Ms Itrat Batool & Mr Fiaz Ahmed

Strensham Hill

Inspection report

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Date of inspection visit: 8th July 2014
Date of publication: 23/12/2014

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?	Outstanding

Overall summary

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 unannounced. At the last inspection in October 2013 the provider was compliant with the Regulations we looked at.

Strensham Hill Care Home is a home providing accommodation for up to 10 people who have learning difficulties and/or dementia. There were 10 people living in the home when we visited. Not all people could communicate with us verbally, but they were able to understand us and express their feelings through non-verbal communication.

Summary of findings

We found there was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who lived in the home told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. During our visit we found staff were caring and kept asking people if they needed anything. People told us that staff were nice to them. We saw that people were treated with dignity and respect.

Staff received appropriate training and were knowledgeable about the needs of people living in the home. This meant they provided effective care and support that met people's individual needs. We found that there were enough staff to meet people's needs and ensured they could engage in activities they liked such as day trips and attending places of worship.

People were able to make choices about what they did and what they ate. They were supported by communication aids such as pictures and presented with several alternative meals so they could choose which one they wanted. Staff supported people how they wanted because they understood what each person's gestures and behaviour meant.

People lived in an environment that met their needs. People chose how they wanted their bedrooms decorated and what furniture they wanted. The home had a communal area and quiet room so people had a choice of living area to use. People could also meet their relatives and visitors in private if they wanted. People also had appropriate beds, chairs and mobility aids which allowed them to remain safe and be independent as much as possible.

Management systems were well established to monitor and learn from incidents and concerns. There were also systems to ensure the quality of the service was regularly reviewed against national standards of good practice. The service had earned accreditation with several organisations by demonstrating compliance with good practice and national regulations.

Summary of findings

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 is safe. People at the home told us they felt safe and relatives and other health providers who visited the home also told us they felt the provider kept people safe.

We saw staff deliver care safely in accordance with people's care plans.

The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice.

Good

Is the service effective?
The service is effective. People received care which met their needs and staff consistently follow guidelines.

The provider supported people to comment on the care and treatment they received so staff could deliver care which respected people's views.

People were supported to be independent as much as possible and engage in what they liked to do.

Good

Is the service caring?
The service is caring. People's privacy and dignity was respected. People were positive about the care they received and this was supported by our observations.

People were supported to express their views on the care they received and we saw that staff delivered care in accordance with people's wishes.

Good

Is the service responsive?
The service is responsive. Records showed people received care when they needed it and care plans were updated when people's care needs changed. The provider made appropriate referrals to other health care professionals when necessary.

We saw evidence that people were regularly supported to comment about the service they received and that the provider made changes to the service in response to feedback.

Good

Is the service well-led?
The service is well led. People received support which met their care needs and kept them safe because the provider had effective systems for monitoring the quality of the service.

The provider actively sought and reviewed comments from residents, their families and other health care providers to identify how the service could be improved.

The provider had regard for reports from other agencies about the quality of the service they provided.

Outstanding

Strensham Hill

Detailed findings

Background to this inspection

This inspection was undertaken by one inspector. We visited the home on 08 July 2014 and spoke with three people living at the home, the relatives of one person, five care staff, the registered manager and the owner. After our inspection we also spoke with another relative, a social worker who supported three people at the home and a community nurse who regularly visited people in the home.

Before our inspection we reviewed notifications the provider had sent us since our last visit and additional information we had requested. We also looked at the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection.

We observed how care was delivered by care staff during the day including lunch time. We looked at records including three people's care plans and the staff files for three members of staff. We also looked at records of staff meetings, best interest decisions, staff supervisions, meetings and accidents and incidents. We reviewed several of the provider's policies including privacy and dignity, safeguarding, whistleblowing and complaints. We looked at the provider's records for monitoring the quality of the service. These included how the provider responded to issues raised, audits, action plans and annual service reviews.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe. A relative of a person who lived at the home told us, "I think people are very safe, I would like to live here myself". Records showed that all the staff had received training in how to safeguard vulnerable adults from abuse. Staff also received regular refresher training so they were aware of any changes in safeguarding practices. For example, the registered manager was able to tell us that they were reviewing people's safeguarding plans to ensure they were compliant with recent European safeguarding legislation. Staff were able to explain the various forms of abuse that people were at risk of and which external agencies they could escalate their concerns to if they felt it necessary.

People were supported to express their views regarding their safety and welfare. We saw that each person had information in their bedrooms to say if they were happy or sad and further prompts to help them explain how they felt each day and the reasons why. These prompts included pictures and photographs which the person could use to express how they felt. There was also information in people's bedrooms about external agencies that relatives and visitors could contact if they were concerned that people at the home were not safe.

We looked at the care records of a person who displayed behaviour which might challenge others. We saw that there were risk assessments in place, supported by plans which detailed what might trigger the person's behaviour, how the person may display their anxiety and how staff should respond to this. The provider kept a record of the person's behaviour so they could identify any common triggers or if other health care professionals should be involved. We observed staff support the person to engage in an activity which their care records said was important to them and kept them calm. This documentation enabled staff to have access to information which helped them to support the person safely and respect their dignity.

We found that staff spoken to understood their responsibilities in relation to the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards, (DoLS). We saw that staff had received training in the MCA and restraint.

Staff therefore had the knowledge to ensure that people were safe from having their rights restricted inappropriately. The manager told us that no one at the home was subject to a DoLS and we saw no evidence to suggest that anyone living in the home was being restricted inappropriately or deprived of their liberty. Therefore that people were protected against the risk of inappropriate, unlawful or excessive control or restraint

The provider had suitable arrangements in place to respond to emergencies. These included a management on-call rota, individual evacuation plans which were personalised to reflect the specific needs of each person in the home, up to date first aid training for all staff and a service continuity plan agreed with the commissioners of the service in case of fire or flood in the home. We spoke to two members of staff about these arrangements. They confirmed they had received first aid training and could explain the individual support each person at the home would need in an emergency. A member of staff told us, "We have regular fire evacuation tests….I can get hold of a manager anytime night or day."

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people's needs. We looked at three people's care records and saw that the provider had identified how many staff were needed to support each person so they were kept safe from the risk of harm. The provider told us that they calculated the number of staff required each day based on the number of people who were in the home and how many were attending a day centre. The manager and staff told us that when people went on day trips they were attended by enough staff to ensure each person had 'one to one' support. We saw that when a person was due to return early from the day centre the provider had made arrangements for an additional member of staff to attend the home and support the person when they returned. We observed a person who required support with their mobility and saw that they were always supported by two care staff in line with their care plan in order to minimise their risk of falling. The provider had ensured that people were supported by enough staff to meet people's care needs.

Good

Is the service effective?

Our findings

We saw that staff had the skills and knowledge they required to meet people's care needs. The provider's training matrix and three staff files showed that staff had received appropriate training in the skills required to meet people's care needs such as dementia, challenging behaviour, nutrition and safeguarding. We saw evidence that staff received additional training as people's care needs changed. For example, when a person joined the home who required support to eat, staff received training in how to meet their specific nutritional needs. Records showed and all the staff we spoke to told us that they received regular refresher training in order to update their skills and knowledge to meet people's care needs in line with best practice. Staff told us that they were also supported to achieve health and social care qualifications in order to develop their knowledge and awareness of good practice in social care.

We looked at three staff files which showed that staff received regular supervision meetings with their manager. Staff told us that they were supported to express any concerns they had about the service and suggestions for improvement. They all told us that they could raise any concerns they had about the care people received and that the managers would take concerns seriously.

Records of supervision meetings had identified what training staff required in order to understand people's care needs. For example we saw that when a new person joined the service, arrangements had been made for staff to receive training in how to care for that person's specific condition. Staff told us that they felt the provider had supported them to attain the relevant skills and knowledge they needed to care for people in line with their care needs.

We found that each person who lived at the home had two key workers. These are designated members of staff who take the lead to ensure that all aspects of the service meet the person's individual needs. Staff told us that this system helped ensure that people were always supported by staff who knew their specific care needs and were able to share this experience with other members of staff when necessary.

The provider had suitable arrangements in place to ensure that people maintained a balance diet. Records showed that people had a nutritional assessment to identify what food and drink they needed to keep them well and what they liked to eat. Records of people's weights were maintained and we saw evidence that people's care plans were updated as their nutritional needs changed. For example we saw that a person was to be supported with a low fat diet when their weight increased. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess people's nutritional needs. We spoke to four staff about people's nutritional needs and they were all able to explain people's needs in line with their care plans.

We observed how people were supported at lunch time. All the people at the home sat down together which promoted their social interaction. People had a choice of meals and could sit where they wanted. There was a choice of two hot meals, one of which was freshly prepared. The food was hot and appeared appetising. Staff were knowledgeable about the support each person required and we saw that people were supported in line with their care plan. This included preparing puréed foods and providing crockery and cutlery which enabled people to eat independently. There was guidance for staff in the kitchen about each person's specific nutritional needs and general information about balanced diets.

We found that people were able to comment on the care and treatment they received because they were given information about their care plans in a way they could understand. We saw evidence that people were supported by relatives, social workers and Independent Mental Capacity Advisor (IMCA) when necessary in order to comment on their care. An IMCA is a person who is instructed to ensure that independent safeguards are in place for people who lack the capacity to make important decisions at the point a decision is needed; they have no-one else other than paid staff to support or represent them or be consulted. A social worker we spoke to confirmed this. We saw that each person had an 'easy read' version of their care plan in their bedrooms. These included prompts to enable people to say if they were happy and if they agreed to a specific treatment or activity. For example one person's care plan included photo diaries of when they had attended dental and hospital appointments in the past. These included photographs of the transport used, the location where treatment was delivered, the reception, waiting area and treatment room. Staff told us that they would use these pictures to inform the person of future

Good

Is the service effective?

appointments in order to get their consent to attend. We saw that people also had information in their rooms about how to complain if they were unhappy. This was also presented in a pictorial format which meet people's needs.

People's daily food and drink intake was recorded and regularly reviewed to identify if their nutritional requirements were being met. For example, the manager told us that these records would be reviewed on hot days to ensure people were drinking enough fluids to prevent the risk of dehydration. The manager also told us that they regularly visited the day centre which people from the home attended to inform the service of any changes to people's nutritional needs.

All the staff we spoke to were able to explain people's specific needs. One member of staff told us, "[Person's name] can understand you, but you have to talk slowly. They will go quiet if they are unhappy." Another member of staff told us, "[Person's name], always like to sit in a specific place when they eat." Care plans contained information for staff to identify changes in behaviour and how they should respond in order to help prevent the person from becoming unwell. These included identifying potential 'triggers' and using distraction techniques to support the person when they became unwell. Record showed that when a person was admitted to hospital the manager maintained daily contact with the hospital staff supporting the person. The provider's care staff also attended the hospital daily to provide personal care to the person. We spoke to a community nurse who regularly supported people at the home. They told us that staff would always seek their support promptly when they felt people were unwell or required guidance. They also said that they were confident that any instructions they provided to support people would be followed. This showed that staff made the appropriate referrals when people's needs changed.

Good

Is the service caring?

Our findings

We observed interaction between staff and people living in the home on the day of our visit and we saw people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness and respect. We saw a member of staff hold an object which was important to a person while they were receiving care. The member of staff cared for the object as the person wanted them to and consistently provided reassurance to the person that the object was safe. The relative of a person who lived at the home told us, “It is great here, the staff are very caring.” Another relative told us, “They called me every day when [person’s name] was unwell.”

We observed staff deliver care to a person who required repositioning. The person was supported by two staff in line with their care plan. Staff were patient and treated the person with respect and regularly provided verbal prompts to reassure the person. During this manoeuvre the person remained calm. Therefore people were supported by staff who provided care in line with people’s wishes.

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there. We noted that there was good staff retention at the home which enabled people who lived there to build caring relationships with the staff. One member of staff said, "I have known [person’s name] for many years, she is like my mum”.

Staff were able to demonstrate that they knew people’s personal preferences and supported them to engage in activities they wanted to do. For example, staff were knowledgeable about people’s religious needs and supported two people in the home to attend their chosen places of worship. Care plans were personalised and we saw that people were dressed in accordance with their preferences and wearing jewellery that was important to them.

The provider had a policy to protect people’s independence and dignity. We saw that people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled them to be as independent as much as possible. We saw people moving freely around the home during our visit. Staff told us that people did not have unnecessary restrictions placed on them. We concluded that people were supported with their independence.

Staff were able to explain to us the provider’s policy and the actions they take to protect people’s privacy when delivering personal care. We saw that staff asked permission from people before they entered their bedrooms in line with the provider’s policy. This respected people’s privacy.

Good

Is the service responsive?

Our findings

People's care records showed that people continued to receive care when their care needs changed. We saw that when a person was admitted to hospital unexpectedly, care staff from the home visited the person each day to ensure that the person received continuity of care and were supported by staff they knew. Medication records showed that people received their medication on time however there was also clear guidance so staff could respond when a person became unwell and support the person to receive additional medication as directed. A community nurse who supported some people at the home told us, "They always involve me early when somebody becomes unwell. Either to give advice or to come and visit."

We found that the provider did an initial assessment of people's care and welfare needs before they joined the service. We saw evidence that social workers and advocates were also included with these assessments to ensure that people were support to express their views. This ensured that the provider could identify if they had the resources and skills to meet people's needs. We saw that these assessments identified people's individual preferences and how they wanted their care to be provided when they lived at the home. For example we saw that the provider had identified people's religious beliefs before they joined the service and had supported them to regularly attend their chosen place of worship when they moved into the home. When people's conditions or preferences changed the provider had arranged for people to have their spiritual needs met in the home by visiting clergy. The provider showed us evidence that when required they could support people with food that met their religious and cultural needs.

People's care plans contained details of how people wanted to be cared for and what they liked to do. The care plans of one person showed that the person was afraid of people in uniform. The provider had a supply of clothing that visiting health professionals could wear over their uniforms so as not to cause the person distress. During our visit we saw that a person was emotionally attached to a specific object. Staff told us that the person may destroy the object if they became agitated. However the provider had ensured that they maintained a stock of identical objects in order to ensure a replacement was available should the person want it.

There was evidence that the provider held regular meetings with people in order to listen to their concerns and included them in discussions to identify how the service could be improved. Each person had a personalised care plan which was presented in a way which met people's specific communication needs. These include the use of pictures and photographs of other locations they visited, activities they could undertake and the staff that looked after them. The manager told us that they would meet with people to get their opinion about the care they received and if they were happy with the staff who supported them.

We looked at the records of several meetings and saw that people who lived at the home had been supported to express their views. We noted that as a result of feedback at these meetings, the provider had organised several day trips and people had been allocated key workers which they liked. When necessary the provider made arrangements for advocates and other health care professionals to support people to express their opinions and give consent to how care was delivered. For example, on one occasion the home had arranged for an Independent Mental Capacity Advisor (IMCA) to support a person to express their views about the home and what it was like to live there. They told us, "Myself and an IMCA worked with the home for several weeks to see if it was the best place for their needs".

People were supported to access education, activities and maintain relationships which were important to them. During our visit four people had been supported to attend a day centre and the manager told us that all the people in the home attended a day centre at least once a week. We saw records that people were also supported to attend a weekly disco and other social events such as visiting restaurants and shopping. During our visit a person was visited by relatives. They told us, "We often visit and are made very welcome. We could have a meal with [person's name] if we wanted." This meant that the provider had systems in place to protect people from the risk of social isolation.

People had details of the provider's complaints policy in their bedrooms. These were displayed in a format which met people's individual communication needs and enabled people to express their views of the service they received. We saw that the provider regularly contacted people's relatives and other health care providers who supported people at the home for their views about the

Good

Is the service responsive?

care people received. All the comments were positive. A relative of a person at the home stated, “We feel we are part of the family when we visit” and a GP who visits the service said, “Extremely professional attitude” and “All visits always conducted in private.” The provider had a complaints policy and staff were able to explain how people could access the complaints process if needed. The provider told us that they had not received any formal complaints or negative comments since our last inspection. They told us that they were looking at how they could improve their recording process to ensure that any informal feedback or comments about the service are captured and acted upon.

Outstanding ☆

Is the service well-led?

Our findings

We found that people living at the home had several ways of expressing their views so they could influence how the service was delivered. People were supported to express their thoughts of the service at regular meetings with staff who knew their specific communications needs. People had access to information in 'easy read' formats to help them express what they liked about the service. This enabled people to be supported by staff they liked and engage in activities they wanted to do. During our visit we saw that people were regularly asked what they wanted to do, eat and drink and that staff responded promptly to meet these needs. This included helping people to play with games, sticker albums and soft toys. As a result of feedback from a meeting with people at the home the provider had arranged for people to go on more day trips if they wanted.

The provider regularly sent questionnaires to relatives of people at the home and health care providers who supported people to identify how the service could be improved. Feedback was positive and the provider told us that they had not received any adverse comments. As a result of feedback we saw that the provider ensured GP's visits were held in private and people could be joined by their relatives at the home for lunch.

Staff told us and records showed that staff were asked for their views of the service by the manager at regular supervision and staff meetings. Staff said that they felt the manager was approachable and they were encouraged to express their views. A member of staff told us, "They, [the manager] are very good. They want us to speak up. They want what's best for the customers." At these meetings we saw the manager had reviewed the development needs of the care staff and arranged for them to receive additional training in a specific condition when a person joined the service. Therefore both the managers and staff understood key challenges and how the service needed to be developed in order to meet people's care needs.

The provider had several policies to promote a culture at the home of supporting people how they wanted. These included privacy and dignity policies and whistleblowing policy. During our visit we saw that staff treated people with respect and upheld people's right to privacy. When we arrived we saw that people were clean and dressed appropriately and staff did not enter people's bedrooms without permission in line with the provider's privacy policy. Staff told us that they were aware of the provider's whistle blowing policy and we saw a copy was available for staff to refer. Two members of staff told us that they knew how to access the policy but felt they would never need to. A member of staff told us, "Why would I? We can get hold of the manager at any time and they care about the people here".

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker and co-key worker to help ensure they received continuity of care. Key workers also contributed to a monthly review of each person's care needs so that other members of staff would know the individual care needs of each person if a key worker was unavailable. The provider and manager said that they operated an on call rota so that one of them would always be available to provide advice to staff about how to meet a person's care needs when required. A member of staff told us, "I have always been able to get hold of [the manager], even at night." Therefore managers and staff were able to share their knowledge and experience of how people wanted their care needs to be met.

The provider monitored the quality of the service people received to ensure people received support which met their care needs and kept them safe. This included recording accidents and incidents to identify if people were at risk of harm and if appropriate how to stop similar incidents from happening again. For example we saw that the provider recorded each time a person fell so they could analyse if their condition was changing or there were hazards around the home which could cause other people to fall. The care records of a person who had fallen recently had been updated with information for staff about how to reduce the risk of the person falling again. The provider had a system to record formal complaints, however the manager told us that they had not received any. The manager told us they were developing a system to capture and analyse informal complaints and comments in order to identify any trends to improve the service people received.

We saw the provider had worked towards and gained an "Investors In People" award. This is an award which acknowledges that an organisation is working above-and-beyond the requirements of the code of practice for supporting and developing staff. The provider was also promoted several good practice initiatives such

Outstanding ☆

Is the service well-led?

as, “Dignity in Care”, “Skills for Health” and “Social Care Institute for Excellence”. We saw that the provider conducted a regular quality assurance review against minimum standards of care outlined in current legislation. This was evidence that the provider referred to guidance from external agencies in order to improve their service.