

Independent Care Initiatives

Strathallen

Inspection report

6 Albion Terrace
Saltburn By The Sea
Cleveland
TS12 1JN

Tel: 01287622813

Date of inspection visit:
13 November 2018
21 November 2018
23 November 2018

Date of publication:
24 December 2018

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

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

Strathallen is an adapted building in the heart of Saltburn-by-the-Sea. It is an established service for up to nine people who live with a learning disability. Each person had their own bedroom on the first or second floor with access to several communal areas on the ground floor. At the time of inspection, there were seven people using the service.

This inspection took place on 13 November 2018. We made telephone calls to relatives and professionals on 21 and 23 November 2018.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider was also the registered manager and had been in post since the original registration in 1999. 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.

At the last inspection on 18 and 19 March 2016, we rated the service as good. At this inspection, we found the service remained good, but the responsive domain had significantly improved since the last inspection and we rated this domain as outstanding. The provider and staff had been extremely proactive in delivering responsive care since our last inspection.

Staff were committed to delivering extraordinary care to people to ensure they lived fulfilled lives and were able to remain as independent as they could be. People were supported to maintain relationships with people important to them. Privacy and dignity was maintained throughout. Staff worked alongside health and social care professionals to provide exceptional end of life care.

An effective and consistent staff team were in place who delivered remarkable levels of care to people to ensure positive outcomes for people. The service was positive, proactive and supportive of people who lived with a learning disability. The service had continued to develop since the last inspection. Effective quality assurance systems were in place and the service regularly sought feedback from all those involved in the service.

Staff supported people to live in a safe environment where the risks to them were proactively managed. This had led to people living independent and enriched lives. There were always sufficient staff on duty to ensure this. Medicines were safely managed and infection prevention and control procedures were well managed. Systems were in place to ensure lessons were learned when incidents took place and to make sure people remained safe at the service.

Staff followed recognised guidance to provide people with the support they needed. Staff received regular supervision, appraisal and training to assist them in their role. Records reflected people's nutritional needs, visits with health professionals and details of any recommendations. People were supported to have maximum control of their lives; their views and choices were recorded and people were involved in any decision making. The environment was suitable for people using the service and the building had been well maintained.

People received exceptional person-centred care from an experienced staff team. Records were regularly reviewed and updated. People had access to regular activities, with some people attending voluntary work and a variety of social clubs. No complaints had been received since the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

This service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Strathallen

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced on 13 November 2018. The inspection was announced on 12 November 2018 at 4pm because we wanted to make sure people who used the service were not anxious about our visit. We made telephone calls to relatives and health and social care professionals on 21 and 23 November 2018. One adult social care inspector carried out this inspection.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales. We also contacted Redcar and Cleveland and Stockton-on-Tees local authority commissioning teams for their feedback about the service. We used the information shared with us as part of our inspection planning.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people, one relative, one social worker and one relevant person's representative (an independent person to help people have a voice). We also attended a review meeting for one person, with the permission of all those involved. After inspection we spoke with two commissioning and procurement officers, a dietician and two social workers over the telephone.

We also spoke with the registered manager, a senior carer, a care worker and a member of domestic staff. We reviewed two people's care records, three staff supervision records, appraisals and training records and records relating to the management of the service.

We carried out observations of practice during inspection in communal areas. We also visited people in their

rooms with their permission.

Is the service safe?

Our findings

At the last inspection, we rated the safe domain as good. At this inspection, we found the service had maintained this rating.

Staff supported people to live in a safe environment, where they could be independent in their daily activities whilst receiving the care and support they needed. For example, staff had assessed the risk of people being able to make their own hot drinks. This included a risk assessment and observation of people making their own hot drink. One staff member told us, "Most risks [to people] are around slips, falls and bumps. We are more considerate around them, especially if their eyesight is not as good. People can boil a kettle and make their own tea. They enjoy that independence."

People told us they were happy and felt safe living at the service. One person told us, "I am happy here. If I was unhappy, I would talk to the staff." Another person told us, "My key worker keeps me safe. It's someone I can talk to." A third person told us, "I am happy. If I was sad, I would tell the staff." A staff member told us, "People are safe [living here]. If they [people using the service] didn't feel safe, they would tell us. We can tell if something is bothering people."

Staff understood and managed the risks to people. Safeguarding alerts were raised when needed. Risk assessments were in place and had been regularly reviewed. Staff worked consistently to ensure people had maximum opportunities available to them whilst managing the risk of harm. One person had moved from a secure environment into the service and staff had supported them to manage their behaviours which challenge. As a result of the input from staff, this person no longer displayed any behaviours and continued to be settled living at the service.

Accidents and incidents had been recorded and actions taken to ensure the risk of reoccurrence was low. Evidence was in place to show that lessons had been learned. Staff spoke about specific incidents and explained what they had learned and the actions they now take to ensure that repeated incidents would not take place. The health and safety of the building had been maintained and up to date certificates were in place to support this. People and staff participated in regular planned fire evacuation drills. One person told us, "If the fire alarm goes [off], I need to go downstairs and wait for the staff." Another person told us, "If there is a fire, I leave my bag and get my dressing gown and come down stairs until the noise goes off." Personal emergency evacuation plans were in place to show how to support people to leave the building in an emergency.

There were enough staff on duty at all times to provide safe care and support to people. Staffing levels were flexible to meet the needs of people. Staff worked together as a team to provide cover for staff sickness and annual leave. No recruitment had taken place since the last inspection; however, the systems were in place to ensure robust recruitment procedures would be followed.

People's medicines were safely managed. Anticipatory medicines for end of life care were in place and staff understood when and how they needed to be used. All medicines were stored appropriately and records in

place to support medicines were person-centred and had been accurately completed. Records included information about visual cues to show when people were in pain because they were not always able to verbalise this. One person told us, "Staff support us with our medicines." Everyone's medicines had been reviewed recently by their GP. One staff member told us, People know what medicines they take, not necessarily the name but know the time they need to take them and what tablets look like."

Infection control and prevention procedures were in place. The building was clean and well maintained. There had been no acquired infections and audits were in place to support infection prevention and control.

Is the service effective?

Our findings

At the last inspection, we rated the effective domain as good. At this inspection, we found the service had maintained this rating.

People's needs were continually assessed by the service to ensure they received the most appropriate support. Staff used national guidance to support people, for example, National Institute and Care Excellence (NICE) guidance for learning disabilities and NHS England guidance for supporting for people living with a learning disability. The provider worked with local authorities to make sure they could effectively meet people's needs.

Staff were supported to provide safe care and support to people by way of supervision, appraisal and training. This training included fire safety, equality and diversity and learning disabilities awareness. The management team reviewed training records each month to make sure staff training remained up to date. Staff had completed additional training when two people's needs had changed. This allowed staff to deliver effective care for the person's health condition. One staff member told us, "We've recently done training in dementia care because [person using the service] has been diagnosed with dementia. This means we can adapt the way we support them."

People were involved in planning menus and we could see that people had the option of including their favourite foods. Menus were adapted to accommodate everyone's likes and dislikes. People were able to be involved in preparing and cooking food if they wished. One person told us, "I like to cook." Another person told us, "I like eggy bread. I showed [the] staff how to make it." During inspection, we observed people preparing drinks and snacks and sitting together with staff to enjoy them. We saw one person's face light up when staff asked if they would like a cream cake. The person told us they enjoyed this type of cake. The kitchen was well stocked with plentiful supplies of fruit and vegetables. We asked people about the food which they received. One person told us, "The food is ok. I like sprouts and fish fingers." Another person told us, "I like soup." Sometimes, people had takeaways, along with movie nights. One person told us, "The last time we had [movie night, we had] pizza, garlic bread and kebabs. I really liked them."

Records were in place to support people with their nutritional needs. These records were used to monitor one person's health condition and the information was used during reviews with health care professionals. Staff explained the importance of this monitoring. A dietician told us, "Staff have followed my recommendations and have supported a resident really well. The nutrition risk assessment had been regularly carried out. I have been able to discharge that resident because I have been happy with the way staff have supported them."

People were actively involved with health and social care professionals. Regular reviews had taken place, people had attended appointments when needed and annual health checks had been carried out. People had been invited to various screening appointments and records showed if people had consented to and attended appointments or had chosen to decline. People were supported to have appointments with dentists, opticians and their GPs. Where health professionals had been involved in people's care, records

had been kept up to date and we could see that any recommendations had been implemented and followed by staff. Staff were very proactive in following up issues with health and social care professionals to make sure people's needs were met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People who were subject to DoLS had records in place to show the reason for this decision and if there were any conditions in place.

Staff supported everyone to make their own decisions about their care and how they spent their time. Signed consent records, in easy read format were in place. Where people had a DoLS in place, their views were recorded. Care plans had been signed by the people they related to.

The environment had continued to be maintained since the last inspection. The provider had retained the features of the building and decoration was up to date. Rooms were individually decorated. One person told us, I live on the second floor and my bedroom is decorated with my pictures. Another person told us, "I have a Manchester United (themed) bedroom."

People had lived at the service a long time and were easily able to navigate themselves around. The provider and staff were aware that changes to the building may need to take place as people aged or if people developed dementia. For example, they told us about visual cues which could be used to navigate a person to their bedroom. In the case of one person, this would include placing a crucifix on the person's door.

Is the service caring?

Our findings

At the last inspection, we rated the caring domain as good. At this inspection, we found the service had maintained this rating.

Everyone we spoke with during this inspection was extremely complimentary about the service and the high standard of care which people received. People told us they got on well with staff and the positive relationships between them was clear to see. One person told us, "I like the company in here." Another person told us, "I like it here."

People got on incredibly well with each other, showed considerable concern for one another and were very interested in each other's lives. We saw that people and staff were important to each other. One staff member told us, "The residents are great. I like going out with them, chatting with them and seeing them happy. It's like a family, we all help and support each other." Another staff member told us, "I would be really happy for my relative to live at this service." During inspection, we observed people asking each other about their day and they told us stories about activities which they had been involved in. People were able to tell us about each other's likes and dislikes and they engaged well within a group when we spoke with them.

People's communication needs were consistently met by staff who knew them well. Staff spent time with people to make sure they understood the information being given to them. They told us they had supported people for a long time and understood what people were saying. Staff were very adaptable to change to meet the needs of people. For example, a commissioning officer told us, "Staff really understand people's communication needs. Fire drills were changed to include people and to make sure they understood the information given to them. Information was broken down into manageable pieces." Sometimes staff used pictures to assist people. They had sourced a bible for one person in large font. From speaking to this person, we could see this bible was important to them. Staff told us they also ensured information in large font was available for this person. Most recently some people and staff had started to learn sign language from their attendance at the Grenfell club. This had helped them to communicate with other people at this club who communicated with sign language.

People were consistently supported to express their views and be actively involved in making decisions about their care. This ensured people's care met their needs and was in line with their wishes. Each person met with their key worker regularly to discuss their care. One staff member told us, "Staff talk to people about one section of their care plan in each of their key worker sessions. People are asked what they want in their care and their care plan. They sign the care plan to show they are happy with it." A relevant person's representative was involved with two people. This is a person who is authorised to represent the person following a DoLS assessment. They worked with staff to make sure people's wishes and best interests were heard and incorporated into their care. This representative told us, "[Person] has done amazing. It's a credit to the staff here. It really is amazing what they have done. [Person] is part of everything."

Staff were extremely proactive in supporting people to maintain contact with their relatives and other people important to them. When people received visits to the service, staff allowed them the time they

needed and privacy to catch up with one another. Relatives told us they were made to feel extremely welcome at the service and were able to visit at any time. Staff supported another person to use the telephone to enable them to have contact with their relative. Staff needed to dial the number for the person but then left them to have their private conversation.

Is the service responsive?

Our findings

At the last inspection, we rated the responsive domain as good. At this inspection, we found the service had maintained this rating.

Staff were highly skilled in supporting one person with end of life care. This had allowed the person to remain comfortable and dignified at all times. This had been a difficult transition for staff, however they had continuously learned and adapted to the situation. They had embraced all of the support available to them to meet the person's needs. A social worker told us, "The staff are going through something new to them with this end of life pathway. They are seeking the support which they need. Rather than being process driven, they are making sure it's all about [person's] needs. They have a good and fulfilled live. [Registered manager] reminds staff that the situation is ongoing so they remain prepared." Staff had participated in reviews, supervision and training specific to this person to make sure they understood how to effectively support this person with all of their needs and to help them understand about the action they would need to take to make sure the person remained comfortable at all times.

Family were regularly involved in the person's care. The relative of this person told us, "It really helps me that the staff are hands on. They [staff] go the extra mile. They are up to date with [person's] needs and this all provides a good consistency of care. As a family, we are all given a good overview of their care and we are invited to give our thoughts."

Everyone received person-centred support which allowed them to live fulfilled lives. Staff always had people's safety, comfort and well-being at the forefront of the care which they provided, however they recognised that people should be able to do all that they wanted to. For example, one person needed support from one staff member, however a second staff member needed to be on hand at all times if the person became unwell. The person often became overwhelmed with the additional staff member when they were feeling ok. Most recently the person attended a theatre to see a show but did not want the second staff member with them. To effectively manage the risks to this person, it was agreed that the person would travel on the train with one staff member as per their wishes and a second staff member drove to the theatre so they would be available if needed but allowed the person to enjoy the show.

People were supported with their emotional and spiritual well-being. The values of each person were central to the care which they received. For example, one person was supported with their religion and staff had sourced a bible in large font. The person talked to us about their faith and we could see how important their bible was to them.

People genuinely mattered to staff and this was reflected in the high standards of care which they received. A commissioning officer told us, "They [staff] go over and above what we would expect. It's not just a care home, it's a family environment. The [registered] manager is resident orientated. He always put them [people] first and this comes across. As a visiting professional, I have confidence in the service and the care which people receive." A relevant person's representative told us, "It's a lovely home. It's relaxed and it works. [Person] thrives here. It is the staffing which is what stands out. They work in a true person-centred

way."

Care records were updated when people's needs changed or when they experienced a deterioration in their health. This ensured all staff were kept up to date with any changes and also supported reviews with health and social care professionals. Staff supported people to attend hospital appointments and stayed with people when they needed to remain in hospital.

Care plans demonstrated people's individual needs, the support people needed, but also what people could do for themselves. Regular reviews took place and care plans were amended following these. A dietician told us, "I was impressed with Strathallen. It's an excellent home. The staff know the residents really well. It's the care of the residents which stands out. The staff go out of their way and will do anything for the residents."

People made use of community facilities and transport services and were well-known in their local community. They had use of a shared car at the service. People were supported to make full use of the local area, this included the beach, promenade and valley gardens. Within the wider local area, people attended the cinema, theatre, a local bowling alley, line dancing and a drama group. One person had been able to learn how to paint and decorate. One person told us, they enjoyed going to see the Pantomime and another person told us they liked to watch musicals at the theatre. Another person told us they enjoyed visiting the cinema on an evening. Sometimes this meant they didn't get home until 12pm. The person told us how much they enjoyed this flexibility.

The service had not received any complaints since the last inspection, however information was available for people about how to make a complaint in easy read format. Relatives were able to discuss any concerns with the registered manager or staff. The service had received compliments about the service. One comment included, "A well run and caring home. With attention to training to ensure all staff are properly qualified."

Is the service well-led?

Our findings

At the last inspection, we rated the well led domain as good. At this inspection, we found the service had maintained this rating.

The high quality of care and support people received promoted a consistently person-centred and open culture which resulted in positive outcomes for people. The provider was also the registered manager, they were regularly visible at the service and participated in care shifts with staff. The registered manager supported people out in the community as well as carrying out care with staff. Two people using the service expressed their satisfaction about the 'lad's nights out,' which the registered manager took them on. We could see the men using the service really enjoyed these.

Staff were continuously supported to drive improvement. Although a management structure was in place, all staff worked together as a team and often shared responsibilities between them. The aim of this was to develop the skills of staff further and consistently improve the quality of care. The senior carer also took on responsibilities on behalf of the registered manager. They were supported by a care co-ordinator. The registered manager told us, "I try to get staff to take on different responsibilities and manage any issues as they come up rather than pass it directly to me. I like to support staff to progress within their roles and gain all the experiences they can." Staff and professionals spoke highly of the registered manager and staff.

The staff team was highly effective in their work to provide an excellent standard of care for people. They engaged with health and social care professionals, and kept up to date with national guidance and training to make sure the service continually developed. One dietician told us, "The staff from this service have engaged really well with training I recently delivered. The training was well received from staff and Strathallen was the best attended home. Staff really are committed to delivering the best care for residents. Their commitment shows."

Strathallen is a very good service which continues to learn and improve. Staff were very proactive in identifying, making and sustaining improvements. One social worker told us, "This is a service which stands out [from other services]. Communication is very clear. The residents are at the heart of what they do. Any issues are resolved straight away." One commissioning officer told us, "This is the service you want your relative to live at."

People, staff and professionals told us Strathallen had strong leadership and an open and honest culture. Any areas for discussion could be raised. Consultation took place when planned changes were being implemented. Health and social care professionals told us all staff worked well with them. Regular meetings were held for people, their relatives and staff. Feedback was sought at these meetings and by way of surveys. This information was used to continually improve the quality of the service.

During the bad weather early in 2018, Saltburn experienced high levels of snow. This caused disruption to travel routes for staff who lived in rural areas outside of Saltburn. The registered manager lived at the service for six days to support staff. They covered shifts where staff had been unable to travel into work safely. They

also transported staff to and from the service. Shift patterns were changed to meet the needs of people and staff. It was clear that everyone pulled together to make sure a safe service was delivered in difficult circumstances.

All staff fully understood the policies and procedures in place. The registered manager used them to support training. This had increased staff's understanding about the procedures which they needed to follow. The registered manager understood their roles and responsibilities and notifications had been submitted to the CQC when needed in line with legal requirements.