

Cinnabar Support and Living Ltd

# The Stratford's Residential 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

The inspection took place on 30 March 2016 and was unannounced.

The Stratfords Residential Home provides accommodation and personal care for up to 12 older people and people with dementia care needs. At the time of our inspection, the service was providing support to 8 people.

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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions.

People's consent was gained before any care was provided and people were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary, and had good access to health professionals as required

Staff supported people in a warm and caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were

supported.

People's privacy and dignity was maintained at all times.

People were encouraged to express which activities they would like to take part in, and were given the opportunity to take part in take part social interests of their choice.

The service had a complaints procedure in place that people and their families were aware of and knew how to use.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There was enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date. They were also supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's

individual requirements.

**Is the service well-led?**

**Good** ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately.

# The Stratford's Residential 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 was planned to check 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 inspection took place on 30 March 2016 and was unannounced.

The inspection was carried out by one inspector

The service had recently been taken over by a new provider - Cinnabar Support and Living Ltd. The Care Quality Commission met with the new provider in February 2016 and identified areas of the service which needed to be immediately improved upon. The new provider completed an action plan which outlined the improvements that would be taking place.

We reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with four people who used the service, two relatives of people that use the service, three support workers, an administration staff member, and the registered manager.

We reviewed six peoples care records to ensure they were reflective of their needs, four medication records, four staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe within the service. One person told us, "I feel safe here, I'm well looked after." A relative of a person told us, "I think the staff keep people safe and well." All the other people we spoke with made similarly positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I would speak to my manager and inform her of the concerns. If nothing was done about it, I would speak to the Care Quality Commission (CQC). All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas. The new provider had introduced the staff to their new safeguarding policy. we saw the new policy was in place and staff had confirmed they had read it.

People had risk management plans in place. People we spoke with knew what risk assessments were and were happy with the content. The new registered manager showed us their new risk assessments which were being introduced and used. The format allowed for hazards and risks to be recorded, as well as control measures and recommendations to reduce risk. We saw that various aspects of people's lives had risk assessments in place including mobility, physical health, diet, behaviour and falls. We saw that the staff were in transition from some older format of risk assessments to the new ones, and during this transition the older format was being continually managed and updated.

Accident and incident recording procedures were in place and showed that the registered manager would be informed of any incidents that took place. Staff members we spoke with felt confident in recording any accidents and incidents that occurred and sharing the information to enable learning where possible.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans for people were present and up to date. We found that environmental risk assessments had taken place within the service. This enabled people to live in a safe environment and played a part in the on-going improvements to the building.

Staff were recruited safely into the service. One staff member told us, "I had to have a full Disclosure and Barring Service check (DBS) and provided two references before starting work." Records showed us that all these checks had taken place.

People told us they thought there was enough staff on duty. One person told us, "There are plenty of people around." A relative told us, "Whenever I am there, there appears to be enough staff around to help people." The staff we spoke with told us that there were always two members of staff on shift. The registered manager told us that as the new provider at the service, they would be basing an extra staff member on shift. This would be a team leader that could support the two care staff on duty as required. The service had used agency staff to cover shifts in the past, but the new provider told us that they would not be using any agency staff, instead they had a list of bank staff that worked for the company, as well as care staff based at another location owned by the provider. This meant that should cover be required, it could be provided quickly and

easily, and that people could be cared for by a consistent staffing group. We saw rotas that showed us the staffing levels were consistent throughout the planned shifts, and that the staff ratio was appropriate for the dependency levels of the people using the service.

We saw that medication was administered in a safe manner. We observed that the medication was stored securely in a locked trolley that was recently purchased by the new registered manager. The files we looked at all contained a front sheet with a person's details on and photograph. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. The registered manager showed us that the service was in the process of moving over to use a different pharmacy, that audits would be taking place and that temperature control measures were also going to be implemented.



# Is the service effective?

## Our findings

People told us they thought the staff were well trained. One relative told us, "The staff are all very good here, they know what they are doing. I have spoken with the new registered manager as well and am aware that new training will be taking place which is good." We saw that staff had skills and knowledge to understand people's preferences. For example, the staff were able to explain to us the different ways in which to communicate with people, to make sure they were able to express themselves.

Staff members had to complete induction training before starting work. This included mandatory training courses such as first aid, safeguarding and moving and handling, as well as going through care plans and risk assessments. This was followed by a two week shadowing period with other more experienced staff. The registered manager told us that the induction process would now be added to, by implementing a two week trial period for all new staff, before a formal job offer. This meant that the service has the opportunity to make sure that potential new staff members are able to learn the skills necessary for the job. We saw that a training matrix was kept that monitored all the on-going training that staff members were required to do.

Staff were receiving regular supervision and told us that they felt well supported within their roles. One staff member told us, "I have had my first supervision with the new team leader. It was very helpful to discuss the changes taking place that the new provider has introduced." The registered manager told us that all staff would receive formal supervisions from the team leaders every six to eight weeks, and that with the team leaders on site, staff could be supervised on a day to day basis as required. We saw records of these supervisions within staff records.

Staff sought out consent wherever possible before carrying out any care with people. One person told us, "Yes, the staff always check with me and ask me." One relative told us, "I see that the staff ask people before carrying out care tasks." During our inspection, we saw staff interact with people and ask for consent. For example, consent was sought before being able to look around a person's room and bathroom. Also, a person was asked whether they wanted to eat now or later.

The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for residents. Authorisation was sought and gained from the appropriate authorities to lawfully deprive some people of their liberty. The records we saw confirmed this. This ensured that people were cared for safely, without exposing them to unnecessary risks.

All the peoples we spoke with told us they enjoyed the food. One person said, "The food is lovely, I always enjoy it. I have choice." Both the relatives of people we spoke with told us that the food had improved greatly since the new provider had come in. The staff also told us that the food had recently improved a lot with the kitchen having a variety of fresh food available. We saw that people were offered choice and that drinks were regularly offered to people. People were able to sit where they wanted to eat a cooked meal, and were offered help to eat their food by the staff available. We saw a staff member assist a person to eat their meal, and observed that they always asked if they were ready for another mouthful. The person was listened to and stopped eating when they had decided they were full. We saw that people's weight was monitored and dietary requirements were noted for people within their care plans.

People had good access to healthcare and medical appointments. One relative told us, "I usually take [person's name] to appointments myself, but a staff member has come with me before when I needed help. I know that a doctor does visit the service as well." We saw that people had detailed information within their files about all interactions with health professionals, and the staff we spoke with had a good understanding of people's individual health needs.

## Is the service caring?

### Our findings

People were happy with the care that they received. One person told us, "The staff are wonderful." Another person said, "I can't grumble at all, the staff are lovely here, it's a great place to be." The relatives that we spoke with made similarly positive comments about the staff team. All the staff that we spoke with felt that they treated people with care. One staff member told us, "We try our best to create a warm and caring home for people." During our inspection we observed staff interact with people in a caring manner. Staff took the time to talk with people and responded to questions and conversation in a warm and friendly way. One person had become upset and was asking for help. We saw that staff were able to respond to the person quickly and in a caring and supportive manner. This enabled the person to settle.

The staff knew the individual preferences and personal history of the people within the service. During our inspection, the staff were able to tell us about who people were, what people's preferences were and what they like to talk about. Where a person was not able to speak, staff still took time to speak to them in a friendly way and include them in what was going on around them. We saw that care plans were in place that the old provider had implemented. They contained personalised information about people and explained preferences, likes and dislikes. The registered manager showed us the new care plans that were being introduced, which built upon the existing care plans and included detailed information about a person's history, and how they like to be cared for.

People told us they felt involved in their own care and support. One person said, "The staff talk to me and involve me with everything." A relative told us, "I feel like I am included in [person's name] support. The new manager has talked to me and made me aware of the changes going on." The staff told us that their duty as keyworkers has involved regularly meeting with people and updating information as required. The registered manager told us that they were in the process of sitting down with all the people and their families in some cases, and going over their support, making sure that people's preferences were being listened to and upheld. We saw evidence that people had met with staff members and been involved in care planning within their files.

People's privacy and dignity was respected by the staff. One person told us, "Yes the staff knock on my door and respect my privacy". A staff member told us, "We understand how important it is to respect people's privacy and dignity. I always make sure doors are closed when personal care is taking place. One person does not always want us to go in her room, that's fine with us, it's her room." During our inspection, we saw that the staff were knocking on people's door before entering and were mindful of people's privacy.

People were encouraged to stay as independent as they could be. We saw that staff were encouraging an individual to feed themselves during a mealtime, and supporting them to do it when they were unable. This meant the person was able to take some control and independence over their daily life.

People were able to have family or friends visit them as they wished. A relative told us, "I have never been restricted in visiting, the staff are always very welcoming." During our inspection we saw that family members were able to visit. One relative told us that they came in almost every day to visit and felt that the

staff were always friendly.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved in to the service. We saw that people had initial assessments within their files. People we spoke with told us that the new registered manager had met with them and discussed their needs. The registered manager told us that although people were already within the service, as the registered manager with the new provider, she would be meeting with everyone and relatives, to make sure needs were being met and care plans were detailed.

People received care that was personalised to their needs. We saw that staff could easily and comfortably interact with people and clearly knew how to engage each person in conversation. During our inspection, we saw that when people needed support or had a question or request, that staff were able to engage with people promptly and tend to their needs.

We saw that personalised information was kept within people's care plans. The registered manager showed us the new format of care planning that was being implemented. This included information around a person's personal and family history. One example we saw explained the different careers that a person had held in their lifetime, and how they may like to reminisce about those professions. We saw other information about people that informed staff of their day to day preferences including how they like their tea or coffee, and what they like for breakfast.

People's needs were regularly reviewed and updated as required. The service had previously used a system where key working staff would review and update care plans with people. The registered manager told us that the new system in place would be team leaders working with staff members to update and review care plans. The staff members we spoke with said that they were happy to be working with people themselves and more senior staff to ensure that care planning was kept relevant and up to date. We saw that systems were in place to regularly monitor these plans.

People were able to take part in activities of their own choice. People we spoke with told us that in the past, there had been little opportunity to take part in any activity or go out into the community. People told us that since the new provider had taken over, things had improved, and they were happy with what was on offer. The registered manager told us that she had plans to increase the amount of support and staffing people had to enable them to go out into the community with staff members. The registered manager also told us that where people did not want to go out, or could not go out, they were encouraged to take part in activities of their own choosing.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. One person told us, "I've not had to make any complaints, but I would if needed." A relative told us, "I've spoken with the new registered manager and I feel that if I had a complaint it would be listened to." A complaints procedure had been put in place by the registered manager and everyone was made aware of. We saw the format included a recording system which documented a person's complaint and gave room for action and investigation to take place where necessary.

## Is the service well-led?

### Our findings

People told us that the registered manager was approachable and friendly. A relative said, "The registered manager has been in contact and I am very impressed. She has begun to implement a lot of changes within the service that were very much needed. We are very happy and feel that we are kept in the loop." The staff told us that they had all had the opportunity to meet with their new registered manager and team leaders. One staff member told us, "I feel like we have always done a good job here, but the new management has brought in changes that are definitely required, especially with the updating of the building itself." Another staff member told us, "Team leaders have been introduced which is really good. I feel well supported by the management."

The service was organised well and staff were able to respond to people's needs in a planned way. The staff team were aware of the visions and values of the new provider, and were happy to embrace the changes that were happening. Staff told us that they had the opportunity to visit another service locally that was run by the same provider, so that they could see how the staff and company ran things. The staff members acknowledged that improvements to the service were necessary and were confident that the new provider could implement these changes.

The registered manager was aware of the needs of the people and staff. They had started the process of reviewing everyone's care plans and risk assessments to make sure they were up to a high standard. The registered manager told us that she was impressed by the attitude of the existing staff members who had embraced a new management team and provider. She felt that she was able to utilise that skills that the staff team had, and support them to adapt to the changes that the whole service was going through. One of the large changes that were planned, was that the service would be open to supporting a wider age range of people and a wider range of disability in the future. The staff had all been spoken to individually by the registered manager on their feeling about this, and the responses were that they were positive about a new challenge in their work. We saw records that all the staff had been given time to speak with management about the changes taking place.

Accidents and incidents were recorded and appropriate actions were taken. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager was aware of the appropriate notifications to send to CQC as required by registration regulations. No notifications had been sent through by the current provider as they had very recently taken over the service.

Staff meetings were held for staff to share information and discuss the service. The new provider had held an introductory team meeting and planned to continue to hold meetings regularly. We saw minutes from this meeting that confirmed it had taken place and that a range of topics had been discussed such as residents issues, staffing levels, environmental issues and general service updates.

The service had a quality questionnaire that would be sent out to people, relatives and staff members to gather feedback about the quality of the service. We saw that information could be collated and actions taken from any feedback received. As there was a new provider, the management team were in the process

of carrying out audits across the service in areas such as medication, care planning, risk assessments, training and staff files.