

Selborne Care Limited

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Inspection report

Flat 10
28 Salter Street
Stafford
Staffordshire
ST16 2AE

Tel: 01785257962
Website: www.selbornecare.co.uk

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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

Selborne Care Limited provides personal care for three people living in their own home. These people have complex conditions including having a learning disability and some mental health needs. People received support throughout the day and when they accessed their local community. These were large packages of care to support people within their own homes. Two people lived in flats at the location we inspected and another person lived in their own home away from where the service was run.

This announced inspection took place on 1 November 2016. This was the service's first inspection since registration.

There was a registered manager in post at the time of our inspection. 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.

The provider's values and vision was clear and focussed on providing care that was person centred and that would enable people to remain as independent as possible. All staff demonstrated a commitment to providing a service for people that met their individual needs. Staff described having positive relationships with the people they cared for and knew their needs, likes and preferences well.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Assessments were documented as required and best interest meetings held and recorded where applicable.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. The service had two staff vacancies, however, we found that there were enough staff to deliver the kind of care people needed. Work was being undertaken to further promote continuity of care people received. People's medication was managed safely and staff were recruited and checked to ensure they were safe to work with people who used the service.

Staff had a good understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and described being well supported by the management.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals. People's nutritional risks were assessed and support was provided that met people's nutritional needs and preferences.

Staff and people's relatives were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. The manager demonstrated a good understanding of how the service could be improved and had plans to enhance staff's training and skills to make that happen.

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 were clear on their roles and responsibilities in order to safeguard people using the service and we saw that appropriate action had been taken when needed.

Risk assessments were in place and were reviewed regularly. Staff had a good understanding of how to mitigate the risks associated with people's care and support.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good 

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People's mental capacity had been assessed as needed and best interest meetings held and decisions documented. People had advocates to represent them and people were involved in their care as much as possible. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

People's nutritional needs were assessed and people were supported to eat and drink to meet their needs and preferences.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity was protected and promoted. Staff were kind and caring.

Staff had a good understanding of people's needs and preferences and knew the people they cared for well.

People had advocates to support them in sharing their views.

Is the service responsive?

Good ●

This service was responsive.

People and their representatives were involved in the planning of their care which was person centred and updated regularly. People were encouraged to engage in activities they enjoyed.

There was a complaints system in place and people we spoke with were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post. This manager knew the people who used the service well and was leading the service well.

Those involved in people's care were encouraged to provide feedback about the service and it was used to drive continuous improvement. Regular supervisions were held with staff to review care delivery.

The manager regularly reviewed the quality and safety of the service.

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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.

This inspection took place on 1 November 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as we needed to be sure that the relevant people would be available.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with the relatives of two people who used the service as the people using the service were not able to speak with us due to their complex care and support needs. We also looked at care records relating to the three people who used the service at the time of this inspection. We spoke with five members of staff, including two support workers, two care coordinators and the registered manager and spoke with two health professionals involved with the care of people using the service. We looked at five records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff had received training in relation to safeguarding people who used the service and on how to manage challenging behaviour. This training had recently been reviewed and was due to be enhanced due to some of the people having complex needs and at times displaying behaviours which may have been challenging for staff to manage. We saw that risk assessments and clear guidance was in place to assist staff in managing people's behaviours in order to keep people safe. The registered manager told us: "I think we offer a very specialist service here in terms of the complex people we care for." Staff demonstrated that they could identify signs of abuse and that they understood their responsibility to report any concerns or allegations in a timely way.

People were assessed for their potential risks. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. We saw examples of risks assessed for people living in their own homes and for when they accessed the community. These documented the level of support people needed and activities people could be encouraged to take part in. Risk assessments and care plans were regularly reviewed and updated to ensure that information was current and that staff understood the current needs of people using the service. Staff we spoke with demonstrated they had a good understanding of people's care needs and any risks associated with the delivery of their care.

At the time of the inspection there was enough staff to keep people safe and to meet their needs. The service had been using some bank and agency staff as there were two full-time care staff vacancies. The registered manager told us that these posts had now been recruited to and that staff were due to start to fill these posts. Staff told us that this was positive because people using the service would benefit from more consistency in the staff delivering their care. The health professional we spoke with and the registered manager agreed that this was the case. The visiting health professional told us: "People here need regular support from trained staff to implement their support plans." However, staff were available at the times people needed them and when we spoke with staff they described having positive relationships with the people they cared for. One staff member told us: "When people have consistency with staff the whole thing works better." We saw that the registered manager was working towards people having regular support from the same member of staff to promote continuity of care. Rotas indicated that there were sufficient numbers of staff available to deliver the care that people needed.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they supported people to take their prescribed medicines on medicine administration records. Care plans and risk assessments clearly outlined people's medicines and any risks associated with them.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately. Further training was being planned in order to enhance staff's understanding of autism and to assist them in managing behaviours which may challenge. This was planned due to the needs of people using the service.

New staff underwent an induction which included spending time with other experienced staff; 'shadowing' them to enable them to get to know the people they were to support. The manager told us: "The level and variety of behaviours is quite difficult here and lone working can be extremely stressful." In order to ensure staff had the skills, knowledge and support required to provide care, we saw that the manager monitored staff training, carried out regular supervisions in order to support staff and that all staff completed a set of training courses which the provider considered to be mandatory. This included a focus on the types of support they were providing to people. This meant that people were cared for by appropriately trained staff with the skills to support people as they required. Staff told us that they felt adequately trained to carry out their roles and felt that finding the right staff for people was important.

Staff were supported to carry out their roles through regular supervision (one to one meetings with their line manager) that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported. One member of staff told us: "We can speak to the management."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans we looked at contained assessments of people's capacity to make decisions about the delivery of their care. Best interest meetings had been held and any decisions made had been documented.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person needed support to maintain their weight. It had not been possible to weigh this person due to them refusing this and so the manager had referred to health professionals to consider how this could be overcome. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals when they appeared to be unwell. People were supported to attend GP and other healthcare appointments. One relative we spoke with was complimentary about how the service responded when the person in their care was unwell, commenting that they were "not left in the dark."

Is the service caring?

Our findings

Staff spoke about the people they cared for in a kind and caring manner, they knew how best to support them and understood their personal preferences. Staff understood how to protect people's dignity and ensure their privacy when delivering their care. One staff member talked about a person they cared for affectionately and was able to describe their personal likes and dislikes and how they worked to meet their needs. They said: "We have a great relationship."

As we were unable to speak with people who used the service due to their communication difficulties, we spoke with the relatives of two people using the service who were very positive about the staff who cared for their relative. One relative told us: "It's the best care he's ever had. He's happy." They went on to say: "They like him. He's content." Another relative told us: "They've been absolutely brilliant with him. They give him his space if he requires it." Relatives were complimentary about the staff who cared for their relative and described caring relationships between them and the people using the service.

People had access to an advocacy service. We found that people using the service had advocates who were there to support people in sharing their views.

We found that the staff we spoke with knew people well and spoke positively and respectfully about the people they supported. Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. The manager of the service told us: "Matching people to the right staff is very important to me." The manager was working on implementing a key worker system to ensure consistency of care workers for people to enhance their care delivery and ensure their well-being.

People's care was person centred; their individual goals for independence were clear and related specifically to each person. Staff considered people's preferences in terms of how they spent their time and worked with people to achieve their daily goals and aspirations wherever possible.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. People were given their space when they needed it and staff were considerate of people's needs.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Care records clearly indicated that people's needs and preferences had been taken into account and care planning was individualised. People's needs were continually assessed and care plans were updated as people's needs changed.

People using the service had complex needs and behaviours and this was fully documented and risk assessed by the service. People had multi-disciplinary teams involved in their care. There were timely and documented referrals to health professionals and care was planned and delivered to keep people safe whilst considering their likes, dislikes, preferences and personal histories. People's behaviours, which at times could be challenging, were outlined for staff delivering care, along with clear guidance on how to deal with this whilst respecting people's privacy and dignity.

When we spoke with staff they described that care and support was also focussed on how people liked to spend their time. For example, one person enjoyed drawing and reading books about vans and so the staff member took them out to look for books on the subject. They told us: "We've bought every van book we could." The staff member went on to tell us that they spent time drawing pictures of vans and talking about them with the person they were caring for as this was what they enjoyed. We saw that the person was regularly supported to access the community and staff had made a list of places they could take the person as they enjoyed outside spaces. One relative we spoke with told us how pleased they were with another person's care and the fact that they were integrated into the local community as the staff frequently took them out. They told us: "He's become part of the community." The service was ensuring that people undertook activities they enjoyed and took steps so that people avoided social isolation.

People or their relatives were involved in planning their care. During assessments discussions took place about how people wanted to receive their care, for example their meal preferences, how they spent their time and how independent they wanted to be. People's legal representatives had signed to say they agreed to their care plans.

People's representatives said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place. The manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. They had been in post since March 2014 and had the skills, experience and knowledge to manage the service competently. They understood their responsibilities which included notifying us of incidents or changes to the service. Incidents and accidents were recorded, reviewed and monitored in order to keep people safe and make any required adjustments to the delivery of their care.

The manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred, safe care with clear communication between people who used the service, their relatives and staff. The manager was aware of the shortfalls at the service, such as consistency of staff, and had plans in place to resolve this. The manager was also managing two of the provider's other services and told us that they were committed to the safe running of this service and the people using the service here. They told us: "I feel very loyal to this service."

The manager understood the importance of providing good quality, safe care. The manager was facilitating further specialist training for staff and reviewing the staffing arrangements to ensure consistency for people using the service.

People's relatives told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided. For example, the manager had identified that further training was needed for staff in relation to managing challenging behaviour and delivering care to people with Autism and this had been arranged. We saw that the manager was working towards ensuring consistency in support staff for people.

The service was continually monitored by the manager and staff for its' effectiveness in keeping people safe. Where issues had been identified the registered manager had taken action to improve the service and monitored the impact of the action. Regular staff meetings were held and supervisions provided evidence of care being continuously reviewed. Audits were carried out in relation to care planning and medication. Accidents and incidents were documented and regularly reviewed by the manager to monitor people's care delivery as well as their safety. There were systems in place to monitor the quality of the service being provided.