me to do things. I do jobs in my flat like cleaning and I like to go out to the shops". We saw that people were supported to be independent. One person told us that they kept their own room tidy and clean and made their bed. They told us that they went to the shops on their own to buy things. Some people had been supported to take up employment and voluntary work and they told us that this was really important to them.

People told us about their family members who were important to them. Staff told us that they supported people to maintain contact with family members and they recognised how important this was to people. We saw that people were supported to make and receive phone calls to relatives.

We saw that staff supported people with their appearance to ensure that they were happy with this. We saw that people were dressed in styles that reflected their individuality. People had been supported to style their

hair and wear jewellery and take pride in their appearance. One person showed us that they had been to have their nails painted and they told us that they really enjoyed this and picking the different colours for their nails. Another person told us about having their hair styled and showed us a picture of when they had been to the hairdressers to have it done for a special occasion.

We saw that some people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. A staff member we spoke with said, We saw that people were referred to by their preferred names. People had access to culturally diverse foods and care records detailed peoples spiritual and religious beliefs. We found that people's personal profiles had information about them that included their likes, dislikes and preferences.

Records we looked at showed that people had access to information about their care in ways that would help them to understand. For example, we saw information about how to complain, or raise concerns was presented in a pictorial format within the home and feedback questionnaires were also provided in an 'easy read' format so it was easier for people to understand.

Good

Is the service responsive?

Our findings

People told us that staff involved them in planning their care. One person told us, "There is always staff to speak with if I need to". Another person told us that they knew who their keyworker was and what was in their care plan and that staff discussed their care plan with them and they signed their care records. A third person told us that sometimes they felt a bit lonely in their flat and would like to chat with people more. Some people told us that they would like to live more independently and staff told us that people were being supported by health and social care professionals with any moving on plans.

People told us that they were supported to pursue their own hobbies and interests. One person told us, "I like going out shopping". Another person told us, "I am going to a disco tomorrow night and I am looking forward to going. I have put my name on the list". A third person told us they enjoyed cooking sessions in the activity room, they told us, "My favourite is baking cakes and flapjacks". During our visit we saw that people were supported to take part in cooking and cleaning tasks in their own flats. Some people went out shopping. Another small group of people went out to a planned sensory session and staff were able to tell us the benefits for each of the people involved in this activity and what people enjoyed doing at the session. We saw that a staff member had a role of supporting people with their hobbies and interest and taking part in different leisure and social activities. We saw that the staff member had met with people on a one to one and as a group to find out more about what people would like to do. They told us that a lot of work was taking place to support people and also to find out what was available in the local community for people to access and some people were already involved in different opportunities including work and training opportunities. One person told us, "I like going out to work". We saw that people had a range of personal items in their flats to support their individual hobbies and interest. For example, we saw that people had sketch pads and drawing materials, chess set, key board, guitar, radio music equipment and televisions. We saw that 'talking books' were available for a person with a visual impairment so they could have audio entertainment that they enjoyed. Staff told us that people had asked for more leisure opportunities in the evening and weekends and that this was something they were working on. We saw that an evening trip to a disco had been planned and information about this was displayed on the notice board for people to see and make a decision about if they wanted to attend.

Some people chatted to us about their holiday last year which they had been on with some people from the service. One person told us, "I really enjoyed it". And they showed us photographs from the holiday which they had displayed on their living room wall. Another person told us they were going on holiday later this year and they said, "I am looking forward to going away".

We saw that some people's flats had adaptations made so that their support needs were met. For example, a person with visual and mobility needs handrails had been fitted to assist the person with mobilising around their flat independently.

People told us if they were unhappy about something they would speak to staff. We saw that one to one discussion session took place with people. One person told us, "I can talk to the staff when I need to". During our visit two people told us about different occasions when staff had shouted at them. We shared this

information with the manager who was able to explore these issues and were able to reassure us that nothing untoward had taken place. For example, one incident related to a safety issue in the community and staff had raised their voice to alert a person of a potential safety matter. Some people told us that at times there was a lot of noise below their bedroom window in the evening. The manager looked into this matter and established that some people from the service liked to gather outside the front of the building and have a chat, however this was underneath some people's bedroom window. He told us that he was working with people to resolve this and had suggested a meeting area away from people's bedrooms to minimise any noise disruptions to people. The manager told us and records we looked at showed that there were no outstanding complaints within the service. We saw that where complaints had been raised, these had been recorded and investigated appropriately and the outcome was fed back to the complainant.

Good

Is the service well-led?

Our findings

We saw that the provider had a quality assurance policy for the continuous monitoring of the service. These included a range of audits for monitoring the service including audits of care records, medicine management and health and safety. Where improvements had been identified as needed, action plans were in place. For example we saw that it had been identified that some improvements were needed to the physical standards of the service. During our visit we saw that work was taking place to refurbish a person's flat and this included fitting a new kitchen and improving the standards of the living accommodation. We saw that audits of care records had identified where improvements were needed and we saw during our visit that work was in progress to make the improvements needed.

There was a system in place for recording complaints and we discussed how the recording arrangements for these could be improved to ensure the confidentiality of information. We saw that much work had taken place to improve people's opportunities to take part in hobbies, interest and social activities. Records we saw showed that these did not always take place as planned and the reasons for this were not always recorded by staff members.

The manager indicated to us that this was something that they were addressing with the staff team to ensure that people received the consistent support they needed to pursue their hobbies and interests. We saw in a person's care records a recording by a visiting professional that raised some concern about a person's consenting to a health intervention and staff working in the home were implicated in the recording. We brought this to the provider attention and they took immediate action and a meeting was arranged with external professionals. In conjunction with the health care professionals the care plan and protocol was reviewed and agreed and ensured that any practice was in the person's best interests.

The registered manager had resigned and left their position in the week prior to our visit. A new manager had recently been appointed and was in the process of completing their induction to the home. The manager told us that they would be submitting an application to the Care Quality Commission (CQC) to be the registered manager. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. We saw that incidents and accidents were recorded. We saw that systems were in place to identify and take action to reduce the risk of harm to people and to identify any trends and any learning from incidents.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were encouraged to raise any concerns. They told us that they felt comfortable raising concerns with the manager and provider would contact external agencies if they needed to. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them.

We saw records that showed staff and residents meeting took place. The manager told us that there were meeting planned to take place soon with people and staff so that he could formally introduce himself. He told us that he had spent time in his first few days meeting people and spending time in each person's flat so

he could get to know people and ensure he understood people's care and support needs. People told us that they had met the new manager. One person told us, "I had a chat he seems nice". A staff member told us, "It is very early days, but he seems very nice and approachable".

The duty of candour requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the providers intends to take. The provider and manager confirmed to us in feedback that they fully understood their responsibilities of this requirement of the regulations. We found that the manager and provider had been open in their approach to this inspection, co-operated throughout and acknowledged the identified areas for development.