

Glenthorne Care Services Limited

Selwyn Court

Inspection report

1-3 Bilston Lane
Willenhall
West Midlands
WV13 2QF

Tel: 07308890016

Date of inspection visit:
18 October 2023

Date of publication:
01 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Selwyn Court is a care home providing personal care to 33 people at the time of the inspection. The home is registered for up to 35 people. The home supports a variety of people including younger and older adults, people living with dementia, learning disabilities and autism. People have access to their own bedroom along with communal spaces including lounges and gardens.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right Support

People were supported in line with their care plans and risk assessments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care

There were enough suitably recruited staff to support people. People's medicines were stored and managed in a safe way to ensure they received these when needed.

People were protected from potential abuse as there were procedures in place and these were followed.

Infection control procedures were in place to ensure the home environment was clean and free from infection.

Right culture

People and their relatives were happy with the care and support they received. They were involved with their care and this was individual to their needs. The management team ensured that audits were completed so the improvements to care could be made when needed. They were ensuring lessons were learnt. Staff felt supported by the management team and were listened to.

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

Rating at last inspection and update

The last rating for this service was requires improvement. (Published 15 March 2023)

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected

The inspection was prompted in part due to concerns received about the care people received. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Selwyn Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Selwyn Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us and information we had received from the public. We also gathered feedback from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people and 2 relatives or friends. We spoke with the registered manager, the deputy manager, 1 senior and 2 care staff. We also spoke with the nominated individual, who is also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a social worker after our inspection.

We looked at the care records for 5 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service and staff recruitment checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were safe living at Selwyn Court. One person said, "It's okay here and I feel safe".
- Individual risks to people were assessed, monitored and reviewed. Some people did not always have individual care plans or risk assessment in place, however this had been identified and there were plans in place to complete this alongside people. The delay was due to the service wanting to involve people with their care and planning of it.
 - Staff knew people and their risks well and were able to provide information about people and the support they needed. This included when they had health conditions or known risks.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Medicines management

- Improvements had been made and medicines were stored, managed and administered in a safe way.
- People told us, and we saw medicines were administered to people when needed. One person said, "I always get my medicines on time."
- When people had 'as required medicines' there were protocols in place stating when this should be administered, and we saw people received these in line with the protocols.
- Staff told us they had received training and their competency was checked every 3 months to ensure they were safe to administer these.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and followed when needed.
- Staff told us they had received safeguarding training and knew how to recognise and report potential abuse. One staff member said, "It's making sure people don't come to any harm or recognising abuse." They

went on to tell us they were confident any concerns they raised would be reported appropriately and action taken.

Staffing and recruitment

- There were enough staff available for people and they did not have to wait for support. One person said, "The staff are down to earth and will help you whenever they can. If 1 is busy, another carer will step up to cover them." A relative told us, "When you bring matters to the carers attention, they get on to it straight away".
- We saw call bells were answered promptly, staff were available for people in communal spaces and when people asked for support this was also provided promptly.
- There was a system in place to ensure there were enough staff available for people and this was reviewed.
- Staff received the relevant pre-employment checks, including references and Disclosure and Barring Service (DBS) checks before they could start working in the home to ensure they were safe to do so. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions placed on visiting and visitors could access the home freely.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. The provider had taken action since our last inspection to ensure improvements had been made. Incidents and accidents were reviewed to consider if these risks could be mitigated in the future and minimise reoccurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to identify measures to audit the service were not robust or effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- There were now systems in place to ensure the care people received was monitored. Audits were consistently completed within the home, they covered areas such as staffing levels, medicines management and walk rounds of the service.
- Where areas of improvements had been identified, action had been taken to drive improvements. Action plans were in place identifying what needed to be completed. For example, when care files were not always up to date.

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

- Staff felt supported by the management team. They told us they had the opportunity to raise concerns by attending staff meetings and supervisions. One staff member said, "The manager and owner are very supportive, I know I can knock the door if I am concerned."
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager had notified us about events that had happened within the service, as required.
- The rating from the previous inspection was displayed in the home in line with regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the home and the care they received. A relative told us, "I have always been satisfied with the care since my relation has been here. If I have any questions they will answer the best they can".
- Staff and professionals involved with their care worked closely with people to ensure they received good outcomes and the care and support they required. A social worker we spoke with confirmed this to us.
- A positive culture was reflected by the management team across the service which was reflected by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt listened to. People had the opportunity to offer feedback on the service. The information received was positive.
- People had assessments in place and their care was delivered in line with their assessed needs.
- People's gender, culture and religion were considered as part of the assessment process.
- Records showed people and those important to them were involved throughout the process.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood and met by the registered manager. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed. We saw when needed professionals were involved with people's care and plans of support had been put into place. The plans these professionals had put in place for people were followed within the home.