

Strathmore Care Services Limited







Strathmore House

Inspection report

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Date of inspection visit: 6 March 2015
Date of publication: 11/05/2015

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	

Overall summary

We inspected this service on 6 March 2015. This was an unannounced inspection. At our previous inspection in April 2013 we found no concerns in the areas we looked at.

The service was registered to provide accommodation and personal care for up to 14 people. People who use the service have a learning disability.

At the time of our inspection 14 people were using the service.

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 and associated Regulations about how the service is run.

Staff understood how to keep people safe and they helped people to understand risks. People's safety was

Summary of findings

maintained in a manner that promoted their independence. Medicines were managed safely by the staff and people were enabled to administer their own medicines when this was appropriate.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. There were sufficient numbers of suitable staff to meet people's needs and keep people safe.

People could access suitable amounts of food and drink and healthy eating was promoted. People's health and wellbeing needs were monitored and people were supported to attend both urgent and routine health appointments as required.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. Staff supported people to make decisions about their care by helping people to understand the information they needed to make informed decisions.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty

Safeguards (DoLS) were being followed. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and maintain relationships with their families and friends.

Staff sought and listened to people's views about the care and action was taken to make improvements to care as a result of people's views and experiences. People understood how to complain about their care and we saw that complaints were managed in accordance with the provider's complaints procedure.

There was a positive atmosphere within the home and the registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

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 was safe. People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Staff worked with people to help them understand how to be safe both inside and outside the home environment.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff supported people to make decisions about their care in accordance with current legislation.

Good



Is the service caring?

The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

People were encouraged to be independent and staff empowered people to make choices about their care.

Good



Is the service responsive?

The service was responsive. People were involved in the assessment and review of their care to ensure their care met their individual preferences and needs.

Staff sought and responded to feedback from people about their care to improve people's care experiences.

Good



Is the service well-led?

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care and people who used the service were involved in changes to the home.

Good



Strathmore House

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 inspection took place on 6 March 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider

Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with 11 people who used the service, three members of care staff, and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

Without exception people told us that the staff helped to keep them safe. One person said, “I feel safe because I know the staff will look after me well”. Another person said, “I don’t really know why I feel safe here, but I do. I feel very safe here”. People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their health and daily living. Staff showed that they understood people’s risks and we saw that people were supported in accordance with their risk management plans. For example, people who had a diagnosis of epilepsy had plans in place to help the staff keep them safe and staff understood and followed these plans to manage the risks associated with epilepsy.

People were helped to understand what potential abuse was and how to report it. Staff and people told us that safety and abuse was discussed on a regular basis. One person said, “We talk about abuse and stranger danger in our meetings. If someone abused me I would tell the manager or go to the nearest police station”. Another person said, “We talk about bullying, bickering and arguing. If I was getting bullied I would tell the staff”.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people’s safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

People told us that staff were always available to provide them with care and support. One person said, “I feel safe because the staff are always here. They don’t leave us alone at night”. People and staff told us and we saw that the registered manager regularly reviewed staffing levels to

ensure people’s safety and wellbeing needs were met. One staff member said, “[The registered manager] plans ahead and staff are asked to come in and help if people have appointments or activities to go to”. Another staff member said, “Our staffing numbers have increased to accommodate a new person”. A person who used the service confirmed this by saying, “We used to have three staff on, but it’s gone up to four now”.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. One person said, “The staff give me my medicines. They keep them in the office so they are out of the reach of other people which is a good thing”. Another person said, “I didn’t get up until lunch time, but the staff still gave me my tablets this morning because I need them”. Our observations and people’s care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

People were enabled to be as independent as they could be because the staff had a positive attitude to risk. For example, people were asked if they wanted to self-administer their medicines. People told us and we saw that systems were in place to protect people who self-administered their medicines. One person showed us how they kept their medicines safe and the staff told us how they regularly carried out checks that ensured the person was safely administering these medicines.

Is the service effective?

Our findings

People told us they could choose the foods they ate. One person said, “We talk about food in our meetings and we plan a menu which is set for the week. There are things on it that everyone likes”. Another person said, “We have two different meals to choose from, we can have number one or number two. If we don’t want number one or two we can always have something else”. People told us and we saw that people could access sufficient amounts of food and drink. One person said, “I get enough to eat at mealtimes, but if I was still hungry I could get some fruit”. We saw people making drinks independently or with supervision throughout the day.

We saw that a healthy diet was promoted. For example, we observed a staff member educating one person about the benefits of drinking water rather than juice. The staff member respected the person’s decision to drink juice and told us, “I like to try and encourage them to drink water because it’s healthy, but it’s their choice”.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, “People come and see me here, like psychologists and chiropodists”. Another person said, “[A staff member] took me to the doctors when I was poorly”. We saw that staff monitored people’s health and wellbeing and when people’s health changed, staff sought professional advice. For example, we saw the staff had identified that one person had lost weight so they reported this to the person’s doctor. Care records showed that the outcomes of health and wellbeing appointments were recorded and used to update people’s care plans.

People confirmed that staff sought their consent before they provided care and support. One person said, “The staff always check we want to do something first. They always ask if I’m ready to go to basketball. I never say I don’t want to go because it’s important I do because I’m part of a team”. Staff told us that most people had the ability to make everyday decisions about their care and treatment. However some people were unable to make important decisions about their health and wellbeing.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection, three people were being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the people’s best interests.

Staff told us they had received training to give them the skills they needed to provide care and support. This included an induction for new staff that ensured they had the knowledge required to start working with people. One staff member told us about their induction. They said, “My induction lasted two to three weeks. I learned about the house, residents and routines by shadowing staff and completed training”. People told us they were involved in this process. One person said, “When we get new staff we show them around the house when they start so they know where things are. We take them back to the office to meet with the manager after”.

Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, one staff member told us how their training had helped them to support people with autism more effectively. They said, “The autism training was really useful. I learnt to think about my choice of words as people with autism can take things very literally. I also learnt not to speak too loudly. I wouldn’t have known any of that without having the training”. We saw that staff communicated with people with autism in accordance with best practice.

Is the service caring?

Our findings

People told us and we saw that staff were kind and compassionate. One person said, “The staff are very kind to me. When I was in hospital the staff kept coming to see me. They gave me clothes, cards, bottles of pop and loads of sweets and biscuits. They brought some of the other residents to see me too”. Another person said, “The staff are all caring here, they help me with lots of things”. We saw one staff member respond in a caring and compassionate manner when they noticed the sun was shining in a person’s eyes when the person was sat colouring at the table. The staff member said, “The suns shining right on you there, do you want me to close the curtain a bit for you?”. They then closed the curtain when the person agreed to this.

People told us that the staff helped them to maintain their relationships with their families and friends. One person said, “The staff take me to see my mum. They arrange the visit for me when I want to go and see her. I like seeing my mum”. Another person told us how the staff supported them to resolve friendship challenges. They said, “Sometimes we argue but the staff break up the argument and make things better for us”. People also told us that the staff supported them to maintain healthy and safe relationships. One person said, “The staff arranged for me to do a course on boyfriends and girlfriends. It helped me to understand things”.

People told us that the staff had comforted and supported them at times of bereavement. One person said, “We lost [A person who used the service]. The staff take us to go and say hello to him in the cemetery. When he passed away we were all upset, but we all went to the funeral and we had a nice service for them”. Another person said, “The staff got me a counsellor because my mum and dad have gone”.

People told us they could make choices and decisions about their care. For example, one person told us that they chose the activities they participated in. They said, “I choose to go to athletics, keep fit and the theatre group. I like going to them”. We saw a member of staff discussing one person’s college course choices with them. They explained their options in detail in a manner that helped them to understand the different courses, and they respected the choices this person made regarding their education.

People told us and we saw that staff respected them as individuals and equals. One person said, “The staff are friendly, helpful and polite”. Another person said, “They always sit with us and chat and joke”. We saw that staff ate their meals with people and engaged in conversation with them at mealtimes. This promoted a relaxed and inclusive environment.

People told us and we saw that their privacy was promoted and respected. One person said, “We can spend time alone, or spend time with other people. It’s up to us”. Another person told us how they had a key to their room to keep it private. They said, “I’ve got a key to my room. I like to keep it locked”.

We saw that staff respected people’s independence and people were supported to maintain and acquire independent living skills. One person said, “I’ve been working with the [A staff member] to clear the garden. I like being able to help around the home”. Another person said, “We had cheese pie last night. I peeled and chopped the potatoes, put them in water and put them on the stove. I’ve learnt how to do lots of cooking here and at college”.

Is the service responsive?

Our findings

People told us they were involved in the assessment and review of their care. One person said, “I have meetings with my keyworker (a staff member who coordinates a person’s care) and we talk about different things. They write it up in my care plan”. Another person said, “I go through my care plan with the staff. My keyworker helps me to plan what I want to do”. Care records confirmed that regular meetings were held with people to discuss their care needs and wishes. People told us they could see their care plan anytime. One person said, “I’ve got a right to see my care plan, I just have to ask the staff and I can see it”.

People were protected from the risks of social isolation and boredom. People told us they were never bored. One person said, “There’s always something to do here”. People told us that the staff supported and encouraged them to access the community on an individual basis to do the things that were important to them. One person told us, “I go to a club to arts and crafts and I go to the gym with my keyworker”. Another person said, “The staff take me to the pub. I like going for a drink, I only have one though as any more isn’t good for me”. People’s spirituality and religious needs were also met. For example, one person told us that the staff took them to church. They told us going to church was important to them because they liked to sing hymns. They said, “I go to church on a Sunday. I like going to church to sing”.

People also told us that the staff supported them to access the community in their chosen friendship groups. One person said, “We wanted a girl’s night out, so all the girls went out for a meal all dressed up. The boys are doing something different on another night”. A staff member confirmed this by saying, “The girls all looked stunning in

their dresses that night. It’s important they do the things that they want to do whether it’s on their own or with their friends”. Another person said, “Me and the lads might all go to the circus when it comes to town. We will have a lad’s night out doing something we want to do”.

Some people told us that going to work was important to them. One person said, “It makes me feel good”. People told us that the staff had helped them to gain voluntary or part time employment. One person said, “I’ve got a part time job in a café”. Another person said, “I work in a charity shop”.

People told us that their views about their care were regularly sought. One person said, “We have meetings where we can talk about different things relating to the house. The things we talk about then get talked about at a bigger meeting (area meeting) and [A person who used the service] is our house rep for that meeting”. People told us that they received feedback from the area meetings and they were helped to understand why some of their requests were not authorised. One person said, “We asked for a minibus and we didn’t get one. We were told we could borrow the bus from [another local service owned by the provider]. We used it to go out in the other day”. Staff confirmed that the minibus was utilised when required, but people were supported to use public transport to maintain their community living skills where possible.

People told us they knew how to complain about the care. One person said, “I would tell [The registered manager]”. Another person said, “I would go to [The registered manager] or my keyworker if I needed to make a complaint”. There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider’s complaints procedure. No complaints had been recently received.

Is the service well-led?

Our findings

People spoke positively about the staff and we saw there was a positive and inclusive atmosphere. One person said, “They talk to us like friends”. Another person said, “The staff are top class”. Staff told us they enjoyed working at Strathmore House because they liked being able to promote and maintain people’s independence. One staff member said, “I like coming to work. I like seeing how much independence people have here”. Another staff member said, “I enjoy the residents and the staff. I love how its run so residents get to do so many things they want to do, like their activities and jobs”.

People told us they were involved in making decisions about changes to the home. One person said, “We have meetings to talk about the food, trips, holidays and other things. We have said we want a computer and WIFI so we can go on Facebook”. We saw that this request had been escalated to the provider who was looking at how they could use WIFI safely within their services. People were aware that their request was being considered. The staff involved people in the running of these meetings. People were encouraged to write up the minutes of these meetings and a pictorial agenda was used to help people understand the topics that were covered.

Staff told us the registered manager was effective in their role. One staff member said, “[The registered manager] is good. She lets us know how the shift should be ran and she tells us if we’re not doing the job properly”. Staff also told us the registered manager was approachable and supportive. One staff member said, “She’s brilliant, she always helps me when I need anything”. Another staff member said, “I don’t have to wait for supervision (formal meetings between a manager and employee) to talk to [The registered manager]. I can go and see her when I need to see her”.

Staff told us that the registered manager listened to and responded to their feedback. For example, we saw that concerns raised by staff about staff communication had been discussed at a staff meeting. This had led to improvements in care because staff communication had improved as a result of the discussion and agreed action.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, incidents, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, when a health and safety audit identified a water leak action was taken that ensured repairs were immediately made. People confirmed that the provider visited the service to monitor quality by saying, “[The registered manager] is our manager, but we have other managers come in to see us. They ask us how we are” and, “[The registered manager’s] boss comes here to chat to us”.

Staff told us and we saw that they were informed about changes in best practice and legislation. For example, staff told us and we saw that proposed changes in health and social care legislation had been discussed. This showed that the provider kept up to date with changes to health and social care regulation.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed by a manager to check they followed the correct medicines management procedures.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.