

# Strathmore Care Services Limited

# Strathmore House

## Inspection report

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Date of inspection visit:  
26 November 2019

Date of publication:  
02 January 2020

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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

Strathmore House is a residential care home providing accommodation and personal care for up to 14 people who have a learning disability. The accommodation is provided in one large adapted building and is spread over two floors. Each person has their own single occupancy room and has shared use of bathrooms and all communal rooms.

The service is a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people when it opened. Twelve people were using the service at the time of the inspection which is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service operates 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 support focused on them having as many opportunities as possible to gain new skills and participate in a varied range of local activities.

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

People continued to receive support and care that made them feel safe and staff understood how to protect people from abuse and the risk of harm. Risks to people were assessed and guidance about how to manage these was available, all staff were clear about action they would take. Processes in place to recruit staff ensured that adequate numbers of suitable staff were available to support people. People safely received medicines as they were required.

There were enough skilled staff on duty to meet people's needs and provide them with support to engage in activities of interest to them and activities of daily living. People were supported to maintain good health and spoke about the contact they had with doctors and other healthcare professionals as needed to keep them well.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. Healthy eating was encouraged in the home and people received a varied and balanced diet.

Relationships and interactions between staff and people living in the home were positive and relaxed. People were clearly at ease in the company of staff and with each other.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. Staff ensured that people were supported to make choices and maintain a good level of independence in line with their abilities and wishes. People's diverse needs were recognised with support and, access to activities were supported and enabled by staff.

The provider had effective systems in place that were used to regularly review people's care and support that had been provided. Care plans and detailed assessments were individual and contained a wealth of information about people, their needs, their wishes and cultural needs. The registered manager and staff ensured that people's individual care and support needs were met. Reviews were regularly undertaken so that positive outcomes could be provided for people.

Staff and relatives of people expressed confidence in the registered manager and staff. They said they were well informed and updated by the home about all aspects of the care provided. Relationships between the registered manager and staff were positive and all said that communication in the home was good with information about people shared in a timely manner. Regular audits and checks were conducted by the provider to maintain and check on the quality of the service provided.

The care home continued to be well-led, with checks and monitoring arrangements used to maintain the quality of the service provided. People using the service had a good relationship with the registered manager and expressed confidence in being able to approach the registered manager at any time. Required information was available in the home and made available when requested. Information for people using the service was available and presented in formats that people found useful.

#### Rating at last inspection

The last rating for this service was good (report was published in July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Strathmore House

## 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 one inspector.

#### Service and service type

Strathmore House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all information we had to plan our inspection.

#### During the inspection-

During the inspection day we met all the people who used the service and spoke with six people specifically

about their experience of living in the service. We spoke with three members of staff including the registered manager, senior support worker and a support worker. During the inspection visit we also spoke briefly with other staff about specific activities or tasks that they were engaged in with people using the service. After the visit we spoke on the telephone with two relatives of people about their experience of the care that was provided.

We reviewed some of the records maintained in the home including records of care planning, risk management, specific support needs and medication administration. We looked at two sets set of staff recruitment records and at the training records for the whole staff team. We also looked at a variety of records relating to the management of the service.

# 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 supported to keep safe by staff who demonstrated good knowledge about known risks. People had risk assessments in place for everyday situations and for activities of interest to some people.
- Relatives told us that they were confident in the ability of staff to act on concerns. One relative said, "Staff have clear expectations about how people should act towards one another. This is really positive, and it works."

Assessing risk, safety monitoring and management

- One person advised. "The staff always remind us about stranger danger and how to keep safe." Another person spoke about situations that had arisen in the home between people using the service and described how staff had provided support to help them to respond appropriately.
- Relatives also told us that the staff provided a lot of support to enable people to successfully self-manage when some difficult situations had arisen.

Staffing and recruitment

- People told us that there was always enough staff on duty to ensure that they were supported in line with their plans.
- Staff recalled receiving good induction training when they had first started working in the home.
- Full checks were undertaken on staff before they started working in the home to ensure that they were suitable to work with people who used the service.

Using medicines safely

- We saw that medication was safely administered to people by staff who followed clear routines and procedures. Staff had received comprehensive training in medication administration.
- Records detailing medication administration were clear and up to date.
- Medication was securely stored within medication cabinets in each person's own room after it had been received in the home.

Preventing and controlling infection

- The home was clean and tidy throughout with clear evidence that cleaning, and household routines were followed to maintain the premises.
- Personal protective equipment to reduce the risk of infection was available and used by staff when supporting people with personal care.

### Learning lessons when things go wrong

- The registered manager reviewed and followed up on any incidents or occurrences in the home to check that appropriate action was always taken. Any learning from any events were shared with the staff group.
- There were established processes in place to report any incidents to the provider representative for reviewing and learning purposes.



# 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's care and support needs were regularly reviewed and reassessed. Each person had a recorded assessment of their support needs and preferences which was used to inform the regular reviews and to develop individual care plans that were in place.
- One relative commented positively on the action taken by staff to identify and act on health concerns, "They always let me know if they have identified any new concerns or have any worries. They arranged to have staff support for [name] when a hospital visit was needed for a health test."
- Another relative advised that they were pleased with the support provided commenting, "There has been lots of support from staff to help [name] decide on his dietary preferences."

Staff support: induction, training, skills and experience

- The registered manager maintained clear records detailing the training that had been provided for staff alongside details of training that was to be provided or refreshed.
- Staff spoke positively about the access to training provided in the home. Training was provided both on-line and via face to face. Staff said that they felt able to safely care for everyone living in the home.
- A number of staff had worked in the home for a number of years and had been enabled and supported to undertake training to acquire national qualifications.

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

- People received a varied and balanced diet which met their needs and preferences. We saw that the food served was appetising and plentiful with alternatives available should people not want what had been planned. Drinks were offered and made available throughout the day.
- Some people were at known risk of not eating or drinking enough and specific support was provided to people in line with these risks. Likewise, when people were at risk of eating more than they needed to maintain good health they were being well supported with healthy options and snacks available between mealtimes.
- The planned menus were varied, and the home was focused on providing wholesome and healthy food.
- Staff prepared most meals in the home however people were supported by staff to prepare food and drinks when they were able. People using the service regularly participated in shopping trips with staff to purchase food.

Adapting service, design, decoration to meet people's needs

- People had easy access to the large kitchen which was usually staffed whilst cooking and food preparation was underway. In addition to the main kitchen there was a separate kitchen area which was

frequented by people who used it for making their own drinks or when they wanted to cook for themselves.

- We saw that people freely moved around the home in communal areas, encountering no hazards in any part of the home. People were able to easily access their bedrooms when they wished.
- Bathing and toilet facilities were conveniently located in the home and afforded privacy to people when they were being used.
- The bedrooms which varied in size were located on the ground and first floors of the home. People looked after their own rooms and had personalised their private space with items of interest and value to themselves.
- People said that their rooms were treated as private and each person locked their rooms as they pleased.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People and relatives spoke positively about the support provided by staff to help them access healthcare services in the community.
- One person spoke about the support they had received to have regular appointments with their doctor and optician.
- Each person had information on file about their healthcare and support needs ready for use at any time. The registered manager advised that the essential medical information was reviewed and updated as any changes occurred to ensure that it was always current and accurate.
- Contact was supported and maintained with health and social care professionals as necessary to ensure that people received support.

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 found that no one was subject to any such restrictions at the time of the inspection.

- Staff were clear about how they would support people who were subject to any such restrictions. They were clear about how they supported people to exercise choice and make decisions about all aspects of their lives and shared examples of how this support had been provided for some people.
- People had been encouraged by staff in the home to register to vote in local and national elections.

# 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

- Staff knew each person's preferences and we saw that they were consistent in how they provided support and encouragement to people.
- Interactions and conversations between staff and people were seen to be warm, friendly and calm.
- Staff encouraged people to participate in their planned activities, but respected people's wishes when they changed their minds or wanted to do something else.
- People exercised choice in how they dressed, and the individual preferences and styles were known by staff. One relative said, "[Name of relative] is always well dressed, and the staff remind them to keep warm when they go out as they do feel the cold."

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

- Most of the people in the homes had set routines that they followed. The routines they preferred were discussed regularly and staff provided people with encouragement to make decisions about how they were supported. An example of this was in respect of the usual laundry day for one person that had been changed at their request to provide them with more time when they were busy to enable them to do other activities.
- People spoke up easily if they had any issues to raise and were supported and encouraged by staff to do so. People were involved in regular one to one meetings with their keyworkers to plan changes.

Respecting and promoting people's privacy, dignity and independence

- People made full use of their own rooms and some chose to spend only short periods of time in the shared lounge. We saw that people were at ease with one another in the lounge with chats and banter evident.
- People spent time together watching television and chatting about activities they were planning to do.
- We saw that people were encouraged and reassured as needed to undertake tasks in the home either for themselves or because it had been a planned activity such as helping clear away after mealtimes or tidy up shared bathrooms after they had used them.

# 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

- Each person had a personalised care and support plan which reflected their preferences and dislikes. People's hobbies and interests were known and encouraged by staff with support provided where needed. For example, one person had a season ticket to follow a local championship football team and they were supported by staff to attend regular football matches.
- People were encouraged and supported by staff to engage in routines and activities that suited them. People spoke about their individual activity plans and most people were involved in two or three activities outside the home each day.
- Care and support was provided by staff who knew everyone well.
- People had commenced compiling individual scrap books detailing activities with mementos and photographs. The aim of the individual books was so that they could be used both to look back and reflect on what they had enjoyed doing and achieved but to also assist in planning activities going forward. The work on the individual books was not up to date at the time of the inspection but the registered manager advised of their intention to get them back into regular use so that they would be up to date.

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.

- There were some display boards in the home where a range of pictures, signs and easy read documents were located to ensure people could see what activities or events were planned. We saw that people were familiar with what was on display.
- People had allocated keyworkers amongst the staff group who ensured that people's varied communication methods were well known and utilised to help them express their views. The individual preferred methods of communication were recorded in the care plans.

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 consulted with each week about activities they wanted to engage in so that staff could plan and support people as they wished.
- People were encouraged by staff to try new activities within the home and in the community.
- Some people had commenced voluntary work and had been supported by staff not only in securing such opportunities but in maintaining regular contact with their places of work. People spoke proudly about the

work they were engaged in. One person had independently secured work placements doing activities they enjoyed.

- One relative spoke well about the daily life in the home and the care provided by staff and concluded their comments with, "[Name of person} has a good life here." All relatives spoke positively about being made welcome when they visited the home and referred to communication about the persons support needs being very good. One relative said, "The staff are very good and provide lots of support so that [name] is reminded about acceptable behaviour at work – they often forget."
- The registered manager and staff were all very keen on securing opportunities for people to try out and engage in activities or pursuits that they may have never considered in the past. Some people belonged to a theatre group, some people attended regular aerobic sessions at a community venue and others regularly went out to other groups and places of interest.

#### Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place to deal with any complaints received.
- Staff referred to knowing people well and feeling that they picked up on signs and symptoms in people when they are unhappy or unsettled in any way.
- People advised that they spoke up if they had any concerns and expressed confidence in the staff and registered manager responding to them. One person said, "I know how to make a complaint, but I've never had any reason to. Things get sorted without having to complain."
- Relatives were very clear about knowing what to do if they did have a complaint and expressed confidence that any concerns would be responded to in full. One relative advised that when they were unhappy about a small aspect of the service they had raised the issue with a member of staff who had responded promptly and resolved the issue.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People had information on file related to end of life wishes and steps had been taken to consult with families about any known wishes. The registered manager advised that not all families had provided information in any detail advising that they would deal with such events. We discussed steps that could be explored to secure such information in respect of people who had no active family involvement.

## 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 advised that they felt easy raising any issues with the registered manager and staff and knew they would be listened to.
- Relatives were positive about the support provided to people living in the home. One relative said, "The best asset in this home is the staff and how they support people. I can't fault it."
- People said that they liked meeting with their keyworkers to plan activities. One person said, "The staff are brilliant. I get to discuss things monthly and plan out what I want to do." Another person said, "We have a good time here, staff help me and let me do things for myself."
- The registered manager was keen to share information about what the service did well and demonstrated an open approach to continually improving all aspects of the service. For example, we discussed the scrapbook records that had been commenced in the home for each person and the value of capturing in an easy read format all of each person's achievements. It was clear that the registered manager would be ensuring that these were revisited and updated.

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 registered manager advised that the provider had clear processes in place to share information with relatives and others should any incidents occur.
- A relative advised that the staff were open-minded and prepared to listen to other viewpoints, "Whenever I have any query I can raise it and know that I will be listened to and will get a response."

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

- Both relatives referred positively to the leadership in the home, one relative said, "The leadership is fantastic. The manager is great and is very skilled."
- The registered manager advised that they received good support from the provider and had regular contact with other registered managers mostly through telephone contact.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.
- Staff understood and described how they would raise any issue of concern direct with the manager or the provider if needed.
- The results from regular provider audits and registered manager audits were utilised in the home to help

identify if there were aspects of care and support that could be improved.

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

- Inspection reports were on display in the home and relatives advised that they had been informed about the inspection findings after the last inspection.
- Relatives of people using the service expressed confidence in the ability of the registered manager and one person said, "The manager has helped me to do things I've always wanted to do such as working in a shop. They have helped to get my voluntary job."

Continuous learning and improving care

- Staff had regular supervisions meetings and also had opportunities to raise issues related to quality and development of the service at regular staff meetings. The registered manager ensured that people who lived in the home benefitted from keeping up to date with latest guidance that could be sourced on-line or from regular updates and contact from the provider.

Working in partnership with others

- The registered manager and staff said that they had good working relationships with healthcare professionals and other agencies who were involved in supporting people who lived at the home.
- We saw evidence that staff had sought out and acted upon advice and support plans that had been suggested to ensure that people received the best possible outcomes from the support provided.