

Selborne Care Limited

Options

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 27 January and 2 February 2017 and was announced. We gave the provider 48 hours' notice of our visit. This was because the service provided domiciliary care and support to people and we needed to be sure that people and staff would be able to talk to us.

The service was last inspected in February 2015. There were no breaches of the legal requirements at that time.

Options is registered to provide personal care and support to people in their own homes. On the day of the visit, there were seven people receiving personal care. There were also eighty people receiving other types of support services from the agency.

There was a registered manager for the service. 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.

Risks to people in their daily life were minimised. This was because staff knew what their responsibilities were in relation to keeping people safe from harm. New staff were employed after an in depth recruitment process. Visits were planned so that people received care and support that was safe and met their needs.

Where possible people were matched with staff who it was felt they would get on well with. This was to ensure they felt happy with them. The time and dates of visits was well planned. This meant that there was always enough time to provide safe care. People were supported by staff who were well qualified and competent. The staff team knew people well and this helped to ensure support was consistent for people.

People felt very happy with the care and support that they received from the staff. Their needs were being met effectively by staff who were competent and knew how to meet their needs.

People were supported by staff who were kind and caring in manner. Staff understood how to support people in a respectful and dignified way. Staff always discussed care with people and gained consent before providing support. Staff had a good understanding about people's needs and preferences, and were knowledgeable about how to effectively communicate with each person they supported.

People were protected from the risks from unsuitable staff because the provider had recruitment procedure in place that aimed to ensure that only suitable staff were employed to work with people.

Support plans were written in an individualised way. They focused on each person's goals, skills and long term wishes. Support plans were reviewed and evaluated regularly. This was to ensure that the planned care and supported people received was current and up to date.

People were supported with their health care needs and were supported with health and well-being appointments when needed. Staff also supported people to take part in a range of different activities and leisure opportunities.

Information was available about how to make a complaint and relatives said their concerns were addressed properly.

Staff, people who used the service and their relatives said they were easily able to speak with the registered manager. The registered manager carried out regular reviews of the service with people and relatives involvement. Their feedback was used to drive up improvements in the quality of the service people received.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Options

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 checked 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 comprehensive inspection took place on 27 January and 2 February 2017 and was announced we gave the provider short notice as we needed to be sure that people and staff would be available to speak with us.. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service . This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

We spoke with three people who used the service and five relatives. We also spoke with the registered manager, two day to day managers, a team leader , and six support workers . We looked at a range of records which included the care records for three people, medicines records for three people and recruitment records for three staff. We looked at a range of records in relation to the management of the service.

Is the service safe?

Our findings

People and relatives had positive views about how visits were planned and carried out to ensure the support they received was safe. People and relatives said that staffing arrangements and visit times were planned in a way that was safe and met their needs. They told us the staff always stayed the allocated time and sometimes for longer if needed. Staff said that they always had the time to meet people's full range of needs. The staff we spoke with said there were sufficient staff employed by the service. This meant there was enough staff so that visits to people were planned in a way that was safe. Staff said they were not being normally asked to do extra visits at the last minute. They also said they were never asked by management to work excessive hours. The registered manager told us visits to people were usually booked in blocks of time between half a day and up to a full day or overnight. This was to make sure that people were provided with the right level of staff time and they received care and support that safely met their complex needs.

People and relatives felt they were safe with the staff that supported them in their home. The staff demonstrated to us that they had an up to date awareness of what abuse was. Staff also knew how to report any concerns if they had them. The staff were aware about how to report concerns within the organisation and externally such as to the local authority, police and to the Care Quality Commission (CQC). Staff had been on safeguarding training to help to keep them up to date about the protection of vulnerable people. There were up to date policies for staff to follow. Staff were given their own copy of the safeguarding adults' policy and procedure in the staff handbook. The registered manager showed that they had an understanding of their safeguarding role and responsibilities. The registered manager and staff also understood the importance of working closely with commissioners, the local authority and relevant health and social care professionals to help to keep people safe.

People who needed support to manage their medicines were well supported by the staff. Staff training records and the staff confirmed that they had been on training in safe management and administration of medicines. Some people need support with complex medicines, oxygen, and medicines used during epileptic seizures. There was a detailed policy relating to the management of medicines and all staff had their own copy of the policy. Medicine charts were completed to show when staff had assisted people to take their medicines. The registered manager carried out a regular audits to make sure that medicines were being well managed in people's homes.

The provider had effective recruitment and selection procedures in place that helped to minimise the risks from unsuitable staff being employed. All potential new employees completed application forms and an initial interview was then undertaken. In addition, pre-employment checks were completed. These included two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. If there was ever any information of concern, this was explored in detail and we saw guidance about putting in place a risk assessment if needed.

To help to support people to stay safe in their own home each person had their own emergency care plan in place. These set out what the service would do to ensure that it was still carried out in the event of a crisis or

emergency. For example, what the service would do in the event of very poor weather.

Staff and people were kept safe when they were at the provider's main office and training building. There was a fire risk assessment of the building and checks of the fire equipment and fire alarm system were carried out. The office used an electronic keypad system to gain entry. This meant it was kept secure for staff and people who came to the office.

Is the service effective?

Our findings

The feedback from people and relatives about the service was positive. Comments made included "They are very good and very understanding."; " X has been looked after very well " and " I like the staff. "

When people needed support with food and drinks their needs were assessed and set out in their support plans. People's needs were varied, for example, one person needed prompting to buy and cook food. Other people needed to be assisted to eat their meals and drinks .Care records set out how to support people with their range of nutritional and hydration needs. Staff were able to tell us how they supported people who needed extra support in this areas of their life. For example, due to their specific physical disabilities some people had problems swallowing food and needed support to eat and drink safely.

People with complex health needs had very detailed support plans in place that included information from relevant professionals, such as the local learning disability team. The staff had received training and guidance relating to people's complex needs. These included support from psychologists, speech and language therapists and challenging behaviour specialists. Staff were aware of the content of peoples support plans .They were able to tell us how they applied the guidance from other professionals to provide people with effective care and support.

People who used the service were supported by staff from the agency to access a number of community services to maintain optimum health and wellbeing. The staff told us they supported some people to see their GP, optician, dentist and other professionals involved in their care. This was also seen in the care records we viewed. People had their own health care plans that clearly explained what their range of healthcare needs were as well as other important information.

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 the best interests and as least restrictive as possible. Staff were trained on the subject of mental capacity and they were supported with policies and procedures to offer further guidance. Staff understood that a person's capacity needed to be assessed in relation to different aspect of their life . The staff were also aware of how the legislation was applied to people who lived in their own home.

The registered manager and the staff that we spoke with demonstrated that they had a good awareness of issues around consent in relation to the people they supported. Care records showed that consent had been sought and recorded for all personal care that people received. Training records showed that that staff had been on training in safeguarding adults and child protection. Training relating to mental capacity and Deprivation of Liberty Safeguards (DoLS) had also been completed. The registered manager and staff told us that consent was always sought when agreeing a care plan and before any personal care tasks were undertaken.

Staff we spoke with told us that they received supervision and appraisal. The staff also said they could discuss and raise issues openly with the management team. Supervision is a system that aims to enabling staff to be supported and managed. It also aims to give them the chance to discuss issues about their roles, training needs and the people they support. Staff also said they could ring the on call manager out of hours if they needed specific guidance and support. This was also confirmed by the staff supervision records that we viewed.

The induction process and staff training programme was aligned to the care certificate. This certificate requires staff to complete a programme of learning. They also have to be observed in practice by a senior colleague before they can be assessed as skilled enough to support people safely and independently. This was confirmed by staff and by the training records we viewed.

The provider's PIR also provided us with some good evidence of how the service was effective. 'All staff receive positive behaviour training in order to respond positively to escalations in behaviour and in a person-centred, safe and effective manner. Incidents are reported to the on-call worker immediately who will then provide advice or instructions on immediate actions that need to be taken to manage the situation in accordance with the organisation. The on-call worker communicates with the individual's appointed senior worker who will update any risk assessments or care plans as required and inform the staff team of these. Following serious incidents, staff are required to attend a debrief meeting with a senior member of staff in which the incident and their response is reflected on. The debrief helps to identify if the care plan and risk assessments were followed and is used to reflect on what went well or what could have been done better so that lessons can be learned and incorporated within the support plan .' This evidence was also confirmed for us by our discussions with people, families, and staff, and by the records we reviewed.

Is the service caring?

Our findings

Staff understood the principles of privacy and dignity in relation to the people they supported. Staff spoke in a respectful manner about the people who they supported. For example, staff told us they also understood the need to be respectful of the privacy of their family. Care records also explained how to provide care and support for people in a way that respected privacy and dignity. The staff were thoughtful and had a good understanding about people's emotional needs and knew how to meet them.

The principles of privacy and dignity when supporting people were clearly understood and promoted by staff. Staff spoke in a very respectful way about the people they supported. They also aimed to be very respectful of the privacy of their family. Care records also set out in detail how to provide care and support for people in a way that respected privacy and dignity. The registered manager and staff explained that the principle of how to treat people with dignity and respect were taught in the staff induction programme. These themes were also raised in supervision meetings as well as in staff meetings. The staff we spoke with also confirmed this and by the training records we viewed. We saw that the staff had been on training to help them to understand how to treat people in a way that was dignified and respectful.

There was useful information about people's communication clearly explained in people's care records. People had communication passports to guide staff to recognise how people may communicate themselves. For example if they were happy or anxious. The staff were able to demonstrate in conversations that they knew people well. The staff said they would also use people's body language as visual signs to try to find out what people were feeling or were trying to say to them.

The provider's PIR also provided us with further examples of how the service was caring towards the people they supported,' During induction, the organisation's aims, values and objectives are explained to new staff and the importance of working in an inclusive, person centred and respectful way that is also non-discriminatory. Working Policies are tailored to the individual and created, reviewed and updated in partnership with individuals to ensure their views and preferences are recorded.. 'This evidence was also confirmed for us by our discussions with people, families, and staff, and by the records, we reviewed.

Is the service responsive?

Our findings

Each support plan was informative and explained how each person wanted to be cared for and supported. For example, care plans explained who people wanted to support them with personal care and at what time of day. Support plans also explained people's bedtime and morning routines, and how they liked to be supported at these times. Staff assisted people with their care in the ways that were explained in their care plans. Care plans records had been reviewed and updated regularly. This was to make sure they were accurate and showed what people's needs were and how to meet them. When it was possible this was done with the involvement of the person who they were written about.

From what people, families and staff told us it was evident that people who used the service felt they were involved in discussions about their care and support needs. We also saw that people were actively involved in regular reviews of their care plans. People also had annual reviews with health and social care professionals. Reviews were used to set goals and long term aims. For example, one person had goals that included building up their confidence so that they could go out into community more independently. They said they now liked to go out on a daily basis. They also enjoyed a number of groups, social events and exercise activities.

People were helped to have the information they may need about the service and how to make a complaint. There were copies of the service user guide available for people and their representatives so they could find out more about Options and the range of support and services they provided. The service user guide contained clearly written information about the service. This was written in an easy to understand style. There was also information about the qualifications of the staff employed, and the way care and support was planned. The philosophy of the services and how the service aim to meet peoples' needs was also set out. The complaints procedure was in each service users guide so people know how to complain about the service. The complaints procedure includes the up to date contact information for the ombudsman if a person wanted to contact them directly.

People understood how to make a complaint. One person said "I can say what I like if I'm worried." The complaints procedure was up to date and it contained the contact details of who to contact to make a complaint and also the local ombudsman. This was if people did not feel their complaint was satisfactorily. There was also a clear timescale for investigating complaints. The procedure set out that records of complaints would be maintained and responded to within the timescales that were set out. A letter was also sent to complainants informing them of the outcome of investigations into their complaint. This showed that there were suitable systems in place to support people if they did make a complaint. There was also an easy read picture format available for people to make it easier to use. We saw that complaints were recorded and responses were prompt. We spoke to relatives of people who used the service who told us that they felt able to raise concerns when necessary.

The provider's PIR also provided us with some good evidence of how the service was responsive. 'All staff receive positive behaviour training in order to respond positively to escalations in behaviour and in a person-centred, safe and effective manner. Incidents are reported to the on-call worker immediately who

will then provide advice or instructions on immediate actions that need to be taken to manage the situation in accordance with the organisation. The on-call worker communicates with the individual's appointed senior worker who will update any risk assessments or care plans as required and inform the staff team of these. Following serious incidents, staff are required to attend a debrief meeting with a senior member of staff in which the incident and their response is reflected on. The debrief helps to identify if the care plan and risk assessments were followed and is used to reflect on what went well or what could have been done better so that lessons can be learned and incorporated within the support plan .' This evidence was also confirmed for us by our discussions with people, families, and staff, and by the records we reviewed.

Is the service well-led?

Our findings

The registered manager told us they had an open door policy to the management of the agency. This was also evident as we saw that staff and people were relaxed to approach them when they needed to see them. People came to the office and approached the registered manager and were very relaxed with them. This further benefited people, as it was evident from our discussions that the registered manager had a good knowledge of the needs of each person at the agency.

The registered manager kept themselves up to date about current topics and issues to do with care for people with learning disabilities. They said they went to meetings with other professionals who worked in their sector of adult social care. We saw information and learning was shared with the team at staff team meetings. There were articles and journals about health and social care matters on display for staff to read.

The staff felt that their views and opinions about the services were received positively by the registered manager. We saw staff and the registered manager during our visit. The staff told us they always listened and responded to what they had to say to them. The staff confirmed that team meetings took place regularly basis. Staff said they could raise any concerns they had or suggest how the service could be improved. Minutes of a recent meeting included discussions the care and support people received and any ways this could be improved for people. Staff also gave feedback when they were concerned about someone and made suggestions about how to improve the way they were being supported in the community. Other topics raised at meetings also included staff morale, supervisions, training and development. This showed there was an open culture between management and staff.

The staff and the registered manager all had a clear understanding of the service's visions and values. The staff explained that the aim of the service was to provide care that was person centred and enabled people to become confident and gain independence in their day to day life. Staff told us how they put these values into practice. They said they tried to plan care and support always based on what people wanted to do that day as well as how they wanted to be supported with their care.

The views of people who used the service were gained through daily conversations and regular reviews. Survey forms were sent to people's family members annually. The views of the family members of people who used the service for 2016 had not yet been analysed. Feedback from 2015 confirmed that people were treated with care and respect. The registered manager told us that they were going to analyse the feedback and were continuing to review the service with people, family members and staff.

There were quality monitoring systems in place to check and improve the service people received. The audit record was used to check the quality of support people were receiving. This included care records, risk assessments, health and safety, management of medicines, and the manner and skills of the staff team. The registered manager and other senior staff completed checks and audits to monitor and identify areas that needed improvements. For example, when a person was not happy with a particular member of staff and how their visits were planned this was addressed by the registered manager. The staff also told us they understood that people could choose who they wanted to support them. They also said that they were well

supported by registered manager so that they did not take this personally.

The provider's PIR also provided us with some good evidence of how the service was well run. The on call team receive a daily e-mail update informing them of issues or events that have been called through each day so they are best placed to respond to any further issues that may be reported when next on-call. The service maintains governance through policies and procedures which are reviewed and updated regularly by the manager and director of professional services. Weekly meetings are held with senior management to review operational issues and action plans formed with the senior and support team. Fortnightly operations meetings are held between senior management and directors. For some services a weekly e-mail update is sent by the management team to the staff team summarising the events of the last week including work being carried out at a senior level. This encourages a feeling of team working. The e-mail is also used to provide praise to the team where they are working well. Monthly house inspections are carried out by the manager and service coordinators at properties where staff provide overnight care. These identify environmental issues that need addressing and provide a senior management presence at locations where more intensive support is provided. Regular newsletters are sent out to staff to update them about changes within the organisation'. This evidence was also confirmed for us by our discussions with people, families, and staff, and by the records that we reviewed.