Care Quality Commission

# Selborne Care Limited

# Selborne House

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 7 April 2015 and was unannounced.

Selborne House is a privately owned care home. The home provides accommodation and personal care for up 15 adults who have a learning disability or autistic spectrum disorder. The home is split into two separate areas called Ascot and Beverley. At the time of our inspection there were 11 people living there.

There was no 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.

People that lived at the home and relatives spoken with told us that people received a safe service. Staff knew how to reduce the risk of harm to people from abuse and unsafe practice, and had received appropriate training to help them to do so. The risk of harm to people receiving a service was assessed and managed appropriately; this

# Summary of findings

ensured that people received care and support in a safe way. Where people required support with taking their medication, there were procedures in place to ensure this was done safely and people told us they received their medication as prescribed by their doctor.

There were sufficient numbers of staff available to meet people's needs. Staff were suitably recruited, trained and supported to ensure they cared for people. The provider was taking the correct action to protect people's rights, but not all staff were aware of how to fully protect the rights of people.

Staff were caring and treated people with respect and dignity. People's independence was respected and promoted. People's health and personal care needs were met and they were able to choose what they ate and drank. People pursued a range of social and leisure activities of their choice. People could speak with staff about their concerns and they would be listened to and have their concerns addressed.

The service was well managed. The provider had internal quality assurance systems to monitor the care and support people received, to ensure it was of good standard.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People said they were safe, procedures were in place to keep people safe and staff were trained and knew how to reduce the risk of abuse and harm to people.

There were sufficient staff that were suitably recruited to provide care and support to people.

Systems were in place to ensure that people received support with taking their medication in a safe way.

**Good**

**Is the service effective?**
The service was not always effective.

People, received care and support from staff that were trained and supported to ensure they undertook their role well.

Not all staff were aware of key processes to ensure people's rights were protected.

People were supported to have a varied diet, and their health care needs were met where required.

**Requires improvement**

**Is the service caring?**
The service was caring.

People told us they were treated well by staff and we saw that staff were caring and patient towards people.

People's privacy, dignity and independence were respected and promoted by staff.

People were supported to make decisions about their daily care as far as possible.

**Good**

**Is the service responsive?**
The service was responsive.

People received care and support that met their needs.

People knew how to raise concerns about their care and felt they were listened to.

**Good**

**Is the service well-led?**
The service was well led.

**Good**

# Summary of findings

People were happy with the quality of the service they received and managers and staff were accessible and friendly.

Quality assurance processes were in place to monitor the service, so that people received a good quality service. Although there was no registered manager in place the service was stable and well managed.

# 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.

This inspection took place on 7 April 2015 and was unannounced. The inspection was undertaken by one inspector and an expert by experience, who had experience of services for people with a learning disability and autistic spectrum disorder. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

During our inspection we spoke with three people that lived at the home, two relatives, five care staff the acting manager and the nominated individual. This is a person nominated by the provider to be responsible for the service. We looked at, safeguarding records, maintenance records, audits, complaints records, staff training records, sampled one person's care records; and looked at two people's medication administration records.

Good

# Is the service safe?

## Our findings

All the people that lived at the home and their relatives spoken with told us people were safe living there. One person told us, "I like it. Yes. Safe. I don't get worried." Another person said, "I feel safe. There are no risks." A relative told us, "Safe, very much so. When we go, we always go unannounced; we've never found it an issue."

All staff spoken with confirmed they had received training on how to reduce the risk of people being harmed. Information about keeping people safe was on display in the home; this was in an easy read format, so that people that lived at the home, staff and visitors were aware of how to report concerns. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff spoken with knew how to escalate concerns about people's safety to senior managers. Staff were aware of the different external agencies that they could report concerns to, should they feel the provider was not taking the appropriate action to keep people safe from the risk of harm. Where incidents relating to people's safety had happened, the provider kept us informed and records showed that staff followed the provider's procedure to help in reducing risks to people.

People and relatives spoken with said they received a safe service. Relatives spoken with gave examples of how they felt the provider dealt with incidents relating to people's safety. One relative told us, "If [person's name] ever gets an injury they let us know, and they phone straightaway."

All staff spoken with and records looked at showed that risk assessments and risk management plans were in place for identified needs. Staff said these were reviewed and updated as people's needs changed, or when new risks were identified. A member of staff told us about an incident when someone became agitated whilst being driven out in the community. The staff member said they managed the risk to the person and others, by returning to the home and ensuring this risk was reflected in the person's risk assessment.

People and relatives spoken with felt that the environment was safely maintained. A relative told us, "Premises are always good. They've decorated, and [person's name] new bedroom is an en-suite. It's been renovated and it will be a beautiful room." Another relative told us they felt the premises were well kept.

One person invited us to look at their flat, we saw that there were holes in the wall and gaps along the door frame. We discussed this with the provider, who said this would be repaired. Staff told us that there was someone employed to ensure the premises was maintained and that any issues about safety in the environment was reported to them and acted upon. Staff spoken with and records looked at confirmed that safety checks had been completed, such as fire and gas safety. Staff spoken with knew the procedures for handling emergencies, such as fire, and medical emergency. A senior manager was on call at all times to give staff guidance in emergency situations.

Everyone spoken with said there were enough staff to support people and care for them as safe as possible. One person told us, "Yes there are enough staff." A relative said, "Yes, absolutely (enough staff). There's always a manager and at least three or four people (staff) around." Staff told us that there were enough staff available to provide care and support, and said there was flexibility in the staff team to allow for staff sickness and annual leave. Staff spoken with told us that all required recruitment checks were undertaken before they commenced their employment.

People spoken with said that staff always helped them to take their medication as prescribed by their doctor. One person told us, "I take my own medication. It's in the medical room. I walk in there and I take it." This person told us staff helped them to do this. Another person told us, "Yes. The staff does it. (Their medication). They bring it at the right time."

Staff spoken with told us that secure facilities were available for people to keep their medication if they chose to and that one person took advantage of this facility, although staff supported them to take their medication. When asked if they took their own medication, one person told us, "I take it myself. It's in my room." Staff told us and records showed that another person administered their own injections with staff support.

Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when needed (PRN). We sampled the PRN protocol for one person, this was medication that was to be given for pain

Good

# Is the service safe?

relief, but stated it was given for flu. The staff member present said it was a recording error. Procedures were in place to ensure all medicines received into the service, were safely stored, administered, recorded and disposed of when they were no longer in use and we saw that staff adhered to the procedures.

Requires improvement

# Is the service effective?

## Our findings

People spoken with said they thought the staff were trained to meet people's needs. One person told us, "Staff are clever. They do have training." Staff spoken with said they received the necessary training, supervision and appraisal, to support them to do their job. One care staff spoken with said, "I feel I have enough training to do my job." Examples of training staff said they had received included: Autism awareness, diabetes, health and safety, infection control, safeguarding people from abuse, managing behaviours that challenge the service, equality and diversity, Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS).

We observed that staff gained agreement from people before supporting them with aspects of their care. Staff spoken with told us that they always sought people's agreement before offering support. Staff said although some people did not communicate verbally they, (staff) understood each person well enough to know when they were in agreement or not, as people would express themselves using gestures and body language.

We saw that one person that staff said lacked the mental capacity to make informed decisions about their care and treatment was being given medication disguised in food. Staff said the person would not take their medicine unless it was disguised or administered in liquid form. We saw that the GP had written their agreement to this medicine being disguised; however staff spoken with said that the pharmacist had not been consulted about the best available options on how to administer the medicines. Best practice guidance in regards to consent to medication indicates that a best interest decision discussion involving relevant professionals and interested parties; is the most appropriate way to ensure people's rights were protected in instances where they need to be given medication in this way.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Care staff spoken with said they had undertaken MCA and DoLS training. Staff had an understanding of the principles of the MCA in relation to their role, but did not understand the DoLS. The acting manager said that one person that lived at the home was subjected to a DoLS and applications had been made for other people that lacked the mental capacity to make decisions about their care, care staff spoken with had no knowledge of this.

Staff spoken with said they received the necessary training to support them in using the restraint policy should this be necessary.

People said they were able to choose what they wanted to eat and drink and we saw that staff used pictures and symbols to help them to do this and to support health eating choices. Staff said they sat down with people each week and talked to them about what they want to eat and the menus were planned based on people's choices. When we arrived at the home to undertake the inspection some people were going shopping with staff to do their weekly grocery shopping. One person told us, "Food, we write it all down and then we go to the shop and get it."

We saw that the menus were varied and people's individual choices were reflected. We saw that people were free to make drinks and snacks as they wished and staff told us that people were supported to prepare their own meals to encourage their independence. One person told us, "Food, Yes, I do choose what I want. I have coffee, tea, milk, pop. I make my own drinks." Another person told us, "The bosses have changed it over, so I have a kitchen. I put food in my fridge. I was going to go shopping yesterday, but I went today instead."

A relative told us about the specific foods that were provided to meet their relation's dietary needs. This relative told us, "[Person's name] gets a special cake for their birthday and they (staff) found a special fish and chip shop some time ago where they cook fish and chips that (the person can eat). So [person's name] isn't excluded on fish and chips night."

All staff spoken with knew how to support people with maintaining a healthy diet and knew how to identify people at risks of poor nutrition and what action to take.

People told us and records showed that people saw the doctor and other health care professionals when needed. This included health care professionals to support their mental, physical and psychological well-being. One person said, "I am going to the dentist a week on Monday." A relative told us, "They always let us know if [person's name] sees the doctor."

Good

# Is the service caring?

## Our findings

People told us that they thought the staff were caring. One person told us, “Sometimes they are kind and caring. “One relative told us, “Yes, I do think they are caring.” This relative then described a recent occasion when they saw staff supported their relation in a caring way. Another relative said, “They do care.”

People spoken with said they were involved in all decisions about their care. One person told us they wanted to move to a different area and staff spoken with said the person was being supported by an Independent Mental Capacity advocate (IMCA) to do this. An IMCA is a person who advocates on behalf of people that lacks mental capacity and ensure that people’s views are taken into account when decisions are being made. Another person told us, “Yes, I make decisions.”

Staff spoken with told us that people’s needs assessments and care plans included information about how to provide individual care and support to people. Staff told us that the care plans included information on people’s personal histories, culture, language, religion and communication needs. A member of staff gave us an example of how they supported a person to maintain their religious needs. The member of staff told us, We ensure people go to their place of worship on Sundays. The staff member then described how people were enabled to follow their routine with prayers that were important to them.

A member of staff told us, We get training on how to support people who have non-verbal communication, and we get to know people well, so we understand them.” Staff told us and records showed that some aspects of the care plan and information seen around the home was available in easy read, for people that needed this.

We saw a member of staff supporting a person to prepare their lunch and other staff said people were encouraged to be as independent as possible. For example people would help with keeping their rooms and flats tidy and were supported to be involved in the daily routine of the house.

Everyone that we spoke with said their privacy and dignity was maintained by staff. Some people lived in individual flats, so they had the privacy they needed. Others had their own rooms and were able to see their visitors in private. When asked if staff respected their privacy and dignity, one person told us, “I think so. I like it private. People don't talk about me.”

Relatives spoken with said they felt their relations were treated with respect and understanding. A relative told us, “Yes, respect all staff are young. They understand how young people feel.”

Staff spoken with said they received training on how to respect people’s privacy and dignity and policies were available to guide them in maintaining confidentiality, and respect for individuals. One staff member told us that privacy and dignity was discussed at team meetings. Another member of staff said, “Although not everyone was able to respond verbally we always knock doors and people will come to the door and let you in.” Another staff member said, “I knock people’s doors and ask if I can come in.”

Relatives spoken with confirmed they visited whenever they wanted. One relative told us, “If I want to come to visit, I come.”

Good

# Is the service responsive?

## Our findings

Everyone living at the home and their relatives felt their needs were being met. People told us staff would talk to them about things, and we saw staff offering people reassurance when they became anxious. One person said, “Oh, yes. They sit and talk.” This person said that sometimes staff would tell them to go to their room and don’t come down. We informed The nominated individual about this. They told us that this was a plan of action, which was discussed and agreed with the person, on how to support them when they exhibit difficult behaviours towards staff and other people that lived at the home.

Some people told us they were aware of their care plan. One person said, “A care plan. Yes. I don't know where it is. Maybe I have one. We do have a review. The staff write it down. They ask you, yes.” Staff spoken with and records looked at showed that people’s needs were assessed and their care was planned taking into account their individual needs.

Staff spoken with and our observations showed that staff knew the individual needs of people that lived at the home. For example, one relative spoken with described the needs of their relation based on how their autism affected their communication. The relative commented, “They (staff) have listened. I always talk about how to go through the care and they do listen.” The relative told us that staff would need to communicate with the person in a specific way to enable them to understand. Both the acting manager and a care staff spoken with knew the person’s communication needs well and were able to tell us the best way to communicate with the person.

People told us they did whatever social activities they choose to do. On the day of our inspection a group of people had gone on a day trip to Leicester, other people were out doing various other things, such as shopping. Staff described to us how they enabled people with non-verbal communication to choose social activities that they wished to do. This included using symbols and pictures for some people. A member of staff said some people did not respond to symbols or pictures so, we observe body and we verbally communicate. For example a member of staff described how they communicated with a person who did not respond to pictures or symbols. The staff member said, “If I say do you want to go to the park today, [person’s name] will go upstairs to her room…put their shoes and coat on, get her bag and come downstairs.”

When asked what activities they did, one person told us, “I watch the news. It tells you what's going on. I watch nature programmes sometimes It varies.” Another person told us, “I've no hobbies. I do anything, colouring, drawing, painting, and walking in the woods. I go hiking in the summer. Sometimes I go on trips.” This person went onto say, “Sometimes we go away on holiday to Scarborough for one week. We went as a group. This time I'm going by myself with staff…” A member of staff told us about holiday plans for two people who were going to Wales. A relative told us about social activities that their relation did before moving into the home, and confirmed that staff supported their relation to continue to do these things.

We noted that people were not engaged in any work or educational activities. A member of staff told us that two people used to attend college, but they no longer attended. The nominated individual told us that people that lived at the home currently did not wish to pursue work or educational opportunities and this was their choice.

People spoken with said they knew who to speak with if they were concerned about anything. One person told us, “I did complain. I was listened to. I've forgot what it was about. It a long time ago.” Another person said, “I talked to the staff. They help. I can't remember what happened. They sorted it out. They do listen.” A relative told us, “I can't think of anything that we've complained about…” We saw that there was one written complaint on record; the acting manager said this had been resolved, but a record of the response to the person raising the concern was not available.

Good

# Is the service well-led?

## Our findings

People told us they could speak to any of the staff. One person said, “I know the staff well. There have been staff changes, but they're all fine. 'It's a lovely atmosphere, always friendly.” One person commented that they didn’t like the changes in managers that had taken place, but did not make any negative comment about their experience. A relative told us, “I am happy with the service there.” Another relative told us, “Yes, managers are friendly.”

People told us they had regular meetings with staff to talk about things that happened in the home. When asked about involvement in talking about things in the home, One person said, “The manager is the one who sorts it all out. We do have meetings on the sixth week or two months. We sit in the lounge. The staff lead, whoever is in on the day. They write down, we say.” Another person told us, “The house is alright. We have meetings sometimes and sometimes I like them.”

We saw the result of analysis of surveys that the provider had sent to people and staff, so they could comment on how the service was managed. An action plan was in place for any issues identified from the surveys.

Staff spoken with said they had supervision and regular team meetings, where they could discuss improvements to the service. Staff said they felt the acting managers were approachable, kept them informed and listened to any issues of concerns they had. Staff said they felt that, in the absence of a registered manager, the staff team was working well together and the service was well managed.

The registered manager left in September 2014. The provider kept us informed about the management arrangements for the service and told us they had recently recruited someone to the manager’s post. This showed that the provider was taking reasonable steps to secure a registered manager for the service. Before the inspection we asked the provider to send us provider information return (PIR), this is a report that gives us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected the information included in the PIR. Where necessary the provider kept us informed about events that they are required to inform us of.

The provider had an internal quality assurance process; this entailed a manager from a different service within the provider’s organisation undertaking monthly audits of the service. Following this the manager completed an action plan showing how they would address any shortfalls identified. We saw that regular audits were completed of health and safety, care plans, staff records, training, supervision, medicines, infection control and the environment. Staff spoken with confirmed that someone from the head office visited the home frequently to complete these audits.

The provider told us that the managers were required to complete a weekly report (compliance report) of all incidents, complaints, and safeguarding within the service, these were analysed by senior managers for trends and learning. This enabled the provider to have an overview of all incidents within the service.