

## Strathmore Care Services Limited High Cross House

#### **Inspection report**

93 Blurton Road Stoke On Trent Staffordshire ST3 2BS Date of inspection visit: 13 December 2019

Good

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#### Ratings

## Overall rating for this service

Is the service safe?	Good	
Is the service well-led?	Good	

## Summary of findings

#### Overall summary

#### About the service

High Cross House is a residential care home registered to provide accommodation and personal care to nine younger people who have a learning disability. On the day of the inspection the home was fully occupied.

High Cross House consists of nine single occupancy bedrooms. The two-storey property consisted of a lounge, dining room, kitchen and bathrooms. Access to the first floor was via stairs. People had access to a garden at the rear of the property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

#### People's experience of using this service and what we found

People told us they felt safe living at the home. Risk assessments were in place to mitigate identified potential risks to people. People were supported by sufficient numbers of staff who had been recruited safely. Hygiene standards were maintained to ensure people's health and wellbeing. People received their medicines as directed by the prescriber. The registered manager was aware of their responsibility of learning when things went wrong to avoid a reoccurrence.

People were aware of who was running the home. Systems were in place to obtain people's views with regards to how the home should be managed. The provider engaged with external professionals to ensure people were provided with the appropriate support. The culture of the home was warm and welcoming, promoting equality and diversity. The provider's governance was effective to ensure people receive the appropriate support when needed. The registered manager demonstrated a good understanding of the duty of candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

#### Rating at last inspection

The last rating for this service was Good published (September 2017)

#### Why we inspected

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for High Cross House on our website at www.cqc.org.uk.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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 well-led?	Good •
The service was well-led.	
Details are in our well-led findings below.	



# High Cross House

## Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team The inspection team consisted of one inspector.

#### Service and service type

High Cross House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was present for a short period during our inspection visit.

Notice of inspection This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two care staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality audits.

## Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

#### Using medicines safely

•People were supported by skilled staff to take their prescribed medicines. We observed medicines were stored in accordance to the pharmaceutical manufactures instructions.

•We looked a random selection of medicine administration records (MAR) which had been signed to show when medicines had been administered.

•Staff told us they received medication management training. Competency assessments were carried out to ensure staff's practices were safe.

#### Staffing and recruitment

•People told us staff were always available to support them when needed. We observed there were sufficient numbers of staff on duty to assist people.

•The registered manager told us they had not appointed any new staff since our inspection in September 2017. At that inspection we found the provider's recruitment process ensured safety checks were carried out before people started to work in the home to ensure their suitability.

#### Systems and processes to safeguard people from the risk of abuse

People told us they felt safe living in the home. One person told us, "I feel safe here because there is always someone to talk to." Another person said, "I feel safe here because the staff are nice and keep me calm."
The registered manager was aware of when to share information of abuse with the local authority safeguarding team to safeguard people from the risk of further harm.

#### Assessing risk, safety monitoring and management

•The potential risk to people had been identified and risk assessments were in place to mitigate the risk. •People told us they were involved in developing their risk assessment. One risk assessment showed the person was at potential risk of bullying. The person told us about an incident that had upset them. They said, "I told the staff and they stayed with me." This was in line with the person's care plan in how they should be supported.

•One person told us how they worked with staff to develop their own risk assessment, so they could complete an outdoor activity while maintaining their safety.

•Personal emergency evacuation plans were in place. These provided staff with information about the level of support the individual would require to leave the building in an emergency.

Preventing and controlling infection

•People told us they were supported by staff to keep their home clean and tidy.

•We observed the hygiene standards within the home were satisfactory.

•Staff told us they had access to essential personal protective equipment (PPE). These included disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of cross infection.

Learning lessons when things go wrong

•The registered manager was aware of the importance of taking action when things went wrong to avoid it happening again. Where potential risks were identified with regards to all daily activities, risk assessments were in place to protect people.

## Is the service well-led?

## Our findings

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.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant 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

•There was a registered manager in place and all the people we spoke with were aware of who was running the home. One person who used the service told us, "The registered manager is very nice, they are always here when you need them."

•People were encouraged to have a say about the quality of service provided to them. One person told us, "The staff always ask me if I am happy living here."

•The registered manager told us they frequently walked around the home. This enabled them to observe staff's practices and gave people the opportunity to engage with them and obtain their views about the quality of the service provided to them.

The provider's governance was effective to assess and monitor the quality of service provided to people.
On the day of the inspection we observed the water temperatures were tested to ensure they were ambient to mitigate the risk of scalds.

•Audits were in place to review and monitor medicine practices. Audits were in place to monitor the safety of the environment and to ensure hygiene standards in the home were maintained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

•One person who used the service described the culture of the home as "Caring, warm and a beautiful house."

•We observed the culture was warm and friendly with people's independence encouraged by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

•The registered manager was aware of their legal responsibility with regards to the duty of candour to take action if and when things go wrong.

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

•People told us meetings were carried out to discuss the running of the home and things they would like to do. One person told us, "The staff do respect my views." They told us they were involved in staff recruitment. This gave people the opportunity to have a say who worked with them.

•Staff assisted people to maintain links with their local community and have positive presence.

#### Continuous learning and improving care

•Discussions with the registered manager identified they were committed in providing a service that promoted the individual's independence and to ensure people live a fulfilled lifestyle. They were aware of the need to continue to improve the service so people's changing needs are met.

#### Working in partnership with others

•The provider worked in partnership with other external professionals to ensure people's needs were met. This entailed healthcare professionals and social workers.