

Selborne Care Limited

Selborne House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23, 29 and 31 January 2018. The first day was an unannounced visit and the second and third days were announced to enable us to review records and speak with the manager, locality manager and the nominated individual.

We had previously inspected this service on 28 November and 01 December 2016. We found that people were not consistently receiving a good or a safe service. We found the provider was not meeting all of the legal regulations, and we used our enforcement powers to ensure this situation improved.

In June 2017 the provider was acquired in its entirety by CareTech. On 12 and 13 July 2017 we undertook a further inspection to check on the progress that had been made by the provider to meet the legal requirements. We identified that some improvements had occurred, however these had not been adequate to ensure that people all received a safe, quality service, or to achieve compliance with the legal requirements. We found the provider was in continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection we imposed conditions on to the provider's registration that placed a restriction on admissions to the home and also required the provider to submit monthly reports to us to evidence how they were providing effective oversight and governance of the home.

At this most recent inspection we found the provider had made some improvements and was no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, they remained in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we also identified a new breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further improvements were required to ensure people consistently received safe, effective, caring support.

Selborne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Selborne House is registered to provide accommodation for up to 15 people who have a learning disability. On the day of the inspection there were 13 people living at the home. The home is divided in to two areas called Ascot and Beverly.

The care service has 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 with learning disabilities and autism using the service can live as ordinary a life as any citizen. The provider told us they were in the process of evaluating how the service worked for people living there and was considering making improvements to the layout and design of the building in order to better meet people's needs.

There was a registered manager in post however they had recently submitted an application to remove their registration. In their absence a new manager had been appointed in December 2017 who took responsibility for the day to day management of the home. They told us they planned to submit an application to become registered manager of Selborne House. A registered manager is a person who has registered with the Care Quality Commission (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.

Although improvements had been made in relation to people being kept safe further action was required to ensure risks were adequately assessed and people receive support to manage those risks. Risks posed by an emergency event, such as a fire required review, and this was underway at the time of the inspection visit. The provider had made improvements to the way they managed incidents and reviewed risks following events at the home. People told us they felt safe and were supported by staff who had been safely recruited. Systems used for the administration and management of medicines were safe.

People were not always supported by staff who had the skills, knowledge and confidence to meet their needs. Some newer staff members had not received an induction when they began working at the home. People were asked for their consent before care was provided and staff understood people's individual communication styles. Where people were deprived of their liberty conditions applied to DoLS had not always been actioned in a timely way. People received inconsistent support to manage their health needs and action was needed to ensure some people's healthcare needs were reviewed without delay. People were supported to eat and drink sufficient amounts to maintain their health and where people had specific dietary needs staff were aware and provided appropriate support. Improvements were being made to the home environment and decoration at the time of the inspection visit, to offer people a more relaxed spacious environment.

People were supported by staff who were friendly and treated them with respect. People were encouraged to decorate their own rooms according to their own diverse needs and personal tastes. Staff treated people as individuals, recognise their needs and involved them in decisions about daily life. People were encouraged to be independent where possible and staff involved advocacy services as well as family members in decisions, where appropriate to ensure people's feelings and wishes were fully represented.

People were involved in the planning and review of their care. Improvements had been made to people's care plans to ensure they received support that was tailored to their individual diverse needs. People were supported to identify their own individual interests and staff supported people to take part in activities they enjoyed. People were offered opportunities to give their feedback on the care they received and there was a system in place to manage and respond to complaints.

Systems used to offer oversight of the service and ensure people received safe effective care and support had been recently introduced and required further development to ensure they were effective at driving the required improvements. Improvements had been made to audits carried out to check the quality of care and care plans and risk assessment were in the process of being reviewed to ensure they were up to date and reflective of people's individual needs. Staff spoke positively about the changes that had been introduced and expressed confidence in the management team. The provider had complied with the conditions imposed on their registration and had informed us of incidents and events as required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Although there were sufficient numbers of staff available to support people, those people whose behaviours may present a risk to others did not always receive consistent staff support.

Management of risks posed by emergency events, such as fire required improvement to ensure people were kept safe in the event of an emergency evacuation.

People were supported by staff who were safely recruited and knew how to identify signs of potential abuse and report any concerns to the relevant agencies.

Systems used for the management and administration of medicines were safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People did not always receive support from staff who had the skills and knowledge to meet their needs.

People received inconsistent support to manage their health care needs, which may place them at risk of harm.

People were asked for their consent before care was provided, however conditions applied to lawful restrictions on people's liberty were not always complied with.

People received support with hydration and dietary needs and staff knew how to support people safely with eating and drinking.

Improvements were being made to the home's environment at the time of the inspection visit.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful and friendly.

People had established relationships with staff members and were relaxed in their company.

People were encouraged and supported to make decisions about their day to day lives. Where people needed supported to make decisions family members and advocates were involved to ensure the person's views and feelings were represented.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their individual needs and preferences.

People's diverse needs were recognised and care plans offered guidance to staff about how best to support people.

People and their relatives were involved in the planning and review of their care.

Improvements had been made to the support people received to take part in activities and hobbies that interested them.

People were given opportunities to give feedback on the service they received and there was a system in place to manage and respond to complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems had been introduced to improve the quality of care people received. However these needed time to embed to ensure they were effective at driving the required improvements.

There was a clear management structure in place which ensured staff were supported in their roles.

Staff spoke positively of the changes at the service and felt supported by the management team.

The provider had complied with the conditions imposed on their registration and had notified us of incidents and events as required by law.

Selborne House

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 was prompted in part by a high number of safeguarding notifications submitted by the provider. We wanted to assure ourselves that people living at Selborne House were safe.

The inspection visits took place on 23, 29 and 31 January 2018. The first day of the inspection was unannounced and was conducted by two inspectors and a specialist nurse advisor, whose areas of expertise were learning disability and mental health. The second and third days of the inspection were announced and conducted by one inspector.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During the inspection, we spoke with two people who lived at the service. Some of the other people we approached were unable to speak with us or provided limited responses; we therefore observed the interactions between people and support workers to contribute to our inspection findings. We spoke with five support staff, the manager, the locality manager and the managing director for this location. We also spoke with professionals from external agencies who were involved in supporting people who live at the service.

We looked at the care plans for six people to see how their care and support was planned and delivered. We also looked at Medication Administration Records (MAR) and the medicine management processes and audits for the service. We looked at staff training records and four staff recruitment files. We also looked at

records relating to the management and oversight of the service.

Is the service safe?

Our findings

At the last inspection in July 2017 we rated the provider as 'requires improvement' in this key question. This was because risks were not managed effectively, the management and oversight of the use of any physical intervention techniques was not effective. In addition there was limited evidence of how learning took place following incidents and events with the aim of reducing the likelihood or frequency of future events occurring.

At this inspection we found some improvements had been made, however further action was required to ensure people received a consistently safe service and were protected from the risk of harm.

We observed one person whose care plan stated they should be supported 'within the line of sight' by a staff member to minimise the risk of harm to the person and others. We observed that this person spent much of the day walking around the home and enclosed garden. We found that on numerous occasions staff were not aware of the whereabouts of this person. Staff members we spoke with were aware of the risks posed by this person and told us the person had a staff member allocated to support them. However, when we explored this, staff were unable to identify who the allocated staff member was. This meant that the person was unsupervised and presented a potential risk to others. We discussed our concerns about this person's support with the manager. They told us they would meet with staff and take action to ensure the directions given in the person's care plan were followed; in order that people living at the home were protected from the risk of harm.

We reviewed care records and found information about how to manage risks to people was included within them and guidance and information was available for staff to follow. We saw the management team was in the process of reviewing all care plans and where new care plans were in place we found they contained specific information about how staff should manage risks. We spoke with one person about their risks and they told us, "I feel well supported, and staff are helping me [to manage risks]. I am moving forward." Staff we spoke with had a good understanding of people's risks. However, some staff told us they felt they had not received appropriate training to deal with some incidents and events. This placed people at risk of receiving inconsistent support from staff.

We reviewed systems in place for the management of emergencies, such as a fire. We found the provider had not recently conducted practice drills for an evacuation of the building in the event of a fire. This meant information about how people should be supported in the event of an evacuation had not recently been tested and so may not be current. We reviewed a fire risk assessment dated February 2017 which contained a number of required actions. We were unable to find evidence to confirm whether or not these actions had been completed. We discussed this with the manager who told us since arriving in early December 2017 they had been unable to discern which actions were still outstanding and so had commissioned a new risk assessment which had recently been carried out. The manager told us this would give the clear guidance about what action they needed to take to ensure the building was meeting legal requirements. At the time of the inspection the manager was awaiting their copy of the report.

We found the provider had not ensured that risk assessments relating to the health, safety and welfare of people had been consistently assessed, reviewed or followed; or done all that was practicable to mitigate any such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

At the last inspection we identified concerns about the provider's failure to consistently review risks affecting people following certain incidents. At this inspection we found improvements had been made. The provider had assigned the analysis of incidents to a named staff member who was in the process of reviewing all care plans and risk assessments. The aim of this was to improve the quality of information available to staff about how to support people who posed a risk to themselves. This would enable staff to provide people with consistent care and support. Systems were now in place to monitor any accidents and incidents and identify actions needed to reduce the likelihood of events happening again. For example, we saw that following incidents involving one person, changes had been made to their staff support. The manager and senior staff members also completed a monthly report for the provider including details of any incidents or events to ensure the provider had oversight of incidents taking place at the home. This meant that the provider could take action in response to repeated concerns in order to reduce the number of incidents involving people living at Selborne House.

People we spoke with told us they felt safe. One person told us, "I feel safe here." A number of people living at the home were unable to communicate verbally, so we observed their interactions with staff. We saw that people appeared relaxed and comfortable while in the company of staff and were happy to approach them when they required assistance. Most of the staff we spoke with had received training in how to keep people safe and knew how to recognise signs of potential abuse. However staff who had been recently employed by the provider had not received this training. Although they were aware of what action to take if they had concerns for people's safety, or if they suspected people were being harmed in any way. We reviewed notification received from the provider about incidents and events that had taken place at the home and found they had notified the relevant agencies as well as CQC, as required by law. The manager demonstrated a clear understanding of their responsibilities around safeguarding and had attended meetings with external agencies following a high number of safeguarding incidents. The number of incidents at the home had reduced in the weeks prior to the inspection due to action taken by the management team and improvements to the way in which staff managed people's behaviours.

People told us there were enough staff available to meet their care and support needs. However, both people living at the home and professionals who supported people at the home commented on the high number of agency staff employed by the provider. One person told us, "I don't like it when we have agency staff as I don't know them; but we don't have them as much anymore, it's been much better in the last couple of weeks." A professional who supported people living at Selborne House told us they felt staffing levels had consistency had been poor in recent months and was concerned that this had a detrimental effect on people. Staff we spoke with felt there were sufficient numbers of staff to meet people's needs and explained how they were allocated to support people at the beginning of each shift. We observed staffing levels throughout the days of the inspection and found there were sufficient numbers of staff available to support people with their daily lives, as well as respond to people when they needed them.

We discussed the concerns raised about the use of agency staff with the manager who told us they were working to reduce the number of agency staff they used. They explained that new staff had been recruited and they hoped this would reduce the need for agency staff. The manager explained they tried to ensure any agency staff were familiar with the needs of people living at the home; however this was not always possible. They told us their aim was to ensure the home was fully staffed so that agency staff would no longer be required.

We reviewed four staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People received their medicines on time and as prescribed by their GP. We reviewed Medication Administration Records for three people and found they were completed to reflect when people received their medicines. We checked records of the administration of 'as required' medicines, which can be used to support people with anxiety or behaviours. We found the use of these medicines to be proportionate and in line with people's care plans. Where people refused to take their medicines this was clearly recorded by staff and the reasons noted. Staff had received training in how to administer medicine safely and their competency to do so had been checked by a senior staff member. Systems used for storage and management of medicines were safe.

People told us and we saw they were supported to maintain the clean environment of the home. Where appropriate staff supported people to tidy and clean their own rooms and some communal areas to encourage people to develop their skills for independent living. On the days of inspection the home was clean and we saw infection control checks were completed regularly. We reviewed these checks and found they did not always reflect the current environment. The manager told us they were in the process of reviewing the infection control systems within the home and would ensure the quality of audits was reviewed within this. However, we did not find any areas of concern in relation to infection control during the inspection.

Is the service effective?

Our findings

At the last inspection we rated the provider as 'requires improvement' in the key question of 'Is the service effective?' We identified concerns about staff training as well as the way in which people consented to their care and support. We also identified some people, with limited verbal communication were not also supported consistently with their health and dietary needs. At this most recent inspection, we found some improvements had been made, however further action was required to ensure people received support from skilled, well trained staff who understood their needs.

People we spoke with told us they liked the staff team and felt they understood them and their needs. One person told us, "I am happy here, with the staff. I like [name of staff members] the most." We spoke with staff about the training they received to equip them in their role. Some of the staff we spoke with told us they had not received an induction when they started working at the home. One staff member told us they felt they did not have the skills required to support some of the people living at Selborne House and felt they needed further training to develop their confidence. We reviewed staff training and discussed it with the manager who advised they were in the process of updating staff training to ensure all staff had up to date skills and knowledge. They all advised that CareTech had a comprehensive staff induction programme which would be used for any newly recruited staff. This was aligned to the care certificate which is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. On day two and three of the inspection some members of the staff team were attending training in positive behaviour support, which the manager hoped would improve their confidence when supporting people and also ensure people were supported safely. The manager confirmed that the training programme offered nationally by the new provider CareTech would be introduced and available to all staff members. The managing director told us, "We recognise we have a skills gap and a lack of confidence and the history is not positive. We are now measuring the impact of team training so we can check whether learning has been implemented."

We spoke with staff members about the changes due to take place at the home and they spoke positively about CareTech and the new manager. Staff we spoke with felt the training and support they were now being offered would make a difference to people's lives. One staff member said, "I honestly believe CareTech are going to make things better."

We found the provider was already aware of the issues we identified at the inspection and an improvement plan was in place to ensure staff training was updated with time specific targets.

At the last inspection we identified concerns about how people consented to their care and daily living. At this inspection we found improvements had been made. We observed interactions between people and staff and saw people were offered choices and asked to consent to their care and support. Where people communicated in ways other than verbally we observed staff offering focused choices to support the person to make their own decision. For example, showing the person two items of clothing. We observed staff asking people if they were happy to leave the home to take part in a planned activity and where people refused, their decision was respected.

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 shared examples with us of how they ensured people were consenting to the care and support they provided. One staff member told us, "For [person's name] it's all about reading their body language and facial expressions. For others we use a 'thumbs up, or thumbs down' approach. Once you know people, you can understand how they tell you they are happy with something or not." Another staff member said, "I think the new 24 hour care plans are helpful as they give you an overall summary of the person and their needs. This helps you understand them better." We reviewed people's care records and saw that where people lacked capacity to make specific decisions an assessment of their capacity had been completed and any decisions made in their best interests were clearly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. There were five people living at the home who were subject to an authorisation to deprive them of their liberty. One person's authorisation contained conditions, which required the provider to take action to ensure the authorisation was lawful. We noted the provider had not yet complied with one of the conditions. However the manager explained that actions were underway to ensure the condition was met without further delay.

Staff we spoke with had some understanding of DoLS, although were not always sure of the reasons applications had been made to deprive people of their liberty. Records we reviewed reflected that staff member's knowledge and understanding had recently been assessed by a trainer and this exercise had given staff a chance to ask further questions about their learning as well as give the manager information about where further training may be required. Throughout the inspection visits we did not see any people who were subject to unlawful restrictions and people moved around the home freely.

People received support to manage their health needs and staff worked with other community professionals to ensure people's health needs were met. However, we identified some inconsistencies in the support people received. One person was regularly having their blood pressure monitored by staff. This was understood to be at the person's request; however staff were not clear on the reasons for this and were not aware of any guidance from a healthcare professional about what action should be taken, based on the readings taken. A second person had been advised to attend a medical appointment for follow up treatment; however staff were unable to confirm if they had attended the appointment. We also found that some people had their weights recorded monthly, in line with national guidelines, but other people did not. This meant people may not receive appropriate support in the event of weight loss or gain, which could have a detrimental effect on their health and well-being. Some of the staff we spoke with were unclear about how they would treat a person who might experience a hypoglycaemic event. These inconsistencies placed people at risk of potential harm. We discussed these concerns with the manager who advised they would be addressed without delay and guidance would be sought from healthcare professionals where required.

At the last inspection we identified concerns about the support people received with their food and drink. At this inspection we found improvement had been made. People told us they were happy with the support they received with food and drink. One person said, "I get to choose my meals and am supported to cook. I have a budget for food and get to spend it on things I like." We observed meal times and saw people were supported to eat when and where they liked. Some people sat at the time in the communal kitchen and

other people ate in their rooms. We observed some people were offered focused choices of food to support them to make their own choices. Where people had specific dietary and hydration needs staff were aware of them and knew how to safely support people. One staff member shared; "One person here requires a pureed diet and thickened fluids this is to make sure they don't choke when eating or drinking." People's care records reflected advice given by healthcare professionals, such as speech and language therapists (SALT).

Since the last inspection the provider had begun to make some improvements to the home environment. At the time of the inspection visit the communal lounge in Beverly area was undergoing significant refurbishment. The manager told us this was being undertaken to provide a more spacious and positive environment, which people could use to relax and spend time in. Some of the people we spoke with told us they were supported by staff to redecorate and redesign their bedrooms, according to their persona taste. The managing director told us there would be a more proactive approach to maintaining the environment and a new system had recently been implemented to introduce a programme of building maintenance and a priority system for maintenance tasks. We observed there were very few 'easy read' signs or information displayed in Beverly area, which for some people may be beneficial. The manager advised that once the works in the communal areas had been completed the decoration would be planned to reflect people's needs.

Is the service caring?

Our findings

At the last inspection in July 2017 we rated the provider as 'requires improvement' in the key question of 'is the service caring?' We identified concerns about the way in which people were supported, which at times was observed to be task focused and did not always take into account the person's individual needs. We found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because people were not consistently receiving care and support that was appropriate, that met their needs, and that reflected their preferences. At this most recent inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Most of the people living at Selborne House were unable to tell us how they felt about the way staff supported them, so we carried out observations on all three days of the inspection visit. We saw for most of the time people were supported with kindness and staff member's approach was friendly and supportive. However, we observed a number of occasions where staff provided care and support without communicating with people. Staff missed opportunities to engage with people and offer them reassurance. However, we observed some people had developed positive relationships with staff members and although they did not communicate verbally, demonstrated through their body language that they were happy to spend time with staff members.

On the three days of the inspection visit we found the home to be calm and quiet. Staff were observed to be proactively responding to people's needs and anticipating situations which may cause people to become anxious. Staff used reassuring physical touch to let people know they were there to support them and we saw people responded positively to this. We observed other people who were laughing together with staff and they appeared confident relaxed.

People told us they were involved in decisions about their care and support. One person said, "I am working together with staff towards my goal of living independently." The person went on to tell us they felt the staff were enabling them to work towards their goal. Throughout the inspection visit we saw people were supported to make decisions about their daily living. People were given focused choices, according to their individual diverse needs and staff involved them in making decisions such as where and how they wanted to spend their time. One person told us how they had enjoyed decorating their room to their own personal taste and that staff had supported them to decorate the room in a style that reflected their individual personality. People were treated as individuals and offer bespoke activities, outings and meals, as well as being invited to take part in group activities where available.

People told us they felt staff listened to them and treated them with respect. One person told us, "I know my rights and staff respect me." We observed staff speaking to people respectfully and also maintaining people's dignity and privacy. When staff talked with people about their support they did so away from others so they were not overheard. We observed staff adjusting people's clothing to maintain their dignity and gently prompting people to remind them of how to maintain their safety. For example, as one person left the home staff reminded them of how to stay safe while away from the home.

We observed staff responded to people with compassion when they became agitated or anxious and used redirection or diversion techniques to try and de-escalate people's behaviours to reduce the risk of harm to both themselves and others. Where people required support to express their views the staff team had involved relatives or advocacy support to ensure the person's wishes and feelings were fully represented.

Is the service responsive?

Our findings

At the last inspection in July 2017 we rated the provider 'requires improvement' in the key question 'Is the service responsive?' We found that people's care and support was not always planned in a way that met their individual needs. At this inspection we found improvements had been made and people now received support that was tailored to their diverse needs.

The new manager explained that as part of the improvement plan for the service each person's care plan and risk assessments were being reviewed to ensure they were still appropriate and relevant. As part of this process specialist staff were involved in reviewing certain aspects of people's care and support. For example, where people required support from staff to manage some of their behaviours and keep themselves safe from harm, a behavioural specialist worked alongside staff to develop positive behaviour support plans that reflected each person's diverse needs. Where possible these plans were developed in consultation with the person so they were clear how staff would support them in the event that their behaviours placed either themselves or others at risk. These plans offered staff clear guidance about how to identify possible triggers for people as well as giving them strategies to use to de-escalate potentially risky situations. Staff we spoke with were aware of these de-escalation strategies.

Staff we spoke with were positive about the changes being introduced and felt the new positive behaviour support plans would enable them to better support people. One staff member told us, "I feel as though people are happier now, they used to have a lot of spare time, which wasn't always a good thing. Now we make plans with them and they decide how they want to spend their time. It's all positive." Staff shared examples with us of how the care people received was responsive to their changing needs. One person had recently moved rooms within the home as staff identified this may better suit their current needs. The person was happy with the move and had shared with staff how this enabled them to better manage their anxieties.

Improvements had been made to how staff supported people to spend their time. A staff member had taken the lead in improving and developing a positive activity programme for each person, which although in its early stages, had already seen positive results. We saw people were involved in a variety of activities according to their individual preferences. This included going to the cinema, spending time with relatives, reading and crafts. The manager told us staffing rotas were in the process of being reviewed to offer more flexible support to people in the evening time. They hoped that by extending the available support hours in the evening this would enable staff to support people to follow a wider range of interests. One staff member told us, "I am trying to encourage people to get involved in activities, like swimming and ladies football."

We saw from people's care records they were supported to maintain relationships with people who were important to them. Reviews of people's care reflected the involvement of friends or family members who had taken part in discussion and decision making. Where possible, people told us they were involved in the planning and review of their care. One person told us, "I talk to staff about what I want to do and they help me. We set targets and then staff support me to reach them."

People we spoke with told us they knew how to complain if they were unhappy about the support they received. One person said, "There are some staff I'd rather talk to than others, but there is someone I could tell." Although there were no on-going complaints at the time of the inspection visit the manager told us they were improving the opportunities people had to express their views and give feedback. At the time of the inspection visit feedback was mainly sought through one to one meetings with staff; however the manager planned to introduce resident meetings and consultations. There was a system in place to manage complaints which ensured when complaints were received the complainant was made aware of the process and associated timescales for a response.

Is the service well-led?

Our findings

At the last inspection in July 2017 we rated the provider as 'requires improvement' in the key question of 'Is the service well-led?' We found the systems and processes in place to assess, monitor and improve the quality and safety of the services provided had not been effective. Risks relating to the health, safety and welfare of people using the service had not all been assessed and monitored and action had not always been taken to mitigate against these risks. We found that the registered manager and registered provider remained in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection we imposed conditions on the provider's registration which restricted the number of admissions to the home and also required the provider to submit monthly reports to us to evidence how they were making improvements to the overall governance of the service. The provider had complied with the conditions and submitted information to us according to the timescales imposed. We found information provided in the monthly reports was accurate and concurred with our inspection findings. The provider was honest about where improvements were still required.

At this most recent inspection, we found although some improvements had been made the provider remained in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there had been some delay before improvements at the home had begun to take place. The managing director explained that this was due to CareTech's acquisition policy which usually allowed newly acquired services to run as normal in the first year following acquisition. However the managing director explained that CareTech had taken the decision to bring in an experienced management team in late 2017 in order to ensure the concerns raised at the last inspection were addressed without any further delay. The management team had implemented a clear action plan to address the concerns and begin to improve the quality of care people received.

We found as well as an action plan to drive and monitor improvements at the home the management team had also introduced a number of new audits to check on the quality of care being delivered. Changes included the review and updating of all care plans and risk assessments to ensure they were reflective of people's current individual needs. The manager was aware that staff interaction with people needed improvement and this was part of the improvements they planned to make. Improvements had been made to staff support with the introduction of a new team leader to provide additional observational supervision for staff members. Staff training was being reviewed and staff had attended specific training to equip them with the skills required to support people with behaviours that may harm themselves or others. There had also been significant changes to administration and auditing systems as well as a review of the staff induction programme.

The management team recognised that although improvements had been made since December 2017 there were still areas requiring further development and improvement. These included staff knowledge and

skills in supporting people with self-injurious behaviours as well as improvements to the induction of new staff members. This would ensure staff had the skills and knowledge to provide safe, effective support which met people's individual needs. Further improvement was also required to the environmental risk assessments as well as evacuation plans and fire risk assessments.

The manager told us they planned to improve the opportunities given for relatives and external professionals to give feedback about the service. They told us there had been no formal communication with relatives and professionals since the last inspection, but they planned to develop a series of events, including an open day or family day where people could visit the service and give their feedback.

Staff we spoke with were positive about the changes being introduced and told us they felt able to give feedback and share ideas with the management team. One staff member said, "The changes made by CareTech have been good. They obviously know what they are doing. Staff seem happier than they were." Another staff member told us, "I feel competent in my role here and now the new management team are here I feel I am being listened to. I have their support." The manager told us they were developing the systems used to support staff, which included one to one meetings, training and competency reviews as well as staff team meetings.

There was a registered manager in post. However at the time of the inspection they had submitted an application to remove their registration at Selborne House. A new manager had been appointed to manage the home in late November 2017 and they told us they planned to submit an application to become the registered manager. 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.

At the time of our inspection, the provider was working in partnership with other external agencies such as the local safeguarding authority, commissioners and community learning disability and mental health teams to ensure people's needs were met.

We found the provider had begun to introduce systems and a consistent approach to audit, monitor and improve the quality of care and support people received. These systems needed time to become embedded to ensure they were effective. The manager confirmed the actions required to resolve concerns and make improvements were monitored by locality and area managers.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that risk assessments relating to the health, safety and welfare of people had been consistently assessed, reviewed or followed; or done all that was practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found the systems and processes in place to assess, monitor and improve the quality and safety of the services provided had not been effective.</p>