

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

S E L F Limited - 14 Park View

Inspection report

14 Park View
Hetton-le-Hole
Houghton Le Spring
Tyne and Wear
DH5 9JH

Tel: 01915268565

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23 April 2019

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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

About the service: S E L F Limited - 14 Park View is a care home and provides accommodation and support for up to nine people living with a learning disability. There were eight people living at the service when we visited.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People's experience of using this service: People told us they were happy at the service. One person said, "I like it here and the staff are great." The service had made improvements and had effective systems in place to ensure medicines were managed safely. People told us they felt safe. Staff were knowledgeable about safeguarding and were confident any concerns would be dealt with appropriately. A robust recruitment process was in place. Health and safety checks were regularly conducted to make sure people lived in a safe environment.

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

People received personalised care. We observed many positive interactions between people and staff. Staff clearly knew people well and were knowledgeable about people's life histories, preferences and care and support needs.

Staffing levels were sufficient to meet people's needs. The registered manager regularly reviewed staffing levels to ensure enough staff were available to support people in the community.

People were involved in developing care plans and setting goals. Staff supported people in daily decision making.

The service ensured people had access to health professionals when required and supported with any ongoing care and support needs.

Incidents and accidents and safeguarding matters were recorded and reviewed.

Staff morale was high. Staff were supported well by the management team. Training was designed around the needs of the people living at the service.

Information throughout the service was available in an appropriate format for people to understand the care and support they received.

People were supported to take part in activities and interests they enjoyed. The service also supported people to develop life skills, literacy and numeracy.

People, relatives, healthcare professionals and staff had opportunities to give feedback.

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

Rating at last inspection: Requires improvement with breaches in regulation 12 and regulation 17 (the last report was published on 22 May 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

S E L F Limited - 14 Park View

Detailed findings

Background to this inspection

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

Inspection team: One inspector carried out the inspection.

Service and service type: S E L F Limited - 14 Park View is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure people and staff would be in.

What we did: Before the inspection we used information about the service to plan. We reviewed notifications sent us to us about certain incidents that had occurred that the provider must tell us about. We contacted the local authority commissioning and safeguarding teams to see if they had any concerns about the service.

The registered manager had completed a Provider Information Return (PIR). The PIR 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.

We looked at the care records of two people, a sample of medicines records and other records related to the management of the service. We spoke with five people using the service. We also spoke with the director, registered manager and four staff members.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe.
- The provider had improved their safeguarding procedures and concerns raised had been fully investigated.
- Staff had a clear understanding of how to safeguard people. One staff member said, "I would tell the manager straight if I saw anything, but I know it wouldn't happen here; we all care about the people we look after."

Assessing risk, safety monitoring and management.

- Regular health and safety checks were carried out to ensure people had a safe environment.
- Risks to people had been identified and plans were created to support people with positive risk taking without applying restrictions on the person.
- Care plans were in place to guide staff when people displayed distressed behaviours.. Staff knew people well and were able to pre-empt such situations.
- People told us how they took part in regular fire drills.

Staffing and recruitment.

- Staffing levels were appropriate to meet people's needs. The service planned ahead and ensured additional staff were available when people were on activities in the community or attending medical appointments.
- The provider followed an effective recruitment process which included obtaining satisfactory references and completing background checks with the Disclosure and Barring Service (DBS).

Using medicines safely.

- The management of medicines had improved. The service had introduced documentation for 'as and when' medicines and body maps for the application of creams.
- Medicines records were completed and accurate. These showed people received the medicines they needed at the correct times.
- The registered manager carried out observations of staff administering medicines to check they were following the correct procedures.

Preventing and controlling infection.

- The home was clean and tidy.
- Staff supported people to maintain the cleanliness throughout the service.

Learning lessons when things go wrong.

- Accidents and incidents were collated and action was taken following incidents to keep people safe.
- The provider did not monitor accidents and incidents for trends or patterns for lessons learnt. The registered manager advised they would add this to their monthly audit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in a full pre-assessment prior to moving to the service to ensure their needs could be met. The pre-assessments did not ask questions to support all the protected characteristics of the Equality Act. The registered manager advised they would address the matter.
- People's care plans contained support plans and outlined people's preference in the way they wished to be supported. These were regularly reviewed.

Staff support: induction, training, skills and experience.

- Staff told us they felt supported. "[The registered manager] is marvellous, you can go to them for anything" and "I feel well supported and we got loads of training it helps me do my job."
- The registered manager was passionate about ensuring staff had the right skills to support people. They had a training schedule for the year ahead and incorporated training with staff meetings. Supervision and appraisals were up to date.

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

- People were encouraged to be involved in planning the weekly menu, taking part in food shopping and supporting with meal preparation.
- Staff promoted a healthy, balanced diet and most meals were homemade at the service.
- Care plans outlined people's preferences.

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

- Records showed regular health care professional involvement in supporting people with their physical and mental health needs.
- People were supported by staff to attend medical appointments and staff monitored follow up appointments.
- Staff responded quickly if people needed medical intervention. One person told us, "When I am poorly they get the doctor."

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

- The home had large communal rooms and quiet rooms for people when they were experiencing anxiety or distress.
- People had personalised their rooms to their own preferences. The registered manager told us how a bathroom had been changed into a wet room following a change in a person's needs.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager monitored DoLS applications to ensure re-applications were submitted on time.
- Staff had completed MCA training and were observed supporting people throughout the inspection to make day to day decisions and choices. Staff sought consent before offering support to people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with kindness. One person told us, "The staff are caring." Another person said, "They are kind. They do a good job and look after me."
- People appeared relaxed in the company of staff. We observed staff interacting with people in a friendly and respectful way.
- Staff were knowledgeable about people's life histories, care needs, likes and dislikes. They were aware of people's preferred communication and non-verbal signs of communication.
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.

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

- The provider complied with the Accessible Information Standard and information was available to people in various formats to aid their understanding.
- Staff encouraged and supported people to express their views and choices.
- People took an active part in the service. Meetings were regularly held to discuss the running of the service including meal choices and activities.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect.
- People were promoted to be as independent as they were able and wished to be.
- Care plans described people's set goals and how to achieve a positive outcome.
- Staff were sensitive to people's needs and supported at a distance allowing people privacy.
- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans were personalised and were written in an easy read format with photographs of the person.
- Care plans covered people's histories, preferences and health and mental health care needs. They outlined how the person wished to be supported and gave clear directions for staff to follow.
- The registered manager regularly reviewed the support plans to ensure they reflected people's current needs. Guidance from healthcare professionals was adopted in to plans. We noted one person's care plan had not been updated following a recent change in their needs. The registered manager immediately updated the plan.
- People were encouraged and supported to make their own decisions and choices. People told us they could choose when they got up and went to bed, when and where they took their meals and how they spent their day.
- Activities were designed around people's interests. Each person had an activity planner which outlined what the person had planned for the week ahead.
- The provider had its own farm and stables. One person told us how much they enjoyed looking after the horses.
- The registered manager told us that people regularly used the local shops and said the local community were supportive.
- Staff supported people to maintain relationships important to them.

Improving care quality in response to complaints or concerns.

- The provider had a clear complaints procedure displayed in easy read format. No complaints had been received in the last year. One person told us, "Everything is okay here, they [staff] are good."

End of life care and support.

- The service was not providing any end of life support at the time of our inspection. The registered manager told us how one person was supported to understand and cope with the loss of a family member.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager promoted a high standard of person-centred care and support for people.
- The provider and staff worked with people to achieve their set goals.
- Staff were valued and respected.
- The service had a friendly atmosphere; staff morale was high and staff spoke positively about the teamwork between all staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received great care and support.
- The provider and registered manager were visible about the service. People clearly knew them well and sought out their company.
- Staff told us the management team were supportive and approachable. One staff member told us, "[The registered manager] is brilliant, they put the people first." Another staff member said, "They [The registered manager] is really supportive, you can go to them with anything."
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.

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

- People, relatives, staff and healthcare professionals were asked to provide yearly feedback about the service. Whilst the service responded to individual feedback they did not collate the information to support wider improvements at the service.
- Regular 'resident's meetings' took place and people were asked for feedback on all aspects of the service.
- Staff also had opportunities to express their opinions in supervisions and team meetings. One staff member told us, "We can speak to [registered manager] about things at any time."

Continuous learning and improving care.

- The provider had a quality assurance system to review areas of the service and to drive improvement. The audits completed were basic and the provider had begun to make changes to the format to include additional areas.
- The registered manager demonstrated a positive approach to learning and development and

was proactive in cascading changes in practice to staff. For example, the recent change in the classification of certain controlled medicines.

Working in partnership with others.

- The service worked closely with health and social care professionals to ensure people received joined up care.
- Annual reviews involving people and other important people in their lives were held. This gave an opportunity to evaluate the previous year and set new goals for the year ahead.