Strada Care Ltd

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Inspection report

Chaldon Rise Mews
Rockshaw Road, Merstham
Redhill
Surrey
RH1 3DB

Tel: 01737645171
Website: www.careunlimited.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

At our previous comprehensive inspection of Strada Care Ltd (Then called Care Unlimited) in November 2017 we had found the registered provider was in breach of nine regulations. These related to the safe care of people; safeguarding people from abuse; staffing levels; and the effectiveness of the provider's quality assurance systems and records. Two warning notices were issued in response to these breaches. In addition, they had failed to submit notifications to CQC. A fixed penalty notice was issued due to this failure. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least a 'good' standard.

This latest inspection took place on 08 and 10 August 2018 and was unannounced. During this inspection we found that the concerns identified at our previous inspection had been dealt with. The provider now needed time to embed the changes and demonstrate they could maintain the improvements.

Strada Care Ltd provide personal care for people in supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Strada Care support older people and adults with learning disabilities and/or mental health issues. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit they were supporting 21 people at four sites across East Surrey and Sutton.

There was a registered manager in post. 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 was at the service during the time of our inspection.

There was positive feedback about the service and caring nature of staff from people who use the service and their relatives.

People who used the Strada Care service received care and support in a safe way. Staff understood their duty should they suspect abuse was taking place. Risks around people's health and safety had been identified and clear plans and guidelines were in place to minimise these risks. Staffing levels were based on the support hours that people were funded for. There were enough staff to meet people's needs. The provider used safe recruitment processes to ensure new employees were suitable to support people who use this service. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

People received effective care and support. Assessments of people's needs had been completed prior to them using the service. This ensured staff had the skills, knowledge and training to be able to support them. People were supported to have enough to eat and drink, with a good variety of choices available to them. Where specialist diets were needed, staff ensured people were supported with these. People had access to health care professionals if they felt unwell, or if their support needs changed. People's health and confidence were seen to improve due to the effective care and support they received.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were supported by staff that treated them with kindness and respect. People's independence was promoted by the staff. People were involved in their day to day care and support decisions to enable them to live the life they wanted to lead. People had access to friends and relatives when they wanted, including going out to visit family at home.

Care plans had been undated and were based around people's goals and aspirations. Staff gave support that was responsive to these needs. People had access to a range of activities. These helped stimulate people's minds to prevent them from becoming bored or isolated. Where complaints and comments had been received the staff had responded to try to put things right. People would be supported at the end of their lives to have a dignified death.

The registered manager had a clear vision and set of values based on providing personalised care and support to people. Staff understood this and demonstrated these values during the inspection in their interactions with people. Quality assurance processes had improved and now had a positive impact to the home and the experience of people who used the Strada Care service.

People and staff were involved in improving the service. Feedback from meetings and annual surveys was reviewed and action taken to respond to ideas and suggestions. The management liaised with outside agencies to review and make improvements to the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Systems were in place to ensure people were safe. Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines in place for staff to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Infection control processes were robust.

The provider now needed time to demonstrate the improvements were embedded and continued to provide a safe standard of care.

Is the service effective?

Good

The service was effective

Peoples needs had been assessed prior to coming to the home, to ensure those needs could be met.

Staff said they felt supported by the registered manager, and had access to training to enable them to support the people that lived there.

People had enough to eat and drink and had specialist diets where a need, or preference, had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve because of the care and support they received.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's liberty may be being restricted, appropriate applications for DoLS authorisations had been completed.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

People could have visits from friends and family, or go out with them, whenever they wanted. People's right to practice their faith was respected and supported by staff.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews wherever possible.

Staff supported people to take part in activities that matched their interests.

Staff understood their responsibilities should a complaint be received. Appropriate action had been taken to address complaints when they arose.

People would be supported at the end of their lives.

Is the service well-led?

Requires Improvement

The service was well-led.

The provider now needed time to demonstrate their systems were embedded and continued to provide a well led service to people.

Quality assurance checks were effective at ensuring the home was following best practice. Records management had improved to ensure management oversight of the home was effective.

People and staff were involved in improving the service.

Feedback was sought from people via meetings and surveys.

Staff felt supported and able to discuss any issues with the registered manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

Strada Care Ltd

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.

Why we inspected - This was a comprehensive inspection, to see that the concerns found at the previous inspection had been addressed by the provider. This inspection took place on 08 and 10 August and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service at two of the houses in East Surrey (based on the same site.) We spoke with six staff which included the registered manager, and senior managers from the provider. We observed how staff cared for people, and worked together to meet people's needs. We also reviewed care and other records within the home. These included four care plans and associated records, four medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff. After the inspection we received feedback from three relatives about the service.

We also contacted commissioners of the service to see if they had any information to share about the home.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in December 2017 we identified concerns about how people were protected from abuse; how risks to people's health and safety had been managed; how accidents and incidents were reviewed to prevent a reoccurrence and how people's medicines had been managed. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed. The provider now needed time to demonstrate that the improvements made were embedded within the service and that a good level of safe care could be maintained.

People were protected from the risk of abuse. The registered manager had ensured all incidents were reviewed with the senior management of Strada Care to check if they should be reported as safeguarding. Staff had received updated training with regards to safeguarding people from abuse. When we spoke with them they could describe the signs of abuse, and their responsibility to report any concerns to the registered manager. They were also aware they could contact outside agencies, such as the local authority safeguarding team or the police, directly if needed. The registered manager had ensured that they notified the relevant authorities whenever they had received information that may indicate abuse. Examples included bruising where the cause was unknown, or allegations made by people who use the service. This ensured that the local authority safeguarding team could review the information and instruct the provider on how they would like them to proceed to ensure people were safe.

Peoples finances were managed in a safe way. After the last inspection the provider had reviewed and reworked how people's money was managed by staff. This included using a computer system to record and monitor expenditure. By doing this the provider has reduced the risk of people's money being spent inappropriately, as staff must evidence when and how money was spent.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had made referrals to the Disclosure and Barring Service when needed. A relative said, "The arrival of [registered managers name] has been the key to an improved organisation and discipline 'ethic'. There have been subsequent staffing changes and although only in place for a few months, things are definitely looking up."

People were kept safe because the risks of harm related to their health and support needs had been assessed. The registered manager, with the staff team, had reviewed the hazards to people's health and safety and updated all the plans to reduce the risk of harm. Part of this process involved the care worker giving a presentation to the registered manager and provider on the specific risks to the person they provided support to. They were then asked questions to check their understanding. This resulted in clear guidelines being documented on how to support people, such as if they had an epileptic seizure. One-page summary sheets were also developed as part of this improvement process. This ensured key information about a person was available and could be accessed quickly should agency workers be required. For example, how to support someone with epilepsy, or to meet specific mental health needs, or to minimise

the risk of harm when smoking. Staffs knowledge of how to support people to keep them safe matched the guidelines in the risk assessments, such as reminding people to use a safety apron when smoking. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people.

Peoples access to activities and the community was not restricted. To enable people to take part in activities they enjoyed staff had reviewed the hazards with them for activities such as swimming, bowling, and road safety. Where people could help with the housework, staff were on hand to provide support if required. One person was seen to vacuum the communal area of their home and staff stood near to them observing to ensure they did not fall, or come to harm. Staff had a good level of understanding of the hazards people faced, and how they could reduce the risk of harm. One staff member supported a person to eat, and explained to us that they did this as the person was at risk of choking. They spoke with the person about eating slowly and explained to them why this was important as it reduced the risk of them choking. Whenever people at risk of choking were eating, staff were seen to be present.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people who used this service. This was because the provider had allocated each person a member of staff to support them with specific activities of daily living. Staffing schedules identified the number of hours support funded by the local authority for each person. The staff were then allocated to each person for those hours. This meant that people could go out on activities, and people that stayed in their home were still supported, as they had a specific staff member allocated to them. Each of the staff we spoke with were clear who they were at the house to support, and for what activity of daily living. For example, to support someone to make their lunch, or to take them out on an activity.

People's medicines were managed and given safely, and they were involved in the process as much as they were able. When administering medicines care staff were calm and unrushed and ensured people received the support they required. The suitability of people's medicines had also been reviewed with the person's GP. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where people had allergies, this was recorded on the medicine administration record (MAR), and staff who gave medicines knew about them. Staff who administered medicines to people received appropriate training, which was regularly updated, including having their competency checked.

The ordering, storage, and disposal of medicines were safe. Medicines were stored safely and securely in a locked cabinet. The temperature that the medicines were stored at was monitored to check they were kept within the manufacturers recommended temperatures. There were no medicines that required storage in the refrigerator at the time of the inspection. There was guidance for staff on what to do if the temperature went out of the medicine manufacturers range. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records. The team leaders carried out daily checks of medicines to ensure that they were all in order and that there were no errors that needed to be addressed.

People were cared for in a clean and safe environment. Assessments had been completed to identify and manage any risks of harm to people around their homes. Areas covered included infection control. Staff understood their responsibilities around maintaining a safe environment for people. They ensured the floors and doors were kept clean. Equipment such as walking frames were regularly serviced and cleaned to make sure they were safe to use. Staff wore appropriate personal protective equipment when giving personal care, or when serving food to minimise the risk of spreading infection. There was a cleaning schedule which covered all areas of the service to ensure cleanliness was maintained. Cleaning was also done at a time to minimise disruption to people. For example, there was a night cleaning rota in place that instructed staff to

carry out some duties that may impact on people's behaviour if they were done during the day.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. The registered manager explained, "When an incident happens there is a reason for it. We look at the trends and see if we can do anything to make a positive change." An example was where a person had tripped in the same place within their home twice. The analysis of the accidents identified the cause of the trips and action had been taken. This involved moving the person's chair away from the trip hazard and contacting the housing association to have the object removed. Information from outside agencies was also reviewed to check if there could be an impact to the people who used Strada care. One example was where a person (in another part of the country) had died as a result of constipation. The registered manager had identified that hydration and constipation can link with epilepsy, and as a result epilepsy care plans had been updated and reviewed accordingly.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home in an easy to read format and people took part in fire drills. People also had personal evacuation plans, which were understood by staff, that detailed the support and equipment they would need if they had to be evacuated from the building.

Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the house could not be used after an emergency.

Good

Is the service effective?

Our findings

At our previous inspection in December 2017 we identified concerns with the training and competence of staff. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. In response to the concerns we raised at our previous inspection the provider had ensured staff had been updated on key training, such as epilepsy. A clear record of the training staff had completed, and when they were due for a refresher was now in place. The registered manager was then able to match the skills and experience of staff to meet specific support requirements of individuals.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings which took place with their line manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would act.

People's needs had been assessed before they moved into the service to ensure their needs could be met. People were involved in this process wherever possible. No new people had joined the service since our last inspection. The registered manager and staff team had reviewed assessments that had been previously completed. This was to ensure they contained detailed information about people's care and support needs and that this information if still applicable had been carried over to the persons care plan. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories. The assessments also reviewed people's psychiatric requirements or use of specialist medicines that may be required to see if there were any specific legislation or standards that needed to be met.

People had enough to eat and drink to keep them healthy. People were involved in menu planning and selection of meals. This was done by going through what they would like to eat when planning food shopping trips.

People were protected from malnutrition and dehydration. Drinks were offered to people throughout the day and people were supported to make their own drinks in the kitchen. Care plans contained nutritional assessments and people's weight was recorded each month. This enabled staff to support people to eat enough to stay healthy. One person was noted to have gained weight, so the staff had worked with them to produce a diet plan. Another person had lost weight so staff had reviewed their risk assessment around malnutrition and sought professional guidance. This resulted in the person having a fortified diet to help them gain weight. When people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff training involved nutrition and diet which gave them the knowledge of how to help people prepare healthy

meals.

People received support to keep them healthy because staff worked effectively with other healthcare services. Information about peoples care and support needs had been updated. If they needed to use another health service, such as a hospital, staff there would have key information on how to support the person. To ensure a good standard of care, staff sought support from health professionals including the GP, community psychiatric nurse, district nurse and occupational therapist. People were also supported to access local community healthcare services, such as the dentist and chiropodist on a regular basis. These visits were used to generate support plans to help people's health improve. For example, a dental care plan had been developed for one person after a dental appointment. It recorded the support the person needed, and what they could do for themselves. It gave staff detailed information on timescales for brushing teeth and the effective use of mouth wash. As a result, the person's next dental appointment had recorded that their dental hygiene had improved. This demonstrated the guidance from the dentist had been followed.

The 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. Where this had happened, we saw that these decisions had been documented, such as a person's medicines being managed by the staff.

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff understood the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff asked for people's consent before giving care and support throughout the inspection.

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 services are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS authorisations.

Good

Is the service caring?

Our findings

At our previous inspection in December 2017 we identified that the failures the service had across all five of the key questions we asked meant that it could not be seen as caring. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People gave a positive response when we asked if the staff were kind towards them. One relative told us, "We have always been impressed by the support and commitment of staff." Our observations over the two days of the inspection also identified many caring interactions between people and the staff who supported them. When a staff member accidently bumped into one person, they immediately apologised and checked the person was alright. Staff were seen to talk to people in a kind manner whilst carrying out their duties. They congratulated people when they completed daily living tasks which gave encouragement to the person. Staff were also heard to thank people where they helped, such as taking other people's cups and plates to the kitchen to wash up. Where people became distressed staff knew how to support them to allay their fears or worries. This caring attitude was seen from all the staff at the service on the day of the inspection, including the registered manager. Staff also showed respect to people, for example one staff asked a person if it was alright if they sat next to them and did some paperwork. This showed the staff understood that it was the persons home, and they respected the person's right to say no if they wanted to.

Staff took time to talk to people and involve them in decisions on their care and support. This was primarily done through conversation as tasks were completed. For example, one person had been involved in placing their laundry in the washing machine earlier in the day. They said to staff, "Blankets," and the staff member said, "They are in the washing machine and will be ready by……" the person finished the sentence by saying, "Lunch." This showed they understood the process of washing their bedclothes, and when the next stage of the process would be ready to be carried out. People were also involved in choosing what clothing they wanted to wear and what activities they took part in.

Staff knew the people they supported. As staff were allocated to a particular person each day, this enabled them to get to know the individual and build a relationship with them. Throughout the inspection it was evident the staff knew the people they supported. Staff could tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us. Staff communication with people was friendly, and showed caring attitudes during their conversations. Staff spoke to people in a manner and pace which was appropriate to the person's level of understanding and communication needs.

Promoting people's independence had become the key focus for staff. A relative said, "Staff have always been prepared to try something new and have certainly helped [family members name] live a fuller life." A staff member said, "It's about making sure we help with independence." Throughout both days of the inspection staff were seen to have independence at the forefront of everything they did.

This was a supported living service, and at our last inspection we saw that staff were often doing tasks for people rather than enabling them to do things for themselves. At this inspection staff were seen to really encourage people to do daily living tasks for themselves, and give people some measure of control over their lives. For example, staff told us about one person's habit of taking brushes and trying to clean windows with them. Rather than stop this the staff had actively involved the person in cleaning windows around the house they lived in. Other people were encouraged to make themselves hot drinks. Staff offered guidance when needed, but never took over from people. We observed people coming and going into and out of the house throughout the day. Others moved around the home unaccompanied, returning to their rooms when they wished.

People were supported to keep in touch with those dear to them, and take part in community based activities. For example, one person's faith was important to them, but they had lost contact with their friends. The staff were helping the person to get back in touch with the faith Centre in a nearby town.

Good

Is the service responsive?

Our findings

At our previous inspection in December 2017 we identified concerns regarding people's preferences and needs not being responded to and met. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People received care and support that was responsive to their needs. Since our last inspection peoples care plans had been reviewed and updated so that they now reflected people's preferences and care needs. The documents were concise and easy to understand, so staff could quickly understand a person and how to support them. Care plans are based around what the persons need was, what could be done, who will do it and by when. So rather than just being focused on personal care, people had goals and aspirations recorded to help give them a more fulfilled life. Information in the care plans included dates that were important to people such as wedding anniversaries, and family birthdays.

Staff were given clear information to enable them to respond to people's needs. Care records included detailed information on people's communication methods, and what non-verbal signs may mean. For example, how to tell when the person is happy or sad, and the signs that they may need same space (getting agitated), such as looking for items or counting money in their purse. The records go on to detail actions staff should take to support people if they become upset or distressed. The daily notes kept by staff were detailed and closely linked with the goals and aspirations people had. The registered manager had supplied staff with an exemplar example of what daily notes should contain, and this had been effective at improving the standard. It was now clear what support people had received, and if they had achieved any of their goals.

Staff understood when people may need help and took appropriate action. During the inspection staff noticed a change a one person's behaviour. They sat with them and asked if anything was wrong, and if they were in pain. They then supported the person to go to bed (as that was what the person asked for.) After this they discussed the situation with other staff that were in the house to ensure everyone knew to keep an eye on the person and call the GP if the person felt worse.

People had access to a range of activities, many of which were out in the local community. Each person had a weekly activities sheet which gave support staff ideas and suggestions that individuals may like to do. These included walks, social clubs, visiting friends in other services and going to local faith centres. Since our last inspection people had an increase in the activities they took part in. A relative said, "Time spent just sitting 'watching telly' is dramatically reduced." A physiotherapist had been involved in reviewing peoples support and generated goals and activities plans for people. This had resulted in a greater use of the nearby resource centre. Each person having an activity diary, which staff complete with the person. The registered manager then reviewed these to ensure people had access to the activities they enjoy, and that improvements in people's abilities are recognised and celebrated. One person, due to the increased physical activity they had done had more strength and movement in their arm, enabling them to throw a ball further than they had before. Because staff had clearly documented previous achievements in this activity, they could inform the person of their progress and celebrate the achievement with them.

People were supported by staff that listened to and would respond to complaints or comments. There had been no formal complaints since our last inspection. Feedback and comments made by people or their relatives had been recorded and actioned. For example, at the last relative meeting an advocate mentioned lack of communication around taking a person out. It transpired there was a failure with the new email process, which the provider then corrected. One relative fed back, "I also feel that things are much improved at the service and that most of the issues which concerned us have been identified and resolved." The complaints policy had been produced in an easy to read format to help people understand it.

At the time of our inspection no one was being supported at the end of their life. Procedures were in place for when people were at the end stages of their life. These gave clear instructions on how staff would ensure that people would be cared for in a culturally sensitive and dignified way as recorded in care plans. People at end of life would be encouraged to remain in their home via the provision of any specialist equipment they needed. People would also be supported by palliative care specialists such as hospices and Macmillan nurses as well as the local GP surgeries.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in December 2017 we identified concerns with quality assurance processes, and how records were managed and maintained. We also identified issues with the provider not notifying the CQC of incidents, which was a legal requirement of their registration with us. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed. The provider now needed time to demonstrate that the improvements made were embedded within the service and that a good level of well led care could be maintained.

There was now a positive, person focussed culture within the home, which was reflected in our findings across all the five key questions that we asked. People and staff stated that the service was well-led, and they were happy and confident with the new management. One relative stated in a letter to the provider, "The initial signs are very encouraging and we congratulate you on the success of your efforts to 'get things right'."

People now received a service that was centred around them and gave them good outcomes. The registered manager had been in post since January 2018 and had made significant improvements in the culture and quality of service people received. There was a clear focus to the service, which was understood and acted on by staff. The registered manager said, "It's about having the staff on board and letting them know I am here to support and guide them." Amongst the changes they had made was to improve the communication between the staff, and to work closely with the provider to ensure positive change was taking place. Our findings during the inspection found many improvements had been made across the service.

Staff responsibilities were clearly defined and staff had been empowered to take lead roles based on their interests and skill set. For example, one of the location's team leader had responsibility for managing finances, while the other team leader managed the staff rota. This sharing of jobs released the registered manager to focus on quality improvements and sent a message to the staff that the manager trusts them and believed they were capable in their roles. Staff who were strong in certain aspects of care and support were recognised and encouraged to buddy others to share their knowledge and best practice. For example, one staff member had been recognised as completing daily records in detailed way, which emphasised the positive achievement of the people they had supported. This staff member was used as a buddy to help their colleagues. They were also given time to sit and learn from each other.

The governance processes had improved and now ensured that people received a good standard of care and that regulatory requirements had been met. A new computer based system had been introduced. This sped up the way that documentation was completed so staff could focus more on interacting with people. It also gave the registered manager 'real time' information of when staff had completed specific tasks, such as medicines, or completing support with a person. The provider now had regular meetings with the registered manager to review how well the service was meeting people's needs. This included a review of accidents and incidents, and that quality assurance checks had been completed. These senior management meetings also identified where improvements were needed and who would complete them. For example, Legionella checks had been bought forward this year. This had been done as the providers quality assurance checks

had identified the certificates were missing from the maintenance file. The registered manager and the provider ensured that notifications were now routinely sent to the CQC, which is a requirement of their registration with us.

People and their relatives where involved in the service to ensure it had met people's needs. They were also given the opportunity to give feedback and ideas about improvements to the service. One of the improvements that had been introduced since our last inspection was the formation of a 'Friendship Group.' This was led by a relative and they had meetings with the staff. A relative said, "These provide good sounding boards and opportunities to bring matters to management attention." To maximise relative attendance at the meetings the provider now gave one months' notice of upcoming meetings to give them time to make arrangements to attend.

The ethos of continuous improvement was now leading to positive changes to the standard of care and support people received. Improvements made included maintenance work being routinely completed, regular action plan meetings with staff to check that progress had been made, and the introduction of new technology such as the care management computer system. The provider had also investigated ways that the environment of one of their older buildings could be upgraded. This had resulted in new windows being funded by an external agency. This will reduce the impact of noise and road pollution to the people that live at this service. A relative said, "I believe Strada Care are motivated to do the best they can."

Partnership working with outside agencies had improved since our last inspection. The staff had worked with an occupational therapist to develop meaningful activity plans for people. An outside fire agency had been employed to advise the staff on fire safety processes. The staff had also been working with the local authority by completing internal investigations where required. Agencies to support people with specific needs had also been contacted to obtain best practice guidance. For example, 'Sight for Surrey' had been contacted to advise on improving the environment for people who were blind or partially sighted. The registered manager also attended Surrey care forums to share ideas and learn from other care providers in the area.