

Selborne Care Limited

1 Holendene Way

Inspection report

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Date of inspection visit:
24 February 2016

Date of publication:
23 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 24 February 2016. Our last inspection took place in 2014 and we found no concerns within the areas we looked at. The service was registered to provide personal care for up to four adults with a learning disability. At the time of our inspection four people were using the service.

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.

When mental capacity assessment had been completed the information recorded in them was not always accurate and did not reflect people's capacity. When people needed access to health professionals this had not always been identified by the provider and responded to in a timely manner.

People told us they felt safe at the service and staff had received training to ensure they knew how to recognise and report any concerns. Staff told us they had received training and an induction that had helped them to understand and support people better.

We found risks to people were managed in a way to keep them safe. There were sufficient staff to support people and meet their needs. People received their medicines safely and there were checks to ensure medicines were appropriately recorded and stored. There were choices at mealtimes for people and they told us they enjoyed the food.

Staff had developed positive relationships with people and they knew about their life and daily choices. People were encouraged to be independent and their privacy and dignity was respected.

Checks were completed by the provider and the staff to bring about improvements. Staff felt they were listened to and were given the opportunity to raise concerns. We found there was a complaints procedure in place and people and relatives knew how to complain.

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 told us they felt safe and staff knew how to recognise and report potential abuse. Risks were managed in a way that kept people safe. There were enough staff available to meet people's needs. Medicines were managed in a way to protect people from the risks associated to them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Capacity assessments did not always reflect accurate information. When needed people did not always access health professionals in a timely manner. Staff received an induction and training that helped them to support people. People made choices around food and drinks and could access this independently.

Is the service caring?

Good ●

The service was caring

People were encouraged to be independent and make choices about their day. They were supported to maintain relationships with people who were important to them. Staff knew people well and interacted with people in a kind and caring way.

Is the service responsive?

Good ●

The service was responsive.

People were involved with planning and reviewing their care and relatives were updated. Staff knew about people's preferences. People accessed the community to participate in activities they enjoyed. There were systems in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

The provider completed quality checks and sought the opinions of people who used the service to make improvements. There was a whistleblowing procedure and staff knew how to whistle

blow. Staff felt supported and listened to.

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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.

The inspection took place on 24 February 2016 and was unannounced. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about significant events at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with three people who used the service and two relatives. We also spoke with two members of care staff and the care coordinator. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm not frightened here". A relative told us, "I have no concerns over safety". We saw when people needed support to maintain a safe environment this was provided for them. For example, one person needed the environment to be free from objects so it was safe for them to walk around independently. We saw the environment was free from objects and safe for this person. This demonstrated people were supported in a way that kept them safe.

Staff knew how to recognise and report potential abuse or any concerns they had. One member of staff told us, "Its ensuring that everyone is cared for in the right way and no abuse of any kind is taking place". Another staff member said, "I would report any concerns to the manager or the local authority and even the CQC if I had to". We saw there were procedures in place to report any concerns to the local authority if needed.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. For example, staff told us how some people who used the service smoked. They told us how they managed this for one person to ensure they were safe. We spoke to the person about this. They said, "I don't mind, the staff help me its better". We saw staff support the person to do this in line with their care plan. In the care plans we looked at, risks had been assessed to support people's care and wellbeing. When risks had been identified, the care plans showed how this risk could be reduced. This demonstrated staff had the information available to manage risks to people in a safe way.

People told us and we saw there were enough staff available to meet people's needs. One person said, "I always have staff when I am awake". A relative told us, "[Person] has loads of one to one support, it's exceptional". People received one to one support throughout the day and we saw they always had someone available to offer support.

People told us their medicines were managed in a safe way. We heard one person ask a member of staff if they had locked their medicines away. Another person told us, "My tablets are kept in my room, the staff watch them". The care coordinator told us people's medicines were stored in their rooms in a locked medicines cupboard. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

We spoke with staff about the recruitment process. One member of staff told us, "I had to wait for my reference and DBS before I could start". The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at two staff recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. This demonstrated there were recruitment checks in place to ensure staff were suitable to work within the home.

Is the service effective?

Our findings

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 saw when needed people had mental capacity assessments in place. However the information in the assessments did not reflect people's capacity. For example, for two people an assessment of capacity had been completed. This was in relation to 'consent to decision making with daily activities'. The records showed each person did not have the capacity to make this decision. We observed these people making decisions throughout the morning in relation to this. We discussed this with the care coordinator who confirmed these two people would have capacity to make these decisions. We discussed the records with the care coordinator who confirmed this information was not accurate. The care coordinator said it was an area that needed revisiting and further work was needed.

Staff we spoke with demonstrated an understanding of the Act. One member of staff told us, "You always assume capacity". Another said, "It's about decision making and understanding of this." When people were unable to make decisions we saw decisions had been made in people's best interest. Staff explained to people what they wanted to do and checked with people they were happy for them to do this. This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered if people were being restricted unlawfully. The care coordinator told us that no one was being restricted unlawfully. There were no DoLS authorisations in place and no application had been made.

People did not always receive support from health professionals in a timely manner. For example, we identified one person was weighed monthly. The nutritional assessment stated this was because 'there was cause for concern'. The records showed us for the previous two months the person had lost 8lbs in total weight. We saw on the weight monitoring sheet no action had been taken. We spoke with the care coordinator about this. They confirmed this had not been identified by the service and that the person should have been referred to the GP. They confirmed they would action this. This demonstrated people did not always receive access to health professionals when needed.

People told us they had access to community health professionals. One person said, "[Health professional] comes and visits she is coming later". Another person said, "I go to the doctor when I am poorly". Records confirmed people attended health appointments including, the dentist, chiropodist and opticians.

Staff told us they received training that helped them to support people. This included an induction for new starters. One member of staff told us about their induction. They said they had training for one week and then had to shadow staff for another week. They said they did this until they could work independently. The staff member told us, "I found it really helpful, it helped me to learn how the clients worked". This showed us that staff shared knowledge to offer care and support to people. Another member of staff explained how they had attended training to support people with autism. They told us this had made them realise that everyone was individual. The staff member said, "I became so aware of my surroundings and how it maybe for [person], I support [person] better now I consider the environment more and how it is for them". This demonstrated that staff were supported to receive training that was relevant to the needs of the people they supported.

People told us they were offered choices and enjoyed the food. One person said, "Bangers and mash are my favourite, I love it". Another person said, "I have what I want". Staff told us and we saw people accessed the kitchen to choose their meal. A member of staff explained that everyone had something different. They said, "We usually have four different meals on the go, at different times too". We observed people go into the kitchen at breakfast time and make a meal of their choice. One person was going out for the day and we observed they made a packed lunch to take out with them. People were able to make drinks independently and during the morning we observed people doing this.

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "I like all the staff". A relative told us, "The staff are very good". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. For example, we observed staff participating in a handshake that a person had made up. One person told us they liked to joke with staff. They said, "I make that joke" They went on to tell us that, "They always laugh". This showed us that people were treated with kindness.

People told us they made choices about their day. One person said, "I'm going out today I pick where I go" Another person said, "I do what I like". We saw there was a weekly planner in place for each person. The staff told us that each week people would choose what they wanted to do for the week and what meals they would like to eat. People who used the service confirmed they were involved with this and made their own choices. One person said, "That's mine, I tell [staff] and then we go there". We saw staff offering people choices about what they would like to eat and what they would like to do next.

People told us their privacy and dignity was promoted. One person told us, "[Staff] knock my door". Another person explained they had their medicines in their bedroom as no one else could see. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We try to be discreet, knock on doors and wait and also stand outside the bathroom and just call to make sure people are ok". This demonstrated people's privacy and dignity was promoted.

Staff told us how they supported people to be independent. For example, one member of staff told us how one person liked to bathe independently. They explained how they liked staff to run the bath and check the water for them. We heard the person ask staff if their water had been run. The staff member confirmed it had and then the person bathed independently. This demonstrated that people were supported to maintain their independence.

People were encouraged to keep in touch with people that mattered to them. We saw and people told us they would visit their relatives and talk to them on the telephone. Relatives we spoke with told us the staff were welcoming and they could visit anytime. A relative said, "I ring just to make sure [person] is in, but there's never a problem".

Is the service responsive?

Our findings

People told us they were involved with reviewing their care. One person said, "I have a meeting all the time to say what I like". Another person knew they had a file with information about themselves in. We saw records for monthly 'talk time' meetings where people had the opportunity to discuss all aspects of their care and life. A relative told us, "I am very involved and always updated". The care files we looked at confirmed that where possible people were involved with reviewing their care.

Staff knew about people's preferences. For example, one staff member told us how a person liked to have lots of bubbles in their bath. The person laughed and said, "Yes I do". Staff used information they had about people to provide good interactions. Staff talked to people about their friends and family and also about things they had done and liked doing.

People told us they accessed the community to participate in activities they enjoyed. One person said, "I am going to the library to get some books". Another person told us, "It's great I go out every day". Everyone accessed the community during the inspection. We saw people had activity planners in place and people confirmed they had been involved with planning these. People and relatives spoke enthusiastically about activities at the home. A relative told us, "I am extremely pleased with all the things [person] does". This meant people had the opportunity to participate in activities they enjoyed.

People and relatives told us if they had any concerns or complaints they would happily raise them. One person explained if they were sad they would tell staff. A relative told us, "I would go to the manager, I know it would get sorted out". The provider had a policy and a system in place to manage complaints. The provider had not received any complaints and the care coordinator told us if they did they would respond to them in line with their policy. We also saw there was a pictorial complaints policy in place that was displayed for people who used the service.

Is the service well-led?

Our findings

People and relatives spoke positively about the staff and the home and we saw there was a positive atmosphere. One person said, "I like it here". A relative told us, "Overall I'm very very pleased". Staff explained how they were a good team and would all work together to make the atmosphere and the home nice for the people that lived there.

Staff we spoke with told us they were happy to raise concerns and were aware of the whistle blowing procedure. Whistleblowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to whistle blow and would be listened to". We saw there was a whistleblowing procedure in place. This demonstrated staff knew how to raise concerns and were confident they would be dealt with.

Staff told us they had supervisions and meetings to discuss concerns and bring about changes. A staff member gave an example of a situation when they had needed support from their manager. The staff member said, "[Manager] was great, I was listened to, I couldn't have asked for any more support". This showed us when staff raised concerns they were listened to and changes made.

The care co coordinator told us and records confirmed that 'residents meetings' were held. The care coordinator told us this was so they could get feedback from the people who used the service. We saw these meeting were held and used to obtain information from people about what they would like, and what they didn't like. We saw one person had requested to go on a day trip. The person confirmed this but said they wanted to wait till the summer until they went. This demonstrated the provider sought the opinion of people who used the service.

Quality checks were completed by the provider and staff who worked at the service. These included checks of health and safety, medicines and the monitoring of incidents and accidents. Where concerns with quality were identified we saw actions had been put in place. For example, an electrical appliance had been identified as needing repair. We saw this had been actioned and it was now safe to use. This demonstrated when improvements were needed the provider had taken action.