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Strensham Hill Care Home

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

Strensham Hill is a care home without nursing for up to 10 people, all of whom have learning disabilities and some of whom have additional physical disabilities. The property is a large, adapted house and accommodation is on two floors with a passenger lift to facilitate access. At the time of our inspection the service was supporting nine people.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us that the home was safe. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. Staff knew the risks associated with people's medical conditions and the actions required in order to minimise the possibility of harm. There were enough staff on each shift to meet people's care and support needs promptly. People received their medicines safely and when they needed them.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Menus had been developed in response to people's preferences and nutritional needs. When necessary people were helped to eat by staff. People in the home were supported to make use of the services of a variety of mental and physical health professionals.

People told us that the registered manager and staff were caring. People were supported by regular staff who spoke fondly about the people they supported. People had key workers who understood people's preferred communication styles and assisted them when necessary to express their views. Staff respected people's privacy and care plans promoted people's independence.

Staff supported people to engage in activities they enjoyed. People's care and support was planned in partnership with them so the plan reflected their views and wishes. People told us that the nominated individual, registered manager and staff were approachable and would take action if they were not happy or had a complaint.

Relatives told us that the home was well run. The registered manager and nominated individual were aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. Staff told us that the nominated individual and registered manager were supportive and led the staff team well. People had the opportunity to influence and develop the service they received. The nominated individual and registered manager made checks that the standard of care was maintained and in some instances these checks had led to further improvements.

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 was Good.	**Good**

Strensham Hill Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 5 May 2017 and was unannounced. The inspection team consisted of one inspector.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with three people who lived in the home. Some people living at the home were unable to speak with us due to their health conditions. We used our Short Observational Framework for Inspection (SOFI) and spent time in communal areas observing how care was delivered. Using this tool helped us to understand the experience of people who could not talk with us.

We also spoke the nominated individual for the service, the registered manager and four members of the staff team. We sampled the records including four people's care plans, staffing records, complaints, medication and quality monitoring. We spoke by telephone with the relative of one person who used the service, a GP practice nurse and a community nurse who both supported people who lived at the home.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff and happy to approach them when they required support or reassurance. A relative told us, "People are very safe. They know what they are doing."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. One member of staff told us, "We always report everything to the manager, even the smallest mark."

The registered manager had assessed and recorded the risks associated with people's medical conditions and the action staff were to take in order to minimise the possibility of harm. Risk assessments had been completed of people's living environments and locations people visited outside the home. Each person had a personalised emergency evacuation plan so staff could evacuate people as safely as possible in the event of an emergency. People had 'Hospital passports' so any risks associated with people's conditions could be shared with other health professionals.

There were enough staff on each shift. Staff responded promptly to meet care needs and intervene when people were at risk of harm. People were supported by the number of staff identified as necessary in their care plans to keep them safe when they received personal care or visited the community. Staff told us and records confirmed that when staff were absent their planned work was covered by colleagues working additional hours. This ensured that people were consistently cared for by staff who knew them and their needs. Robust recruitment checks had been completed to ensure people were supported by suitable staff.

People received their medicines safely and when they needed them. Medicines were kept in a suitably safe location although some prescribed creams were left unlocked in people's bathrooms. The medicines were administered by staff who were trained to do so. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions to help staff decide when they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication.

Good

Is the service effective?

Our findings

The people and relatives that we spoke with told us that the staff were good at meeting their needs. When asked if they liked living at the home one person said, "Yes," and "Happy here." Another person also said they liked living at the home and they were keen to show us what they enjoyed doing. A community nurse who supported people who used the service told us, "People are supported very well. We take staff through what they need to know when [people's conditions] change."

People were supported by staff who had the skills and knowledge to meet their needs. Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. Staff then received regular updates in relation to basic skills and received additional training when necessary to meet people's particular medical conditions. Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis to reflect on their practice.

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. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. One member of staff told us, "If [person's name] doesn't want a shower now, we will ask them later." When people were felt to lack mental capacity the nominated individual and registered manager had held meetings with appropriate others to identify care which would be in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." Although no one who used the service required support which would restrict their freedom, there were processes in place to ensure the correct authorisations would be obtained and reviewed.

People enjoyed their meals. Menus had been developed in response to people's expressed and known preferences. During our visit two people were supported to enjoy a homemade chicken casserole. Staff told us this was their favourite. When necessary the people who required assistance were helped by staff. Staff were aware of risks related to eating and drinking including people's food allergies and how people needed their foods and drinks prepared to reduce the risk of choking. Staff had sought and taken the advice of relevant health professionals in relation to people's diets. People received sufficient food and drink of their choosing in order to remain well.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including GPs and dieticians. Records showed that other health professionals were approached promptly when people's conditions changed. In one instance a person had been supported to undergo a desensitisation programme to get over a specific fear. This had enabled the person to receive

regular health check-ups.

Good

Is the service caring?

Our findings

People who used the service and relatives told us that the registered manager and staff were caring. One relative told us, "Staff are always very good and pleasant." Two health professionals who supported people who use the service said that staff were, "Kind;" "Excellent," and, "Very caring." We observed that people and staff regularly exchanged hugs and held hands. People were happy and content in each other's company.

People were supported by regular staff which had enabled them to build up positive relationships. Staff spoke fondly about the people who used the service and how they enjoyed supporting to engage in things they liked. People received care from staff who understood their likes and needs.

People were supported to express their views and involved in in making decisions about how their care was provided. We saw staff regularly ask people how they wanted supporting and respected their wishes. Records showed that people were regularly approached to review their care and identify if they would like to make any changes.

We saw staff respected people's privacy and took care to ask permission before supporting people with personal care. Care plans promoted people's independence such as instructing staff to support people to deliver their own personal care when they wanted.
Relatives told us they were encouraged to call and visit the service so people stayed in contact with those who were important to them.

Good

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day.

During our visit most people were supported to attend day centres. Staff told us and records confirmed that people enjoyed this activity. One person told us they were looking forward to going. Staff supported people who remained at the home to engage in activities they enjoyed. People were regularly approached by staff to check if they were happy and if there was anything else they would prefer to do.

The staff knew how people wanted supporting when they returned to the home. This including providing drinks of their choosing and engaging in their preferred activities. We saw that activities were varied and individualised to each person. People appeared contented and engrossed in their chosen activities.

Staff told us and records confirmed that people were regularly supported to engage in their preferred activities in the community such as attending their chosen place of worship. This had enabled some people to stay in touch with friends they had made. Records contained details for staff of how people liked to dress and how they wanted to be referred to. People appeared well dressed and we saw staff refer to people by their preferred names.

People's care and support was planned in partnership with them. We saw that people and those who supported them had regular reviews of their care to ensure records reflected people's latest needs and wishes. There was guidance for staff about people's preferred communication styles so they could understand and respond effectively to people's views and wishes.

People in the home and relatives told us that the nominated individual, registered manager and staff were approachable and they felt confident they could tell them if they were not happy or had a complaint. Although no complaints had been received people were confident that the registered manager would respond appropriately and make any necessary changes. The feedback which we saw and received from relatives and people who used the service was all positive.

Good

Is the service well-led?

Our findings

At our last inspection in July 2014 we rated the service, 'Outstanding' for our question, 'Is the service well-led?' At this inspection we found that although people received a consistently good service and were safe, it was unclear how the service had continued striving to improve. We discussed these with the nominated individual and registered manager who stated they would review their service improvement plans.

All the people we spoke with told us that they felt that the home was well run. One person said, "It's very good. They are always keeping in contact." A health professional told us, "They always call us promptly and follow our advice." We saw that people who use the service appeared happy and they engaged confidently with staff.

At the time of the visit the service had a registered manager. 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. The registered manager and nominated individual were aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. Their latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Members of staff told us that the nominated individual and registered manager were supportive and led the staff team well. One member of staff told us, "They are always here. You can ask them anything." Another member of staff told us, "They give us what we need. We all help the people here." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. A relative told us, "The manager is very nice."

There were systems in place to ensure people were involved in commenting on their care plans. These included surveys and regular meetings to obtain people's views about the quality of the service they received. Responses to these were generally positive. Additional systems were in place when necessary to help people express their views. Where there were instructions for staff or when peoples' care plans had changed, staff had signed to indicate that they had read and understood them. People had the opportunity to influence and develop the service they received.

The records at the home which we sampled showed that the nominated individual and registered manager made checks to review the quality of care people received. They also commissioned the services of an external consultant to review and identify how the service could be improved. Records showed that there were systems to make sure that relevant checks had been made on services and equipment in the home.