

Strathmore Care Meyrin House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Meyrin house provides accommodation and personal care for up to 18 older people. An unannounced inspection was carried out on the 28 and 29 November 2016. Some people living at Meyrin had care needs associated with living with dementia. At the time of our inspection 15 people were living at the service.

The service was last inspected in May 2016 where the Commission highlighted a number of concerns and imposed positive conditions as to drive improvement within service. The provider wrote to us with actions they had taken since to improve the service. The service was previously rated inadequate overall and placed in special measures. Although vast improvements had been made since our last inspection, at this inspection the service has been rated as requires improvement as the provider will have to show sustained improvement and continued good care for the rating of the service to be changed following another inspection.

The service had a registered manager in place. 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. However during the inspection the registered manager informed they would be living in the coming weeks. The provider informed contingencies would be put in place to ensure the continued improvement of the service since our last inspection.

The service had made improvements to ensure staff delivered support that was effective and caring and this was in a way which promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare

professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the manager and provider, which identified any improvements needed and actions were taken. A complaints procedure was in place and had been implemented appropriately by the management team.

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 at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensured their safety and wellbeing.

Medication was managed and stored safely.

Is the service effective?

Requires Improvement ●

The service was effective. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued effective care.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Requires Improvement ●

The service was responsive. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued responsive care.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

The service was well-led. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued responsive care.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Requires Improvement 

Meyrin House

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 Registered Manager 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 the 28 and 29 November 2016 and was unannounced. The inspection was undertaken by one inspector on both days.

Before the inspection we reviewed the information we held about the service including previous reports and notifications and action plans set in by the provider and manager. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We use this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records relating to the premises. We also spoke to two people, five relatives, the registered manager, manager from a sister home, project manager, care team manager, kitchen staff and one staff member.

Is the service safe?

Our findings

At our inspection in May 2016 we found staff intuitively knew the people they supported and how to protect people from identified risks to their health and wellbeing. However, some staff had not been able to demonstrate an understanding and awareness of what they should do if they suspected that a person was at risk of abuse or harm. At this inspection we found improvements had been made as staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "We realised that we needed to improve in ensuring people living in the safe felt safe, I now know that if I am worried about the safety of people in the home I need to speak to my manager or I can speak to you(CQC)". Staff informed that the management team would act appropriately in the event of any concerns. Records showed that where issues or concerns had been reported, these had also been addressed appropriately and in a timely manner by the management team. In addition since our last inspection the service we found the service had notified CQC and local authority when concerns had been raised. All staff had attended safeguarding retraining with the local authority and an external training provider. Staff informed this helped them have a good understanding of the types of abuse.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

People living in the service told us they felt safe. One person told us, "The staff and manager look after me and the others in here to make sure we are safe and they check us regularly throughout the day and night". A relative informed, "I think the care staff do enough to make sure people in the home are safe, but staff could do with a more support from the head office, as it's always the same staff on shift they must get tired."

Our previous inspection also highlighted concerns around the number of staff available to meet people's needs. Our observations over the two day inspection showed that although there were three members of staff on duty, where people required close monitoring due to high risk of falls or becoming anxious and distressed towards other people, there was not always a member of staff to monitor or support people. At this inspection the provider informed that they had increased the staffing levels in the morning from three to four care staff as this was the busy period of the day. This also ensured that people were supported with their morning care needs in a timely manner. The manager informed that this was to ensure that the people that had remained received a good service. The manager also added that the service had reassessed people's needs and reviewed people's dependency assessment and this was reviewed monthly to ensure staff levels met the needs of the home.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed five people's medication administration records (MAR) and found them all correctly completed.

with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. The manager and project manager showed records of monthly audits and medication counts that had been completed since our last inspection, in addition all unused controlled drugs and other medications were being returned to the pharmacy as soon as people's prescriptions were amended by the doctor.

People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use. The provider employed maintenance staff and cleaner for general repairs and cleaning of the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented.

Is the service effective?

Our findings

At our last inspection in May 2016 we noted that most staff had received training to carry out their role. Although staff training records showed and staff told us that they had received suitable training to meet the needs of the people they supported, this was not embedded in their everyday practice. At this inspection we found staff at all levels had improved their knowledge and skills which would help them to provide good quality care to people. The rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and safe care delivered over time.

One relative informed us, "I have found most the staff to be very knowledgeable about caring for people, they always know how to look after my relative." Another relative informed, "The staff that have been here for a few years have a good knowledge about my relative's wellbeing but I have found that with some of the newer staff I have to prompt them to changes into relatives wellbeing, for example recently I had to ask a member of staff to carry out a urinary tract infection test on my relative, which should not be down to me as a relative to request." This was feedback to the manager and the manager informed that they had spent time with all the staff, going through people's care plan as to ensure that all staff understood the need's of people they were caring for and staff were being encouraged to participate in the updating of people's care plans.

Staff told us they had attended mandatory training since the last inspection and that they also would be attending yearly refresher courses which would be arranged and monitored by the manager and the provider. This would ensure staff understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training since the last inspection. Staff training was provided by an approved external organisation and also arranged by the local authority. Staff were encouraged to do additional training and development to continually develop their skills. We observed staff assisting people to transfer and this was all done in accordance to people's care plans and with appropriate use of manual handling techniques.

We found new members of staff and the manager had undergone robust inductions to ensure they understood their roles and responsibilities and what was required of them to care for people safely. A newly employed member of staff told us that before commencing employment they had attended the service for a full day to complete an induction programme which had helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting and this would be an on-going exercise. Staff informed that they had also gone through a period of being observed by an experienced member staff. The manager and provider would then give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The manager and provider were both aware of the new Skills for Care 'Care Certificate' and how this should be applied and would continue to work with staff through the Skills for Care workbook. Records reviewed confirmed this.

Staff had regular supervision. Staff informed us that this gave them the opportunity to sit down with the manager and discuss any issues they may have on a one to one basis. Staff confirmed that supervision was

always about staff and also looked at ways in which staff could develop and best support the people they are caring for. Staff informed us that they had regular team meetings with the management team and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff felt supported by the registered manager and could speak to them at any time which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meetings with staff, people and relatives on a regular basis. The manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

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 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. During the previous inspection we found that staff had not received relevant training on MCA and DoLS. We found mental capacity assessments on day to day decision making to be generalised on the basis of people's cognitive impairment diagnosis for example people had been deemed not to have capacity to make any day to day decisions due to them having dementia. At this inspection we found improvements had been made as the manager and staff were able to show a good understanding of their responsibilities and had made appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered, if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected. The manager informed since the last inspection all staff had attended MCA and DoLS training; in addition the service had received support from the Local Authority to ensure all staff had good understanding of the MCA and DoLS legislation and how this affected people using the service as this had been highlighted as a concern at the last inspection.

We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. People's body language showed they were happy with the meal time experience and the food they had been served. The food was cooked using fresh produce, in the morning staff went around to all the people using the service to discuss the meal choices from the menu that was provided. People had the choice to change their meal preference at any time during the day. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace.

During the last inspection the manager informed they were in the process of making visual aid menus as the previous manager had removed the old ones. On speaking to the cook they informed they spoke to each person in the morning to ascertain what each person wished to have for lunch. The cook's record book showed that people had been offered a choice of main meal and dessert. At this inspection we found the

service had new printed menus that had been placed on each table. Food choices for the day were also written on the board in the dining room. People we spoke to said they had enough food and choice about what they liked to eat. Throughout both days of our inspection we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink.

People's healthcare needs were well managed. We noted that people were supported to attend any hospital appointments as scheduled. When required, the service liaised with people's GP, mental health professionals and community dementia services to ensure all their healthcare needs were being met, in addition people were supported to obtain dental care and vision tests as and when required.

Is the service caring?

Our findings

Although some people and their relatives at our last inspection in May 2016 told us staff were caring and kind, our observations showed this was not always consistent. Where people were not able to verbalise, staff interactions were limited in their frequency and not personalised. Staff had not always supported people in a person centred way and interactions with people were often task led and routine based. At this inspection we found improvements had been made as staff were caring towards people living at the service. Staff made people feel that they mattered. We observed staff listening to people and interacting with them in an appropriate, respectful manner and they always gave people time to respond. Staff had positive relationships with people.

Since the last inspection the service had reviewed all the care plans to ensure they were personalised to each individual's needs. The service had worked closely with all professionals and relatives to undertake individual ways of providing care for all the people living in the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the manager also added how they supported people to be independent. For example we observed one person being supported to arrange to purchase new clothing using their own money; we observed the manager and staff allow the person space to make a decision but were present to help should the person require. People were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about what was on the television and one member of staff was braiding helping a person braid their hair.

People and their relatives told us they found all staff to be respectful to each person's individual choice, for example people were given individual choice on their preferred afternoon activities, some people preferred to watch TV whilst others wanted to listen to music or play word puzzles. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

Staff knew people well, including their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

At our last inspection in May 2016 we found people did not always receive care in a person centred way because the deployment of staff meant staff's approach was mainly task and routine focused. We also found that people's care was not always planned and assessed to ensure people's safety and welfare and were not fully reflective or accurate of people's care needs, in addition the service had not always responded to people's complaints in timely manner. At this inspection we found that improvements had been made in all areas of concern. The rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and safe care delivered over time.

At this inspection we found staff had made an improvement in understanding people's care and support needs. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The manager and provider informed that the service had increased the number of meetings they held with other health professionals to plan and discuss people's care and this would be applied when the service started taking new people into the service to ensure that they would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. The manager and staff used the information they gathered to inform people's support plans. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility reduced the care plan was changed to reflect how the person's needs would be best met. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

The manager advised that as part of the improvements made from the last inspection all staff were encouraged to support people to develop and sustain their aspirations. Service had an activities plan in place which was reviewed every month, people and their relatives were encouraged to participate in choosing activities they would prefer to do month by month. The manager informed that they were still looking for an activities co-ordinator but in the interim all staff on duty took time to do social activities with

people and this was visible during our inspection and also documented in people's daily notes. During the inspection we observed staff supporting people to complete puzzles, whilst other people were reading the newspaper and watching TV.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager informed since the last inspection they had reviewed all the complaints to ensure all had been responded to, they had also spent time with staff ensuring that all staff were aware of how to record a complaint and who to inform in the event a complaint is made. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At the last inspection in May 2016 we also found the service lacked clear leadership in regards to who was managing and running the service. Improvements had been made since then and we observed these changes throughout the service during this inspection. The rating for this key question has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and the management of the service in terms of quality and safety maintained over time. Since the last inspection the provider had employed a project manager who was working with the home manager to make the necessary improvement since our last inspection.

At this inspection the manager informed due to personal reasons they would be leaving the service. During the inspection we wrote to the provider seeking reassurance that the progress made to date would be sustained once the current manager has left. The provider informed that a care team manager would be appointed for the day to day running of the home and they would be supported by a registered manager from another sister home and also an area support manager who would be overseeing all the services in the area. In addition the project manager would continue to support the head of care whilst recruitment for home manager was being carried out. We spoke to the area support manager who informed that recruitment was underway for a home manager. The manager informed that they would make certain that there is a good handover as to ensure that all the information is shared with all those who will be involved with the running of the home after they have left.

We found the manager had taken on board concerns from the last inspection and implemented an action plan which they had reviewed on a monthly basis and shared with the Commission and Local Authorities as to ensure that concerns raised by both the Commission and other organisation were being addressed to ensure the safety of people using the service. However, during the inspection we received information that an allegation of abuse had recently been made involving a member of staff. We spoke to the area support manager and reminded them of the organisation's responsibility and duty to notify CQC and the local authority of any concerns when they occur as this was a concern highlighted at the last inspection. The area support manager informed the organisation had suspended the member of staff whilst a full investigation was being carried out. Since our last inspection this was the only incident that had not been reported as required; we also considered the management changes at the service at the time of this incident and judged that it would not be proportionate to issue a continued breach of regulation for notification of reportable incidents.

During this inspection, the manager informed that the service did have monitoring processes in place however this had not been shown to us at the last inspection. At our inspection in May 2016 we found quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective or established. At this inspection we found improvement had been made as the manager and provider had implemented a number of monitoring systems which were continually being reviewed to ensure they were effective in highlighting issues that had previously been missed. The manager and provider had carried out regular audits such as health and safety, medication, falls, care plans, risk assessments and staff recruitment. Actions arising from the audits were detailed in the report and included expected dates of

completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required.

The manager was visible within the service during our inspection. People and relatives informed that they were very approachable and could speak to them at any time.

People benefited from a staff team that felt supported by the manager and provider. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and staff. The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.