

# Ashdale Care Homes Limited

# Stratford Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Stratford Court is a residential care home that was providing personal and nursing care to 30 people, some of them living with dementia. At the time of the inspection, there were 22 people living there.

### People's experience of using this service:

People told us they felt safe. Staff had an understanding of how to spot signs of abuse and how to report concerns within the organisation and externally. Risks to people were assessed and staff were aware of these risks and how to minimise them. People received their medication as prescribed. Staff wore Personal Protective Equipment (PPE) appropriately.

People were supported by staff who had the relevant skills to meet their needs. People had access to healthcare professionals when required. Staff gained consent before supporting people. Staff had an understanding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were met.

People told us that staff were kind and caring in their approach. People were given choices and control over their care. People were supported to be as independent as possible. Staff protected people's privacy and dignity when supporting people.

People's needs were assessed and reviewed on a regular basis. People were encouraged and supported to engage in activities that they enjoyed. People and relatives knew how to raise concerns and felt comfortable doing so.

The provider had quality assurance systems in place and these were used to drive improvement. People's feedback was sought via meetings and questionnaires and this information was used to implement actions and changes. People, relatives and staff spoke positively about the registered manager.

### Rating at last inspection:

At the last inspection the service was rated Requires Improvement (07 August 2017). The overall rating for the service has improved to Good.

### Why we inspected:

This was a planned inspection which took place on 12 February 2019. At the last inspection the service was not meeting the regulations and they were required to send us an action plan.

### Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Stratford Court

## Detailed findings

### Background to this inspection

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

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia.

#### Service and service type:

Stratford Court is a residential care home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us to give key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority and commissioners of people's care to gain feedback. They did not report any concerns, this helped us to plan our inspection.

During our inspection we spoke with five people, five relatives, four members of staff, the registered manager, the provider and one healthcare professional. As some people were unable to share their experiences of the care they receive, a Short Observational Framework for Inspection (SOFI) was completed. SOFI is a way of observing care to help us understand the experiences of people who cannot talk to us. We also looked at a range of records including three people's care plans, medication records, staff recruitment records and the quality assurance systems that were in place.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and happy living at Stratford Court. One person said, "I feel comfortable and safe here because there are enough people around to help me if I need it."
- Staff had a good understanding of how to spot signs of abuse and protect people from harm. One staff member said, "I would speak to the person, then pass it through to management and if I needed to, go higher to CQC."
- Records showed that accidents and incidents such as falls were recorded and reviewed to implement actions and identify how to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff had a good understanding of people's risks and how to minimise them. For example, where people had fallen, their bedroom, as well as communal areas had been looked at and decluttered and the use of a sensor matt has been discussed and put in place.
- Records showed that the information and guidance was available for staff on how to reduce the risks to people.
- The registered manager ensured there were regular checks on the building and environment to ensure people were kept safe.

Staffing and recruitment

- People and relatives told us there was enough staff to meet people's needs. Our observations confirmed that staff were available to support people when required and the overall atmosphere of the home throughout the day remained calm and homely. One person explained, "I feel safe being here as there is always staff walking around and I call them if I need help."
- Staff we spoke with told us they felt there was enough staff to meet people's needs and did not feel rushed. One staff member said, "They [people] are really well looked after, I never feel rushed."
- Staff told us and records confirmed that the appropriately pre-employment checks had been completed before they started working at the service.

Using medicines safely

- People received their medication as prescribed. We saw that staff administered people's medication in twos to reduce the chances of errors occurring. People were told what medication they were being given and what it was for and staff signed on people's Medication Administration record (MAR) when they had taken it.
- The provider was following safe protocols for the receipt, storage, administration and disposal of

medicines.

#### Preventing and controlling infection

- People and relative told us the home was always kept clean and tidy. One person told us, "I don't have anything to complain about, my room is lovely and nice and they are always cleaning my room and the rest of the house." A relative said, "Their room is always spotless, the cleaner here is wonderful." We saw responsive cleaning throughout the day of our inspection.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives had been involved with their assessment of their needs prior to moving to Stratford Court and records showed that they were updated when their needs changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People told us they felt safe with staff supporting them and were happy with the care they received.
- Staff told us they had an induction when they first started working at the service and found this useful. We saw that staff completed training within the organisation and was also supported to complete external college courses.
- The providers PIR stated that staff had completed training in areas including dementia and challenging behaviour. Records and staff spoken to confirmed this had been completed. A relative we spoke with explained how they felt their relative's dementia and well-being had improved since being at the home due to the care they had received.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff demonstrated a good understanding of this legislation. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We saw that people were asked for their permission prior to care being carried out and when care was declined, people were approached at a later time.
- Staff explained how they would seek consent from people who cannot verbally communicate by using picture cards or body language. One staff member said, "I will look at facial expressions, body language, whether they give a thumbs up."
- We saw that where required, DoLS applications had been made appropriately to the local authority.

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

- People were supported to meet their nutritional needs. We saw that where people required a specialist diet such as pureed or soft food, this need was met.
- We saw that lunchtime was an enjoyable experience for people and people received the support they required. For example, where people required assistance to eat their meals had, this support was provided and where people were at risk of malnutrition, they were encouraged during their meal times.
- People told us they enjoyed the food and had a choice of what they wanted. One person said, "I have more than enough to eat, I am definitely putting on weight as the food is so good." Another person explained, "The food here is very good, in fact it is fantastic, good choice of alternatives main or desert if you want."

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

- People were supported to access healthcare professionals when required. One relative told us, "Any sign that my relative is unwell, the staff call the GP straight away." Records we looked at showed that professionals visited on a regular basis and staff were proactive in seeking advice and support for people when their needs changed. A healthcare professional we spoke with told us, "They will call us if they are concerned [about someone] or if there is an update. They always follow advice, you know if you tell them something, they will do it, they always do their best."

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

- The providers PIR said that they had improved the design and decoration by introducing dementia clocks, picture menu boards and after discussing with people, putting people's names on their bedroom doors. We found that these changes had been implemented.
- The registered manager explained how they were working with an external company who had agreed to provide some specialist dementia signage and more picture cards for people that would benefit from this.
- People told us they were happy with the home and their rooms. We saw that the communal areas were spacious for people to move around safely and the dining area was set up with table cloths and flowers and had a homely feel and calm atmosphere.



# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring and they were happy with the care they received. One person said, "I'm grateful to the staff here for the help they give me. If I wanted something they would get it for me, they are very good and are looking after me well."
- We observed staff supporting people in a caring way and with patience. For example, staff taking time to ensure people had understood what they were saying and walking at the person's pace when assisting them. One person told us, "It is nice and easy here, I don't feel pressurised into doing anything."
- People were encouraged and supported to meet their religious needs. One person told us, "I do have someone who takes me out to church sometimes but the home does have communion every Tuesday which I go to as my faith is important to me." A relative explained, "Faith is very important to [person's name] and they were comforted by the home having religious services."
- The registered manager told us they were not aware of anyone using the service that identified as being Lesbian, Gay, Bisexual or Transgender (LGBT). However, we asked them how they would support someone from the LGBT community. They explained that they would be supported to be open within their environment and protected from any form of discrimination.
- The registered manager explained how they have previously supported people from different ethnic and cultural backgrounds. They explained they ensured their individual needs were met. For example, providing a different diet when needed.

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

- People were supported to make choices about their care. We saw people being asked where they wanted to sit and whether they wanted to take part in activities. Some people chose to spend a lot of time in their room and this was respected by staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. We saw that when staff were speaking to people about attending to their personal care needs, they got down to their level and spoke discreetly to them. People and relatives confirmed that staff treated people with dignity and respect. One person said, "The staff are very, very good. They always treat me with respect and dignity for example knocking on my door not just walking into my room. The staff are very helpful and the care here is excellent."
- Staff told us and observations confirmed that people were supported to remain as independent as possible. For example, we saw that some people were able to eat independently but required some prompting or their food to be cut up into smaller pieces. We saw that staff provided support where required.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had their needs assessed and reviewed on a regular basis. We saw that people's care records were reflective of their current, individual needs and showed that both the person and their family had been involved. People's care plans included their likes, dislikes, preferences and personal history and care was delivered in line with these.
- Staff knew people well and had a good relationship with them. We saw that when people were speaking to staff they appeared calm and happy with a smile on their face.
- People had access and were supported to engage in both group and individual activities. On the day of the inspection, we saw people enjoyed taking part in exercises with a staff member. For those who did not wish to take part, they had newspapers and magazines to read of their choice.
- The home had information including picture boards to show what activities were happening and when within the home. The home had a crafts class, musicians and the local nursery visit on a regular basis.
- People and relatives spoke positively about the activities available. One person said, "I do take part in as many activities as I can and enjoyed the exercises this morning. The entertainer we had at Christmas was very good... We get the children from the local nursery visit which is lovely and sometimes people bring in animals for us to stroke which is nice."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns if they needed to. One relative we spoke with explained how they had previously raised an issue with the registered manager and it was dealt with appropriately.
- We saw there was a complaints policy in place and where complaints had been raised, action had been taken appropriately. In the reception of the home, there was also a box for any feedback to be given anonymously if people wished. The registered manager said, people and relatives do not use it very often as they have an 'open door policy' and will approach them directly if they are concerned.

End of life care and support

- We saw that people's end of life wishes were discussed at the time of their assessment if the person felt comfortable having this conversation. There was no one at the time of our inspection that was receiving end of life care but the registered manager informed us they had previously had a number of people they had supported. Staff explained to us how they supported someone by ensuring they were comfortable, being there for them and encouraging their meals and drinks.

# Is the service well-led?

## Our findings

At our previous inspection on 24 May 2017, we rated the service as requires improvement in this key question and found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no effective quality assurance systems in place to drive improvement. At this inspection, we found the required improvements had been made the provider was meeting the regulations.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had completed audits in relation to the environment, health and safety, medication and accidents and incidents. We saw that where errors had been highlighted, actions had been implemented to improve the quality of the service.
- We saw that notifications had been submitted to the Care Quality Commission (CQC) as per their legal responsibilities.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had created a culture of person centred care and they had an open door policy.
- People and relatives told us they knew who the manager was and felt they were approachable and that the service was well-led. One person said, "The manager is fantastic. They do so much for us and their standards are very high with staff and cleanliness." A relative we spoke with told us, "The manager has a high standard for the carers that they employ and that shows in how the people in the home are relaxed, everyone is calm and the staff are really attentive to everyone."

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

- The registered manager and senior staff were visible throughout the day of our inspection and took time to speak with people and their relatives.
- We saw that people and their relatives had been asked for their feedback of the service and action had been taken as a result. For example, one relative told us, "We have a residents meeting next Wednesday, I

came to the last one and asked about name badges for staff and they have done that."

- We saw that in the reception area of the home, there were newsletters available for people and their relatives, some of these were also in larger font for people that may require this. The registered manager explained that some were put in communal areas for those who liked to read.

#### Continuous learning and improving care

- As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR reflected what we saw on the day of inspection
- Staff told us that they felt supported in their role and could speak to the management team if they had any concerns. We saw that staff meetings had taken place and were used to discuss any areas for improvement in relation to staff practice. Staff explained that if there was something they needed to know sooner than when a team meeting was scheduled, this would be discussed at their daily handover.

#### Working in partnership with others

- The home had a good working relationship with professionals to ensure that people received high quality care. A health professional we spoke with explained they felt they had a good relationship with the home and found the management team approachable.
- The registered manager explained how they had links with the local nursery, primary school and churches.