

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

S E L F Limited - 15 Park View

Inspection report

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

Tel: 01915208570

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14 June 2022

15 June 2022

20 June 2022

22 June 2022

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27 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

S E L F Limited - 15 Park View is a care home and provides accommodation and support for up to eight people living with a learning disability. There were eight people living at the service when we visited.

People's experience of using this service and what we found

Right Support

Since the last inspection, practices and the culture within the service had significantly improved. The provider had employed a new manager who supported people to live free from unwarranted restrictions. People, including those unable to make decisions for themselves, now had as much freedom, choice and control over their lives as possible. Staff effectively managed risks to minimise restrictions.

The provider and manager had improved staffing levels and ensured enough staff were on duty. Where people had support, they told us this was flexible, available when they needed it and to the level they needed. People were supported safely with medicines and infection prevention and control practices reflected good practice. Staff managed the safety of the living environment and equipment well through checks and action to minimise risk. Work had been completed to repair the heating system.

The manager had worked with staff to improve the quality of record-keeping. Staff now kept clear and detailed care records, which were accurate, complete, legible and up to date. People were involved in discussions about their support and given information in a way they understood.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had received additional training around how to recognise and report abuse. The provider had significantly improved how they looked after people's money and all spending could be easily accounted for. Wherever possible people looked after their own money. People now had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. People, those important to them and staff reviewed plans together regularly. Staff now ensured decisions about any routines in the service were based on people's choices.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff enabled people to access specialist health and social care support in the community. People who lacked capacity to make certain decisions for themselves now had decisions made by staff on their behalf in line with the law.

People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.

People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

Right culture

Since the last inspection the management team has changed. The previous team were found to have created a closed, controlling and restrictive culture in the service, which had failed to promote people's human rights. The provider critically reviewed the service and put effective measures in place to radically change the ethos in the service. The service was now open to new ways of working and practices were introduced to promote independence and inclusivity.

People received good quality care, support and treatment because trained staff could meet their needs and wishes. The new manager ensured staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 17 December 2021). We identified breaches in relation to safe care and treatment, safeguarding, dignity and respect, staffing and good governance.

Following the inspection we issued the provider a warning notice and served requirement notices. The provider was required to provide actions plans detailing how these breaches would be addressed.

Why we inspected

We undertook this focused inspection to check whether sufficient action had been taken in response to the warning notice and requirement notices we served following our last inspection.

The provider completed an action plan after the inspection to show what they would do and by when to improve dignity and respect, safe care and treatment, safeguarding service users from abuse and improper care and staffing levels. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

S E L F Limited - 15 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector carried out the inspection. An Expert by Experience made telephone calls to relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

S E L F Limited - 15 Park View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. S E L F Limited - 15 Park View is a care home without nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

This information helps support our inspections.

During the inspection

We spoke with five people who used the service about their experience of the care provided.

We spoke with seven members of staff including the manager, deputy manager and care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two medication records. We looked at a variety of records relating to the management of the service, including staff files, policies and procedures.

Is the service safe?

Our findings

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

At the last focused inspection this key question was rated inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the service failed to have effective systems to prevent discrimination against service users on grounds of any protected characteristics (as defined in Section 4 of the Equality Act 2010). The service also failed to ensure effective systems were in place to protect service users from the risk of financial abuse. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of financial abuse. The provider had completely overhauled the system used for supporting people to manage their finances. Wherever possible people looked after their own monies and bankcards. When people had difficulty managing their money, staff access to their finances was extremely closely monitored.
- Staff understood their safeguarding responsibilities. Additional safeguarding training had been completed with the staff team. The provider had asked an independent team to work closely with the staff to determine why they had not identified they were being asked to work in overly restrictive ways and felt unable to raise concerns. The information from this exercise had been used to strengthen the service's safeguarding procedures and training programmes.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to manage the risks relating to the health, safety and welfare of people. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were managed safely. Risk assessments now clearly detailed the actions staff needed to take to assist people with managing known risks.
- Robust processes were now in place for monitoring incidents. The new manager had carefully and thoroughly analysed incidents to identify trends and determine actions, which could be used to reduce the number of incidents. This approach was having a marked positive effect and had led to a reduction in the distress people experienced.
- The building and fire safety were appropriately maintained.

Staffing and recruitment

At the last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

The provider had failed to ensure people's personal preferences, lifestyle and care choices were met. Enough improvement had been made and the provider was no longer in breach of regulation 10 or in contravention of Article 8 of the Human Rights Act - respect for your private and family life.

- The provider had reviewed staffing levels and ensured the service had a dedicated team. Enough staff were always on duty in the service. People now consistently received their allocated additional 1:1 support.
- People told us having staff in the home was a vast improvement. One person told us, "It is great now. Staff are always around now and give me a hand when I need it."
- Staff were recruited safely, and appropriate pre-employment checks were carried out.

Preventing and controlling infection

At the last inspection the service did not have effective systems to prevent and control the spread of infections. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

Learning lessons when things go wrong

- The new manager had critically reviewed the service and introduced effective systems to learn when things went wrong and this meant opportunities for prevention of further occurrence were in place.
- Accidents and incidents were always recorded and investigated. A comprehensive review was conducted to learn from trends or patterns of incidents.

Using medicines safely

- Medicines were managed safely.
- People received their medicines as prescribed. There was a clear system in place for recording medicine administration and regular stock checks were carried out.

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.

At the last focused inspection this key question was rated inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the service failed to have effective systems to prevent discrimination against service users on grounds of any protected characteristics (as defined in Section 4 of the Equality Act 2010) of the service user. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

The service also failed to ensure people's personal preferences, lifestyle and care choices were met and failed to meet the requirement of Article 8 of the Human Rights Act - respect for your private and family life. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The previous manager and their team had created a culture within the service whereby it was deemed acceptable to adopt restrictive and controlling practices. Following the last inspection, the provider employed a new management team. Subsequently the provider and the team had made radical changes to ensure all institutionalised practices and breaches of peoples' fundamental human rights and choices had been removed.
- People told us they now had freedom of choice. No restrictions were in place such as holding people's cash cards, allocated time slots for smoking and vaping and fixed timings for mealtimes and administration of medicines. One person said, "I can vape when I want to now and can buy chewing gum."

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.

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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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

- People now had choices about when they could take their meals. One person said, "Oh it is so much better, as get more choose and we decide what to have."
- Care plans record people's meal preferences and detailed whether they remained at a healthy weight .

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The new manager had ensured staff had used the assessment tools to effectively to record information about people's life histories and current presentation. Staff regularly reviewed and updated the care records.
- Staff ensured people's care was delivered in line with evidence-based guidance. The new manager and staff ensured this best practice guidance informed the care plans so staff could support people to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The provider had reviewed the training programme and enhanced it since the last inspection.
- New members of staff completed an induction and a period of working with experienced staff.
- Staff had supervisions and appraisals. Staff told us they now felt supported by the new management team and if they raised concerns or challenged situations were confident these would be thoroughly investigated.

Staff working with other agencies to provide consistent, effective, timely care

- The service had systems and procedures in place to refer people to other professionals when required. People were supported to access the GP, and district nurses.
- Health and social care professionals told us since the changes to the management team had occurred, they had forged a much better working relationship with the service. They felt their advice was now sought in a timely manner and followed.

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

- The maintenance of the home was now well managed. People decorated their rooms as they wished. Rooms were personalised and homely.

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.

At the last focused inspection this key question was rated inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the service failed to have effective systems to assess, monitor and improve the quality and safety of the services. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager from a sister home had been previously overseeing the service. They had created a culture within the service whereby it was deemed acceptable to adopt restrictive and controlling practices.
- The provider and new manager have radically improved quality assurance within the service. Audits now readily identify issues and prompt action is taken to resolve them. People told us the oversight from the new team had led to vast improvements in their quality of life.
- Record keeping throughout the service was good and confidential records were held securely.
- Incidents were reported to the CQC and safeguarding in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Following the inspection we asked the provider to review the culture and practice in the home in line with the regulatory expectations and the right support, right care, right culture guidance. The provider spent the last eight months determining the extent of the failings to promote a positive and open culture, what would assist them to improve and then embedded the changes.
- People discussed how they now had control over what happened, their pleasure at being at the heart of the service and how staff supported them to lead ordinary lives. One person said, "Since the old manager left it has been really different. We are so much happier and it's a really nice place to live now."
- The service regularly sought feedback from staff, people, and relatives. The provider and manager ensured the views they gathered were meaningful and valid.
- Staff now felt valued and respected. Staff were passionate about ensuring people received great care and effective support.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.