

Selborne Care Limited

Eros Crescent

Inspection report

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

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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

About the service

Eros Crescent is a residential care home providing personal and nursing care to four people who have a learning disability and/or mental health needs in a small residential property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from the risk of abuse and had risks to their safety assessed and plans put in place to reduce them. People were supported by enough safely recruited staff. People had their medicines as prescribed and were protected from the risk of cross infection. Where incidents occurred, there were systems in place to learn from these.

People had their needs assessed and care plans were put in place to meet them. People were supported by staff that received training in their role and staff received support in their role. People were supported to maintain a healthy diet and received support to access health professionals when needed. People received consistent support and had an adapted environment which met their needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

People were supported by caring staff and they had formed good relationships. Staff encouraged people to make choices for themselves and people were supported to maintain their independence.

People had their communication needs met and staff understood people's preferences. People were supported to undertake activities of interest and were supported to make complaints which were

responded to.

There were systems in place to monitor the service and these were effective in identifying areas for improvement. People and staff were involved in the service and there was a learning culture in place. Partnership working was in place and staff engaged with other health professionals.

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

Rating at last inspection

The last rating for this service was good (published 29 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Eros Crescent

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Eros Crescent 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.

The service had a manager in post they were not yet registered with the Care Quality Commission but had plans in place to register. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

four members of staff including the manager, the locality manager and support workers. We carried out observations to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service, including complaints, accidents and incident records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People told us they felt safe at the service.
- Staff understood how to safeguard people. The staff had received training and could describe how they would recognise abuse and report it.
- Where incidents had happened, the manager had reported these to the appropriate body and took appropriate action to protect people.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans were put in place to reduce risks to safety.
- Where risks were identified, an assessment took place and detailed guidance was included in people's care plans. For example, where people's behaviour may place them or others at risk staff had developed detailed positive behaviour plans to minimise the risk.
- Staff could describe how they used the guidance to support people and keep them stay safe.

Staffing and recruitment

- People were supported by enough staff to keep them safe. People told us they always had staff around to help them.
- Staff provided support to people on a one to one basis. We saw there were consistently enough staff to offer the right level of support to people. We saw bespoke arrangements for some people had been put in place to ensure support was available to meet people's needs.
- The manager had arrangements in place to use agency staff when needed to ensure there were enough staff available.
- The PIR described the recruitment process including checks on the suitability of staff. Staff confirmed the checks were carried out prior to starting employment.

Using medicines safely

- People received their medicines as prescribed. One person told us, "The staff give medicines and they are always on time."
- Staff had received training for safe medicines administration and their competency was assessed. We saw staff administering medicines in line with peoples care plans and following safe practices. One person was being supported to manage their own medicine administration based on an individual daily risk assessment completed by staff.
- Medicines were stored safely. Guidance was in place to ensure people had their medicines as prescribed and Medicine Administration Records (MAR) were accurately recording when people received their

medicine.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff had received training and were observed following safe practices including using gloves when required.
- The home was clean and odour free and people told us they were happy with the cleanliness of the environment.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong.
- Where incidents had happened or there had been a near miss these were analysed to identify any areas for learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans put in place to meet them. People told us they were involved in developing their care plans.
- Staff described how people's assessments and care plans gave them the guidance to support people effectively. Assessments and care plans considered people's protected characteristics and guided staff on people's individual needs.
- The manager told us how they had supported people to develop their own care plans which suited their needs. We saw how this had helped one person to be involved in their care planning. The person's care plan included videos to act as a guide and prompt. For example, with oral health care.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff that had experience and received training.
- The PIR described the staff induction which included working alongside more experienced staff and basic training and a range of training for staff to assist them in their role. Training included
- Staff confirmed their training was kept up to date and records supported this. One staff member told us, "We have supervisions and colleague conversations where we learn a lot."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet. People told us they could choose their own meals and were supported to prepare meals.
- Staff told us people were involved in meal planning, preparation and shopping based on their individual needs and abilities. Records and observations supported what we were told.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- People received consistent care and support. Staff worked collaboratively with other health care professionals to ensure people received consistent support.
- People were supported in a residential style house. The home was clean and homely, and people had access to their own rooms and communal areas.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing. People told us they were supported to stay well and maintain a healthy lifestyle.

- Staff were responsive to people's health needs and sought advice from relevant health professionals without delay.
- People's care plans included information and guidance from health professionals on maintaining people's health conditions.
- People had their oral health care needs assessed and plans were in place which detailed how these should be met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the provider has systems in place which ensured staff worked within the principles of the MCA. Staff understood how to protect people's rights.
- Where required an application for a DoLS had been made to the authorising body and any conditions were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their rights were respected by staff. People told us they had a good relationship with staff. One person said, "The staff here are very nice to me."
- Staff told us they had built a good rapport with people and had spent time getting to know them. One staff member said, "We have a key worker system which means we spend time taking with people about their care plans regularly and this allows people to talk about any concerns they have."
- Staff could describe for us how they supported people respecting equality and diversity. They told us about individuals and how their specific needs were supported and documented in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions. People told us they felt in control of their lives and staff respected their decisions.
- Staff could describe how they supported individuals with decision making and how people were involved in their care.
- The PIR described how staff had gave people protected time to listen to their needs offering advice support and guidance to promote a more independent life style each day. People and staff confirmed this was in place and helped people make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and had their privacy and dignity maintained. People told us staff were respectful to them and they had their privacy respected.
- People had individualised plans which helped them to improve their independence. Staff described how one person had been supported to have time on their own in the community.
- Staff described how they supported people to learn skills. For example, how to manage money and work out a budget.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a way which they preferred. People told us they were able to make their own choices and staff supported them to do things in the way they preferred.
- Staff were able to describe in detail the support people needed and described having good relationships with people in the service.
- People were supported by staff to maintain their personal relationships. Staff understood people's life histories and who was important to people. Staff could describe people's preferences including related to their culture, religion and sexual orientation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their individual communication needs assessed. Staff understood how to meet individual needs.
- The manager understood their responsibilities to follow the AIS and systems in place supported this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and go out into the community. One person told us, "The staff come into town with me and wait somewhere for an hour while I go shopping on my own."
- People were supported to maintain relationships which were important to them. People had regular contact with family and friends.
- The PIR told us about social activities and groups people attended and the positive impact these had on people. People confirmed they accessed local groups and the community during the inspection.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. There was a complaints policy in place and this was followed to provide a response to concerns raised.
- There had been no complaints since the last inspection. The manager was able to share with us how complaints would be investigated and responded to in line with the policy.

End of life care and support

- Nobody was receiving end of life care at the service.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about the service and the impact this was having on their life. One person told us about changes to their care plan following engagement with staff.
- Staff could share examples of how positive outcomes had been achieved for people. Some people had been able to go out alone for short periods.
- People and staff were positive about the manager of the home telling us the manager was accessible and they could raise any issues openly.

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

- The manager understood their role and responsibilities under duty of candour.
- Notifications were received as required by the service and the rating was on display in line with regulations.

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

- There were systems in place to monitor the quality of the service. The manager had a range of audits which were carried out by staff. There were checks in place on medicines, the environment and care plans.
- The manager had made an application to register with us, and they understood their role and regulatory requirements.

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

- People were engaged in planning their own care and care plans had been individually designed to reflect people's protected characteristics.
- People were involved in the service. Regular meetings were held with people about their individual care needs and how the service was run.
- Meetings included discussions about planned changes to the home environment, activities planned and meals.

Continuous learning and improving care

- Systems enabled staff to continually learn. Staff had regular opportunities through supervisions and

meetings to discuss their role and make improvements.

- Staff had been involved in developing a system to capture positive outcomes for people at the service and used the learning to support people.
- The manager ensured staff were learning from internal sharing and worked with other agencies to ensure learning was in place.

Working in partnership with others

- The provider worked in partnership with other organisations to support people. The manager told us about working with other agencies such as positive behaviour specialists, psychologists and counselling services to provide support to people.
- Staff told us how they worked in partnership with other professionals to develop peoples support plans and we saw this was effective.