Community Integrated Care

Strothers Road

Inspection report

15-18 Strothers Road
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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

We carried out this announced inspection on 10 May 2017. We last inspected this service on 27 November 2014. At the last inspection the service was rated Good.

Strothers Road is a care home for adults with a learning disability. It provides accommodation and personal care for four people, nursing care is not provided. Each person had their own self contained flat and staff team.

There was a new registered manager employed at the service since the last inspection. 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.

People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions to take if they were concerned a person may be at risk of harm. We saw that people who lived in the home were comfortable with the staff who worked there.

There was a strong emphasis on person centred care. Risks to people were assessed and centred on the needs and rights of each individual. This was a positive feature of the home with risks identified and minimised to enable people to led full and meaningful lives.

The home was well staffed to safely meet people's diverse needs; allowing them to take part in the community and to follow their interests and hobbies. The service, wherever possible, allocated each person a dedicated team of support workers to provide continuity of care. The provider used robust recruitment procedures to ensure people received support from staff suitable for their roles.

People were supported by staff with the knowledge and skills required to meet their needs. Staff received support and supervision to enable them to undertake their roles effectively. The provider ensured staff received training to address their knowledge and skills gaps.

Staff supported people in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care that was responsive to their needs. Staff assessed and reviewed people's needs to ensure care was planned and delivered in a consistent way.

Support plans to positively manage people's behaviour, were of a particularly high standard which lead to positive outcomes for people in the home. Healthcare plans and risk assessments were meticulously

planned to enable people to access the healthcare they needed to stay fit and well.

People were encouraged to maintain a healthy diet and received the support they required to develop their independence skills in this area. The home worked closely with health and social care professionals for those people whose behaviour may challenge the service. These professionals were very complimentary on the support and progress people had made since living in the home.

People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so. Medicines were safely and securely stored at the service.

Staff communicated very effectively with people and delivered their care in a friendly and compassionate manner. People's care was provided in a way that promoted their dignity and privacy.

The service was well-led with an open inclusive atmosphere. The provider undertook a range of audits to check on the quality of care provided. People had the opportunity to give their views about the service and a complaints procedure was available and written in a way to help people understand if they did not read.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Strothers Road

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 provider was 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 was an unannounced inspection on the 10 May 2017 and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications and injuries. We contacted commissioners from the local authority who contracted people's social care. We contacted the local safeguarding team and the adult social care team that commissioned services at Strothers Road. We did not receive any information of concern from these organisations.

During our visit we spoke with two people who used the service. We observed how staff interacted and supported individuals. We looked around the service. We looked at four people's care records, five recruitment records and the staff training records. We checked the records relating to the management of the service, medication records, and some of the services policies and procedures.

We also spoke to two seniors and four support staff. After the inspection we spoke to two relatives, a health care professional, to comment about the care provided to people who lived at Strothers Road.

Good

Is the service safe?

Our findings

People who use this service were not easily able to tell us their views. For the most part of our visit there was only one person who used the service at home. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them. A relative told us, "I'm confident that [name] is being well cared for and is happy living there." Another said, "Any concerns raised have always been addressed straight away."

People were protected from the risk of potential abuse. The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they were able to protect vulnerable people from abuse. They were able to explain how to identify and report different kinds of abuse.

Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. One staff member told us, "I feel confident to act. I wouldn't wait until the manager was around. I feel I can speak to any of the seniors and we are all clear of what to do and who to contact. There's a very clear procedure with phone numbers." We saw that if staff were concerned about the actions of a colleague there was a whistleblowing policy entitled 'Speak Out'. The policy gave clear guidance as to how to raise concerns; with email, text and phone lines for staff. This meant that staff could quickly and confidentially highlight any issues with the practice of others if necessary. One staff member told us, "I know I can challenge poor practice. I would tell a senior. I have faith they would follow up any problems. It's a very open culture here. No bad practice would go unchallenged."

We found that managing risk had a high profile and was a central part of working with people. People were protected from identified risks they could be exposed to. Each person's assessment included their ability to access the community, establishing relationships, and environmental risks. Healthcare professionals such as psychologists and care co-ordinators were involved in assessing and reviewing the risks to people to ensure plans were safe.

Staff knew triggers to people's behaviours which could place them at risk. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily. These risk assessments were of a very high standard; being up to date, regularly reviewed and gave clear steps for staff to follow. This enabled people to take part in activities both in the home and outside. For example we saw a very detailed risk assessment for a person being a passenger in a vehicle; this had been reviewed and amended frequently as this person needs and risk changed. The risks had been managed very well with staff using a behaviour specialist to draw up plans to allow this person and staff to be safe, whilst doing the activity this person really enjoyed.

We saw that the provider had systems in place to ensure that staffing levels were safe and met people's needs. The provider information return (PIR) stated that the staffing budget had flexibility in order to meet the needs of people living in the home. We looked at the staff duty rotas for a four week period which confirmed staffing levels were flexible to meet the individual needs of people using the service. Senior team

members were available on call throughout the night and at weekends in case of an emergency.

People had their support delivered by staff suitable for their role. Recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up. We saw relevant references and checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people.

We saw that there were arrangements in place to deal with foreseeable emergencies. For example, each support plan contained a crisis and contingency plan. A crisis and contingency plan contains instructions on what to do if a crisis occurs. For example if a person went missing the plan guided staff on steps to take to ensure their safety and alert the appropriate authorities.

We saw that people's medicines were stored securely to prevent it being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health. The registered manager had made the systems for dispensing medicines more robust with additional checks in place, such as only allowing permanent staff to manage medicines.

People were kept safe in their living environment through appropriate health and safety risk checks carried out at the service. Such as maintenance contracts, fire checks, gas and electrical installation certificates and infection control audits.

Good

Is the service effective?

Our findings

We received very positive feedback from healthcare and social care professionals about the staff at Strothers Road. We were told that staff were caring, skilled, motivated and knew people using the service extremely well. A healthcare professional told us, "Staff are very well trained and are looking after people with extremely complex needs. They are providing an excellent service."

People received support from staff trained to undertake their role effectively. Staff had relevant training to support their continued learning in their work. Records and staff confirmed they had received training in areas such as safeguarding, infection control, health and safety, medicine management, mental capacity and fire safety. We saw that all of the provider's mandatory training for staff was up to date.

Staff received specialist training from healthcare professionals to enable them to provide support where necessary to specific people with complex health needs. Staff told us the training made them competent to understand people's needs and to provide appropriate care. There was a good mix of staff skills and knowledge across the staffing team which ensured people received effective care. There was a training plan in place which the registered manager used to identify when staff were due for refresher courses to help them remain up to date with their knowledge.

People received care from staff who were well supported to undertake their role. Staff told us and records confirmed they had regular supervision with the registered manager. All of the staff we spoke with told us they felt very well supported. Staff understood their role to promote people's independence whilst they maintained safe standards of practice. Supervision records showed staff discussed their well-being, areas of personal responsibility and the support they needed to be effective in their role and to identify any training needs.

Staff received an annual appraisal where they discussed their responsiveness to people's needs, providing high quality service and involving people in their care. The provider had a newly introduced an appraisals scheme termed, 'You can develop.' Staff we spoke with were very positive about the support they received. One staff member told us, "We get great support and the staff team all pull tighter, it's the best it's ever been. We work like clockwork together." The registered manager maintained a schedule of supervisions and appraisals and ensured any follow up actions were implemented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met. We found the service to be meeting the

requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a very good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions and how these were being met. This ensured the person's needs were being met in the least restrictive way.

The service did not advocate restrictive practices or the use of restraint to exert control over people who may show behaviours that may be described as challenging. Staff were trained in positive behaviour support. Staff held reflective practice sessions with healthcare professionals to ensure they had up to date knowledge on how to support people with their complex behavioural support needs. One staff member said, "These sessions are great, we all have the chance to say what works, what doesn't. It helps with communication making sure we all pull together in the same direction. Consistency is really important for the people we support."

People were very well supported to maintain their healthcare needs. The service was excellent in seeking the advice of health professionals to ensure risk assessments were completed with the input of those with specialist skills. People's care records showed they had regular input from a range of health professionals such as General Practitioners (GPs), district nurses, the behavioural team, psychologists and speech and language therapists (SALT). Care plans reflected the advice and guidance provided by external health care professionals.

People maintained good health because they were supported to access health care services as they needed. A healthcare professional told us that they had an excellent relationship with the home. They told us of a very detailed piece of work carried out by the home which allowed one person to have a planned operation. The home had carried out practice runs at the hospital before setting up a very detailed plan of action to reduce this persons anxiety to allow the procedure to take place. A senior staff member told us, "It was exhausting but so rewarding. We had a really clear plan, with a map of the hospital and each staff member's role was written down. We did a dress rehearsal as well. It went so smoothly and meant [name] had the operation."

People's nutritional needs were assessed and care planned, including support with weight management and advice from dietitians. People were really well supported by staff to maintain a healthy lifestyle. People's independence was promoted through encouraging them to shop for food and also to prepare their meals. Staff encouraged people to eat as healthily as possibly whilst at the same time respecting their wishes to choose food that they liked.

Good

Is the service caring?

Our findings

People who use this service were not easily able to tell us their views. We observed staff supporting people who used the service and saw that people appeared happy and relaxed. Relatives were confident that staff treated their family members with dignity and respect. They told us, "The quality of care is very good", and another said, "I can't fault the staff at all."

We observed that staff supported people in a warm, friendly and respectful manner. Relatives felt the attitude of staff was caring and respectful and that they had formed good relationships with their family members. Their comments included, "[Name] is definitely happy." The staff go out of their way to do interesting things and are really good at keeping in touch with us." Another relative said, "They [staff] really are nice, they're genuine people."

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some of the people who used the service faced challenges around communicating their decisions. However we saw that staff adopted a wide variety of communication techniques, including verbal and non-verbal communication, to ensure that people were able to make their own decisions about the care and support they received. Staff gave people the time and support they needed to communicate their wishes. We saw a very detailed piece of work with a speech and language therapist that involved regular reviews and trialling a range of communication cards and symbols to find the best methods for one person.

Care plans showed people were encouraged to maintain and develop independent living skills. For example, involvement in household tasks was broken down into achievable steps. These steps were reviewed by staff at regular intervals, stating what the person had done themselves and if they had needed verbal prompts or other support. Staff knew the importance of supporting people to succeed and promoting self-worth through a sense of achievement. Staff were very proud of the achievements people had made. One staff member told us, "I love my job, to see the progress people can make is amazing. We helped [name] go from not being able to have a kettle in their flat to installing a lovely fully working kitchen that they now make snacks and teas." The way staff wrote up in care records demonstrated a respect for the person and positive language was used throughout.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with diverse needs. The staff we talked with took a pride in their work, telling us, "We're passionate about people's support and delivering training to equip staff with the skills to meet each person's needs" and "We genuinely care for people." The home aimed to match staff to people's needs and preferences. They told us, for example, about a person with severe anxiety was

given consistent support from a male staff team. We were informed this had enhanced their confidence and that they, "Have made great strides." There was an easy read version of the equality and diversity policy, setting out the provider's commitment to treating people fairly and without discrimination.

People had their information kept confidential as appropriate. Staff understood the provider's policy and procedures on confidentiality and shared information with healthcare professionals on a need to know basis. They did not speak about people within hearing of other people and knew not to share sensitive about them outside of the service. Information was stored safely and securely at the service. Computers and electronic files were password protected and paper documents were kept in lockable office and only accessible to authorised staff.

Good

Is the service responsive?

Our findings

We found that the service was flexible and responsive to people's individual needs and preferences. They were support to lead active lives, attending activities of their choice. The focus of the service was on treating each person as an individual, promoting their independence and ensuring their support centred on their needs and wishes. People received the support they required to follow their interests and to take part in activities of their choice.

People's needs and abilities were thoroughly assessed and care plans were highly personalised, stating the ways people communicated, their routines and how they preferred to be supported. The care plans gave staff clear guidance to follow and were evaluated and, where necessary, revised as people's needs changed. This was done with the individual's involvement, with a log kept that confirmed, for instance, when staff had read and agreed changes with the person.

People's care was regularly reviewed, including staff attending multi-disciplinary meetings with other professionals. Staff made detailed records which accounted for the care they provided and reported on the person's well-being. People's care plans described how they wanted care provided and contained details about their background, medical history, current needs, daily routines and preferred activities.

Records contained information on each person's mental and physical health including diagnosis and the behaviours that may trigger a decline of their health. Good detail was noted in care plans to ensure that people's needs were met. For example staff were advised to offer one person decaffeinated tea prior to going out. And another care plan stated, '[name] likes to be bathed and have any personal care from left hand side to right.'

We observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. People were supported on a one to one or two to one basis and the care staff organised activities and supported people to participate in activities of their choice.

The service worked flexibly to accommodate people's needs such as changing the timing of support workers shift patterns. Another example of how the home had been responsive to a person's needs was the addition of air conditioning to their flat as they preferred a cooler air temperature and staff were advised to wear warmer clothes whilst on duty.

The service was very person centred in its approach. We saw how staff had enhanced people's sense of wellbeing and quality of life. This was seen in the way staff enabled people to be independent and by the extent of support given to be a part of the local community. People using the service lived independent lives and pursued interests and activities that were of their liking. One person had improved so significantly through staff input that after 10 years they now had their own kitchen. One staff member said, "It just shows that these small steps can led to massive changes to people's lives. It's such a huge achievement for [name] to have a kitchen and use it with staff help."

Staff gave us numerous examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships and learning skills that made them more independent. Activities included shopping trips, going out to pubs and restaurants. This minimised the risk of people becoming socially isolated.

There was a complaints procedure in place and people were given easy to understand information about the complaints procedure. The registered manager and records confirmed the service had not received any complaints in the last 12 months.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

An adult social care commissioner told us of a recent review carried out to check the quality of the service in April 20017. They reported, "This service was found to be very good and they really care about the support they provide. All outcomes were reviewed (i.e. Support files, Safeguarding and MCA & DoLs, staff files, Quality and Health and Safety) and all areas were good, with only a small action plan being implemented. Overall they scored 69 out of a possible 75." We saw the report and noted that this professional had commented, "Well done for your achievement."

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. Staff we spoke with felt that communication in the home was very good and they felt well supported by the registered manager. One said, "The manager is very helpful and approachable and always has time to spare for you." Another said, "I love working here, you have more input and can influence changes. The manager knows us and the people we support really well, and that's massively important."

Staff meetings were held every month in which the previous month's minutes were reviewed and any new issues discussed. Actions arising from meetings were assigned to a named person and were followed in subsequent meetings. One staff said, "The whole team here are great. We are given really clear messages and instructions on how to support people." Another said "The whole team are very supportive. It's easy to speak up. I feel really well supported. I'm new but still feel able to have a say as the team make you feel so welcome."

The provider also had a questionnaire that people were asked to complete to share their views of the home. The provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service. All of the staff on duty told us that they were confident that people were well cared for in the home. They said they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so.

We saw that they had a plan for the continuous improvement of the service. We looked at how the provider and the registered manager monitored the quality of the service provided at Strothers Road. We saw that the registered manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care.

We found that records relating to staff and people who used the service were kept securely in order to maintain confidentiality. Records showed audits were carried out regularly and updated as required in order

to monitor the service provided by the home. Monthly audits included checks on medicines management, care documentation and accidents and incidents. These audits fed into the providers central systems for quality and safety monitoring and this allowed for a further oversight of quality. Risk assessments and care plans were of a very high standard and reflected the close scrutiny these were given by the registered manager and senior team. Records relating to staff were also of a high standard and reflected the comprehensive training and supervision staff had received.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The home strived for excellence through training, research and reflective practice. For example, we saw numerous examples of current recognised best practice in the care of people with needs that could be described as challenging. The registered manager and staff had strong links and training from specialist healthcare professionals. Staff used this training to design the environment and to deliver a model of 'person-centred' care that made a difference to people's lives.