

Strathmore Care Services Limited

High Cross House

Inspection report

93 Blurton Road
Stoke On Trent
Staffordshire
ST3 2BS

Tel: 01782594696
Website: www.prioryadultcare.co.uk

Date of inspection visit:
08 November 2023

Date of publication:
23 November 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

High Cross House is a care home for people who may have a learning disability or autism. The service was registered for up to 9 people; 9 people lived there at the time of our inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People and their relatives told us they felt safe and supported. Risks were assessed and managed to ensure people could safely participate in activities that they enjoyed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to receive visitors without restrictions in line with best practice guidance.

Right Care:

People were safeguarded from abuse and avoidable harm. There were sufficient numbers of suitable staff and the provider operated safe recruitment processes. Staff supported people in line with their individual preferences and agreed care plans.

People were supported to receive their medicines safely and were protected from the risk of infection as staff followed safe infection prevention and control practices.

Right Culture:

There was a positive and open culture at the service and systems were in place to provide person-centred care. People and staff were involved in the running of the service and the provider worked in partnership with others to achieve good outcomes for people.

The quality of care was monitored and lessons were learned when things had gone wrong.

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 29 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We completed a focused inspection to review safe, caring and well-led only.

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.

Recommendations

We have made a recommendation in relation to the provider's responsiveness to environmental/premises concerns.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

High Cross House

Detailed findings

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by a CQC Operations Manager who visited the service. A Regulatory Coordinator worked remotely to make calls to relatives of people who used the service.

Service and service type

High Cross House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. High Cross House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and included inspecting the service out of standard working hours to

check how the service operated during this time.

What we did before the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 3 relatives about their experience of the care provided. We spoke with 2 staff members, the registered manager and the regional operations director.

We reviewed a range of records, these included 4 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 2 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe at High Cross House. Comments from people included, "The staff make me feel safe" and, "I feel safe because the staff are kind and friendly". Relatives also told us they felt their loved ones were safe at High Cross House. Feedback from relatives included, "The service is doing a lot to keep [relative] safe". Another relative told us how staff had responded to a safety concern that placed their relative at risk of potential harm. They said, "[The staff] responded quickly and took appropriate action".
- Staff completed training that enabled them to identify and report potential abuse.
- Care records showed that staff identified and reported potential safety concerns in line with local and national reporting requirements.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Safety risks were assessed and managed in a way that enabled people to participate in the activities they enjoyed.
- People told us they were involved in risk assessment and we saw staff worked proactively with people around risk management. For example, people told us how staff regularly discussed the risks they may be presented with in the community. For example, people told us they were supported to understand the risk that approaching strangers could present and how they should manage this risk.
- The provider had systems in place to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how each person should be supported in the event of an evacuation.
- Where people had long term health conditions, risk assessments and management plans were in place that provided staff with the information they required to keep people safe.
- Environmental and equipment checks were regularly completed to ensure the premises and equipment were safe.
- Staff reported incidents and accidents were reported in line with the provider's policy and procedure. The registered manager investigated incidents and accidents and took appropriate action to prevent further similar incidents from occurring.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal applications and authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People told us and we saw there were enough suitably skilled staff to support people in line with their agreed needs. Feedback from people who used the service included, "The staff are always around" and, "The staff are always here, even at night".
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager used a staffing tool to identify safe staffing levels and adjusted staffing levels when required to ensure people's individual needs were met.

Using medicines safely

- People told us staff supported them to take their medicines when they needed them. Feedback included, "I get my [prescribed medicine] when I need it" and, "If I have pain, I tell the staff and get a pain tablet".
- We saw that medicines were managed safely. This included the; ordering, storage, administration, recording and disposal of medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- People told us staff supported them to minimise the risks associated with poor hygiene. One person told us, "The staff always remind me to wash my hands before I cook" and another told us about the different colour chopping boards they used for different food types to enable them to work safely when preparing food.
- Appropriate policies and process were in place and followed to minimise the spread of infection.
- Staff used PPE effectively and safely.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- People and their relatives spoke positively about High Cross House and the staff. Comments included, "We're just like a family here" and, "[My relative] reports to me that they are happy. They like the staff and feel safe there. They say they want to live there until they are 100".
- People told us they were supported to lead busy and productive lives. This included people telling us about volunteering roles, independent living skills and hobbies and interests. The registered manager told us they had recently completed training to enable them to start to use a goal setting tool with people at the service. They planned to use this to support people to set and review meaningful goals aimed at improving independence and quality of life.

Continuous learning and improving care, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had created a learning culture at the service which improved the care people received.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff had access to up to date policies and procedures, which included the business continuity plan in case of any emergency.
- Staff were kept up to date about people's needs through daily handovers to ensure any changes to people's support was shared.
- The registered manager was aware of their responsibility to notify CQC of reportable incidents and events and did this as required.
- The registered manager completed regular checks through audits and care records reviews to monitor the safety and quality of the care and support.
- Where checks identified areas of concern, appropriate action was taken by the registered manager to mitigate risk and drive improvement. However, people and their relatives told us and records showed that some environmental/equipment risks were not always actioned by the provider in a prompt manner. For example, an environmental audit from May 2023 showed some sinks at the home needed to be replaced. These had not been replaced at the time of our inspection 6 months after the audit had been completed.

We recommend the provider reviews the processes in place to respond to environmental/premises

concerns to ensure improvements are made in a timely manner.

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

- People and staff were involved in the running of the service.
- People told us they participated in regular meetings with staff where they discussed; activities, meal planning, shopping and holidays. People confirmed they were all supported to live their lives how they chose to.
- We saw and care records showed that staff supported all people at the service to lead full and active lives. This included people who had reduced mobility and long term health conditions.
- Systems were in place to gain feedback from people who used the service, their relatives and staff through surveys. However, we were informed a relatives' survey had not been recently completed.

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 responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the registered manager had spoken with people and their relatives and explained the action taken to improve the quality of care people received.

Working in partnership with others

- The provider worked in partnership with others.
- We saw when needed referrals to health and social care professionals were made and advice from these professionals was recorded in care plans and followed by staff.