

Selborne Care Limited

66 Eros Crescent

Inspection report

66 Eros Crescent
Birches Head
Stoke On Trent
Staffordshire
ST1 6RN

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25 August 2017

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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

This inspection took place on 25 August 2017 and was unannounced. This was the first time the service had been inspected by us.

66 Eros Crescent is registered to provide care and accommodation for up to four people who have a learning disability and/or mental health needs. At the time of our inspection, three people were using the service.

There was a 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.

People felt safe and staff knew how to recognise and report abuse. People's risks were assessed and managed individually to promote their safety and wellbeing.

There were enough staff to safely meet people's needs. People received their medicines when they needed them and there were systems in place to ensure that medicines were stored, managed and administered safely.

Staff were trained and supported to give them the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems in the service supported this practice. When they were unable to do this, staff had the knowledge to ensure that decisions were made in line with current legislation and guidance.

People had enough to eat and drink and were offered choice and flexibility about their food and drinks. They were encouraged to stay healthy and had access to health professionals when they needed them.

People were treated with kindness and compassion by staff who knew them well. People's privacy was respected and they were encouraged to be independent and participate in the running of the home and the local community.

People received care that met their preferences and they were encouraged to follow their interests. Staff knew people's preferences and people's care plans contained detailed information to enable staff to support them how they wanted to be supported.

People felt able to raise any concerns or complaints and there was a procedure in place to ensure complaints were addressed.

There was a friendly and positive atmosphere at the home and staff enjoyed working there. Staff felt

supported by the registered manager and other managers.

The registered manager and staff completed quality checks and acted upon any issues identified to ensure that continual improvements were made where required.

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.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were managed whilst supporting their independence and there was enough safely recruited staff to meet people's needs. People got their medicines when they needed them and they were stored and administered safely by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to be able to support people effectively. People were supported to make their own decisions and were not unlawfully restricted, in line with current legislation. People were given choices of food and drinks and were supported to stay healthy and see health professionals if they needed to.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff who knew them well. People were given choice and control and their privacy was respected. Independence was encouraged and promoted by staff who were caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's plans of care were detailed and individual to them. Staff knew people's needs and preferences in order to provide personalised care and supported them to access activities they were interested in. People felt able to raise concerns or complaints and the provider had a complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager who notified us of significant events, as required by law. There was a positive atmosphere and people and staff felt they could approach the management team. Quality checks were completed and actions were taken to make improvements when required.

66 Eros Crescent

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 25 August 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed information we held about the service and the provider. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. This information was used to form our inspection plan. Before the inspection visit, we asked the provider to complete 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 used the information in the PIR completed by the provider to help plan our inspection.

We spoke with two people who used the service and one relative. We spent time in time communal areas observing how staff offered care and interacted with people who used the service. We spoke with three members of staff including a team leader and a coordinator who had some management responsibility.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, three staff recruitment files, staff rosters and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe here, yes I do." Staff knew how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur, how to recognise signs that may give cause for concern and how to report concerns. One staff member said, "I would follow the safeguarding adult's route, I'd document everything and report it to [Register Manager's name]." Since the service opened, there had been no concerns which required reporting to the local authority but we saw that processes were in place to ensure that local safeguarding adult's procedures were followed when required and staff had been trained to understand their responsibilities under the procedures.

People's risks were assessed and monitored to keep them safe whilst supporting their independence. People had individual risk assessments that were specific to them and were detailed enough to help staff understand how to manage risks. For example, one person needed a staff member with them at all times during the day and there was a risk they would leave the service with staff support which would leave them very vulnerable. We saw that detailed plans were in place to reduce the risks of them leaving the service and staff we spoke with demonstrated that they were aware of the plans in place. We saw that the risk assessment was followed to ensure the person remained safe whilst still being able to spend their time as they chose. We saw that their risk assessment was continually updated as staff got to know the person and new risk factors were identified and planned for. This meant that risks were managed to keep people safe.

There were enough staff on duty to keep people safe and meet their needs. We saw that people who used the service were assessed as needing a staff member with them at all times during the day to ensure their safety. People told us and we saw this was in place. One person said, "I'm safe here because I've got staff with me." Another person said, "There's enough staff, they're always busy and they have lots of paperwork to do but they are always there for me when I need them anyway, that's the main thing." Staffing rotas confirmed that people had 1:1 staff support during the day and in evenings when they chose to go outside of the home to ensure their needs were met and they were safe.

Staff told us and records confirmed that safe recruitment practices were followed. This included Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work with the people who used the service. The DBS is a national agency that keeps records of criminal convictions. We saw and staff confirmed that references were requested and checked before staff started to work, to ensure they were of suitable character to work with people who used the service.

Medicines were stored, managed and administered safely so that people received them as prescribed. One person said, "I get my medication when I need it. I can ask for a paracetamol if I need it and I get it." Staff were trained to manage medicines safely and their competency was checked. One staff member told us, "The training was good but I also shadowed more experienced staff for one week so I felt confident before I did it myself." Accurate records were kept of medicines administered and these were checked by managers to ensure they were correct. We saw that there was clear guidance for staff to follow for people who needed medicines as and when required and staff demonstrated their understanding of these plans. For example,

some people were prescribed medicines to calm their anxieties, as and when required. Staff told us and plans confirmed that these were only used when therapeutic techniques were not successful. One staff member said, "We try to distract and reassure, medication is used as a last resort and we go to a team leader before we administer." Records confirmed that these medicines were not used excessively. This helped to ensure that people received medicines consistently and safely.

Is the service effective?

Our findings

People felt that staff had the knowledge and skills to support them effectively. One person said, "Staff support me well, I think they know what they are doing." Staff told us and records showed they had completed training to help them support people effectively. One member of staff told us about their induction training. They said that this included formal training and 'shadowing' (working alongside) more experienced members of staff until they felt confident to support people independently. They said, "It was really good. I've worked in care before but I've never had training that in depth before." Another member of staff told us how they received training from a person's multi-disciplinary team including a psychologist who came into the service to work with staff to help them to understand how to support the person most effectively. They told us that professionals helped staff to create positive behaviour support plans for people who used the service and we saw that these were in place and that staff followed them to help provide consistent and effective support to people.

People were encouraged to make their own decisions. We observed that people were asked for consent to care and support and were asked how they wanted to spend their time. People told us and records showed that they had been involved in developing their plans of care and had signed their agreement to these plans when they were able to. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with demonstrated knowledge of the Act. We saw that one person had developed a mutual agreement with staff about how they wanted to be supported to manage an area of their behaviour that caused them concern. This showed that the person had been helped to make their own decision about how they were supported, in line with the principles of the MCA.

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. People who used the service had restrictions on their freedom and we saw they were encouraged to have as much choice and control as they were able to. We saw that the provider had followed the requirements of the DoLS and that applications had been submitted to the relevant authority when required to ensure that people were not unlawfully restricted. One person had a DoLS authorisation in place and others were awaiting an assessment. We saw that a condition on one person's DoLS authorisation had been followed to ensure they were supported in the least restrictive way possible, in line with the MCA.

People were offered choices of food and drink. We saw that people were supported to access the kitchen when they wanted to and were supported to cook meals that they chose. We saw that one person chose to get up late then helped themselves to a breakfast and drinks of their choice. Staff told us and people confirmed that staff helped them to plan their weekly menus and encouraged healthy eating. One staff

member said, "It's about helping to make healthy choices and support with cooking. People here have diabetes; we remind them of this and discuss options with them." A staff member explained how one person liked a particularly sugary drink and used to have this every day. Staff sat with them and explained the risks relating to their diabetes and they jointly agreed that they would have this as a once weekly treat. The person and staff told us that this plan was working to help them manage their diet and nutritional risks.

We saw and people told us that they were supported to stay healthy. Care records showed that people had health action plans in place and they were encouraged to be involved in their healthcare. We saw that one person saw a Physiotherapist and had been given exercises to complete to help manage their condition. We heard staff reminding and encouraging the person to participate in these exercises. Records showed that people had access to a range of healthcare professionals including Community Nurses, General Practitioners, Psychologists and Podiatrists.

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person said, "I like all the staff, I get on with them." Another person said, "I get on well with all the staff." The atmosphere was relaxed, homely and friendly. We heard laughing and joking between staff and people. Some people were playing a card game with staff and we heard staff explaining how to play to one person who had requested some help. Staff said, "We'll help you through." One person explained to us how they felt happy living at the service. They said, "When I came to look around here some time ago I knew I would like this place and I do. This is my home for life. I couldn't be happier here." This showed how positive, caring relationships were developed with people.

People were encouraged to be involved in making decisions and planning their own care. People told us they each had their own weekly activity planner and staff confirmed that these were flexible to meet people's daily preferences. For example, one person's planner said they were scheduled to do their weekly shopping, however they chose and were supported to go to the cinema instead. One person, who liked structure and routine, was supported to attend their weekly woodwork course. We saw that staff took an interest in their work and asked them what they had been making today. We saw that people could spend their time as they chose with some people choosing to have a lie in, others being supporting in the kitchen and some being supported to go to the shops. One person said, "I like it here. It's up to me what I do." This showed that people were supported to make their own choices about the care they received.

Staff knew people well and worked alongside them in planning their support. One person told us they were soon going to a classic car show and were looking forward to it. However, staff explained that the person didn't know what day they were going as staff didn't tell them until closer to the time, otherwise they would become anxious. We saw that this was documented in the person's care plan and the person told us, "That's right; it does increase my anxiety so I know that's what they do." This showed that people were given the information they needed in a way and at a time that was suitable in order to meet their needs. Staff had regard and took action to ensure that people had the care they required.

People told us and we saw that their privacy and dignity was respected. One person said, "I like to have my own space sometimes. Staff know that, I can have privacy when I want it." A staff member told us, "I always shut the door behind one person because they always forget; it's to protect their dignity." We observed staff knocking on people's doors before entering and encouraging them to go somewhere private to receive their personal care. Staff told us and we saw that people could have privacy when they requested it; staff respected their wishes while still ensuring they were safe.

People were encouraged to be independent and take part in the running of the home. We heard staff asking one person, "Are you going to bring your laundry down?" Staff supported them to use the washing machine and encouraged them to take an active role rather than doing this for them. People's care plans included goals, such as increasing independence with daily activities and we saw that staff encouraged this. We saw that people's care plans encouraged independence and detailed tasks they could do for themselves. For example, one person's care plan stated that they didn't need to be reminded daily to have a shower, as they

could do this for themselves. We saw that people answered the telephone at the service and felt valued and included in the running of the home.

Is the service responsive?

Our findings

People's preferences were recorded in their care plans and staff were aware of these. For example, one person liked to be called by a particular name; we saw that staff called them by their preferred name and that this was detailed in their plan. Each person who used the service had a detailed plan of care that was individual to them. These included personal histories, preferences and interests so that staff had information about people in order to provide personalised care. We saw that staff used this information and chatted to people about topics they were interested in.

People were supported to go outside of the home and participate in activities they chose. One person told us they were waiting to start a college course in September and that they were looking forward to this because they were interested in learning about computers. Another person attended a weekly woodwork course. On the day of the inspection, everyone went out to participate in different activities that they chose and we saw that weekly planners were in place that were developed by people in partnership with staff. One person was interested in hot air balloons and told us that staff had found out where they could participate in a hot air balloon ride and had booked this for them. This showed that staff were responsive and proactive in ensuring people could access activities they were interested in.

We saw that people had been involved in developing their plans of care so that they received personalised care. For example, one person needed to have clear plans in place about what was going to happen before they went outside, to help them manage their anxieties. The person said, "Care plans keep me on an even keel, I like to follow my care plans, I'm good at doing that. Staff are good at supporting me." We heard staff going through plans with the person before they went out. One staff member told us, "We always discuss before we go out, what is going to happen, what is the plan for us both, it helps to know expectations." This meant that the person received personalised care to help meet their individual needs.

People and relatives told us they would feel able to raise any concerns or complaints they may have. One person said, "I could go to [co-ordinator's name] with any problems." Staff we spoke with knew what their role was in receiving complaints. One staff member said, "I would write it down and report it to [co-ordinator's name] or [registered manager's name]. There is a procedure in place." We saw that the provider had a policy and system in place to manage complaints, though the service had not received any complaints. The registered manager told us on their Provider Information Return (PIR) that they had plans to introduce a more accessible complaints policy for people who used the service.

Is the service well-led?

Our findings

This was our first inspection of 66 Eros Crescent since it's registration with us in September 2016. The service had a registered manager who was on annual leave on the day of the inspection. There was a co-ordinator who had some management responsibility and was supported by senior managers in the absence of the registered manager. The registered manager sent us notifications of significant events that are required by law.

People and relatives all spoke positively about the staff and the management at the service. We saw that there was a positive atmosphere and staff were happy in their work. One staff member said, "I love it here I really do." Staff understood the provider's values and vision of the service. One staff member said, "We are all about helping the guys to adapt to community living. It's important. We make sure the whole team works for them. I love working here." This showed that a positive and person-centred culture was promoted.

Staff felt supported by the management team and felt involved in the development of the service. We saw that staff had regular supervision with their line managers and that they were supported to develop their knowledge and skills through training and feedback on their performance. One staff member said, "I do feel supported. We have staff meetings and I have supervision. We talk about what is going well and what our goals are." Another staff member said, "There's always someone to call if you need to. The registered manager and co-ordinator are approachable." We saw that people's feedback was sought in order to drive improvement. Regular residents meeting were held where people had the opportunity to share their feedback and we saw records that showed that people had been asked what they felt was working and was not working.

Staff we spoke with told us they would be happy to raise concerns and were aware of the provider's whistle blowing procedure. Whistleblowing is the process for raising concerns about poor practices. One member of staff said, "I would do it if I needed to" and they told us they felt confident that concerns would be addressed. This demonstrated staff understood how to raise concerns and had confidence they would be dealt with.

The registered manager, coordinator and team leader completed audits to monitor the quality of the service and we saw that these were effective and action was taken to make improvements when required. These audits included checks of medication stock, care plans, the environment, infection control and vehicle safety checks. A medication stock audit had identified a discrepancy and we saw that the coordinator had taken steps to investigate this and that audits were now completed on a more regular basis as a result of this. We saw that incidents were regularly reviewed and analysed and people's care plans and risk assessments were updated when required. For example, one person had absconded from the service and we saw that their risk assessment now included detailed information to reduce the risk of this occurring again and a similar incident had not occurred since.