

# Strathmore Care Services Limited

## High Cross House

### 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

This inspection was announced and took place on 8 September 2017.

At the last inspection in August 2015, the service was rated Good. At this inspection we found the service remained Good.

High Cross House provides accommodation and personal care for up to nine people who have a learning disability. On the day of the inspection there were eight people in residence.

The home had a registered manager who was present on the day of the inspection. 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 living in the home and staff knew how to protect them from the risk of potential abuse. Staff were aware of how to reduce the risk of harm to people. People were supported by sufficient numbers of staff who had been recruited safely. People were assisted by staff to take their prescribed medicines as directed by the prescriber.

People were cared for by skilled staff who were supported in their role by the registered manager. People were encouraged to make their own decisions to ensure they received a service specific to their needs. People had access to food and drinks at times that suited them. Where needed people were assisted by staff to access relevant healthcare services to promote their physical and mental health.

People were supported by staff who were kind and caring. People's involvement in their care planning ensured they received a service that reflected their preference. People's right to privacy and dignity was respected by staff.

People's involvement in their care assessment ensured they received a service the way they liked and they were supported to pursue their chosen social activity. People felt confident to share any concerns they had with the registered manager or staff and could be assured their concerns would be listened to and acted on.

Systems and practices enabled people to express their views about the service provided to them. People and staff were aware of who was running the home and staff felt supported by the registered manager to carry out their role. The provider had systems in place to monitor the quality of service provided to people.

## 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.

This service remains Good.

### Is the service effective?

Good ●

The service was effective.

This service remains Good.

### Is the service caring?

Good ●

The service was caring.

This service remains Good.

### Is the service responsive?

Good ●

The service was responsive.

This service remains Good.

### Is the service well-led?

Good ●

The service was well-led.

This service remains Good.

# High Cross 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 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 8 September 2017, and was announced. We gave the registered provider 24 hours' notice of our intention to undertake an inspection. This was because we needed to be sure that someone would be available as some people who use this service worked and others were out during the day pursuing social activities. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection visit we spoke with seven people who use the service, two care staff and the registered manager. We observed care practices and how staff interacted with people. We looked at one care plan and a risk assessment, medication administration records, accident reports and records relating to quality audits.

# Is the service safe?

## Our findings

At this inspection we found people were safe and they were supported by staff to reduce the risk of harm. There were sufficient staff to care for people and medicines were managed safely. The rating continues to be good.

All the people we spoke with confirmed they felt safe living in the home. One person said, "The staff make me feel safe." Another person told us, "I feel safe because of the security of the home." People told us about 'your voice' meetings which were carried out on a regular basis. One person said during these meetings they talked about safeguarding which included bullying and things that made them sad and uncomfortable. They said, "I would tell the staff if I had any worries. I have never had any problems here. It's important to talk about it." Staff were aware of different forms of abuse and knew how to protect people from this. Staff said they would report any concerns of potential abuse with the registered manager. Discussions with the registered manager confirmed their awareness of when to share concerns about abuse with the local authority to safeguard people from the risk of further abuse.

People were protected from the risk of harm. One person told us they were able to do their own ironing but said, "The staff put the water in the iron for me." This was to prevent them harming themselves. A staff member said the majority of people were able to make their own drinks. However, some required support to reduce the risk of them scalding themselves. One person told us that staff routinely checked the water temperature from the wash basin and bath taps to make sure it wasn't too hot. Staff informed us that they had access to risk assessments that supported their understanding about how to reduce the risk of harm to people. For example, a staff member told us that a risk assessment reminded staff of the importance of telling one person every time they went out about 'stranger/danger.' We spoke with this person who was aware of the dangers of talking with strangers. Risk assessments were in place with reference to social activities undertaken by people. For example, swimming which told staff how to safeguard people from the risk of drowning.

We looked at how the provider managed accidents. The registered manager said accidents were very infrequent. One person told us they had sustained a fall and we saw this had been recorded. The registered manager said all accidents and incidents were recorded. This enabled them to monitor for trends and where necessary action would be taken to avoid a reoccurrence. The registered manager confirmed that no trends had been identified.

People were cared for by sufficient numbers of staff. One person said, "Staff are always around when you need them." We spoke with two staff members who confirmed there were always enough staff to meet people's needs. One staff member said, "Staffing levels are influenced by people's activities so they are able to go out when they want."

People could be confident that staff were recruited safely. Staff confirmed that before they started to work at the home a Disclosure Barring Service [DBS] was carried out. DBS helps the provider to make safe recruitment decisions. Staff also confirmed the provider had requested references. This demonstrated that

the provider's recruitment process was safe.

One person told us they managed their own medicines. Staff confirmed a risk assessment was in place to ensure the person took their medicines as directed by the prescriber and we saw this. The person told us that staff routinely checked to ensure they were taking their medicines correctly. Another person said, "The staff help me with my medicines and I get them every day." This showed that people were appropriately supported to take their medicines.

The registered manager said staff who assisted people with their medicines had received medication training and staff confirmed this. The registered manager said competency assessments were carried out to ensure staff's medication practices were safe and this was confirmed by staff. We were informed that where shortfalls were identified staff would be provided with additional training to enhance their skills. Therefore, people could be confident that systems were in place to ensure they received their medicines safely.

We observed that medicines were stored securely and medication administration records had been signed to show when medicines had been given to people. Staff had access to written protocols about how to manage 'when required' medicines safely. 'When required' medicines are prescribed only to be given when needed. For example, medicines prescribed for the treatment of pain. The staff we spoke with knew how to manage these medicines.

# Is the service effective?

## Our findings

At this inspection, people continued to receive an effective service. People were cared for by skilled staff and they were supported to make their own decision. People were provided with suitable meals and were assisted to access relevant healthcare services when needed. The rating continues to be Good.

People were supported by skilled staff. Staff confirmed they had access to routine training. A staff member said, "Training makes me realise the things I need to do to meet people's needs." For example, they told us that epilepsy training helped them to understand when a person required medical intervention and what to do whilst waiting for the ambulance. Another staff member told us, "Access to training helped me to undertake my role in a safe manner." The registered manager informed us that they routinely observed work practices to ensure the skills learnt were put into practice. This ensured people received a safe and effective service.

People could be assured that staff were supported by the registered manager to carry out the role efficiently. The registered manager said staff were provided with one to one [supervision] sessions and staff confirmed this. One staff member said, "During my supervision I can ask questions about my role and this helps me do my job properly." Therefore, people could be confident that staff were supported to meet their assessed needs.

The registered manager said new staff were provided with an induction and this was confirmed by staff. One staff member said, "My induction enabled me to get to know people that lived here. I also had the opportunity to undertake some training." They said this enabled them to understand people's care needs and how to meet them.

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 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people we spoke with confirmed they were able to make their own decision and staff respected their choice. Discussions with one staff member confirmed their understanding about the principles of MCA. They told us, "I always support people to make their own decision and allow them to point at what they want."

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager said two people had an authorised DoLS in place and an application had been submitted for another person. These people required constant supervision and would be at risk of harm if they left the home without staff support. We spoke with a staff member who demonstrated a good understanding of DoLS. They told us that DoLS were reviewed to ensure they were

still necessary to have in place. The registered manager and a staff member confirmed that mental capacity assessments were in place. This ensured that the DoLS application was appropriate.

People told us they were actively involved in planning the menu, the food shopping and assisting in preparing meals. People confirmed they had access to drinks at all times and we observed people making drinks throughout the day. One person told us, "I like living here because the food is good." Staff had a good understanding of people's food preferences in relation to their likes, dislikes and health. Staff told us that meal times were flexible and this was confirmed by one person who said, "Staff will always save a meal for me if I am out."

People were supported by staff to access relevant healthcare services when needed. One person said, "The staff attend GP appointments with me." Another person told us, "When I am poorly the staff take me to the doctor." A staff member informed us that some people were able to access healthcare services independently and others required support. People were encouraged and supported by staff to have an annual health check. People who had specific health conditions had access to a specialist nurse to support them. Access to healthcare services promoted people's physical and mental health.



## Is the service caring?

### Our findings

At this inspection, people continued to receive care and support that was provided in a kind and caring way. The rating continues to be Good.

People were cared for and supported by caring staff. One person said, "The staff always help me when needed." Another person told us, "The staff always look after me when I am poorly." We spoke with a different person who said, "The staff are lovely and they always help you out if you have any problems." One person told us about a bereavement of a family member, they said, "The manager and staff comforted me and I am still able to talk to staff when I feel sad." We observed that staff took the time to acknowledge people and ask about their wellbeing. The meant people could be assured they would be treated with respect and kindness.

People were actively involved in planning their care. One person said, "I have meetings with my keyworker and talk about the things I like." A key worker is a staff member who takes a social interest in a person, developing opportunities and activities for them and to ensure they receive the appropriate care and support. A staff member said, "People are always asked if they want an advocate to support them during care reviews." They continued to say that people preferred to use a family member for support if and when needed. All the people we spoke with confirmed they were able to make decisions about the care and support they required and staff always respected their choice. Therefore, people's needs were met with regards to their preference.

People's right to privacy and dignity was respected by staff. One person said, "The staff always knock my door before they come in." Another person told us, "I never hear staff talk about other people." We spoke with a different person who said there are times when they prefer to be alone in their bedroom and staff respected their choice and privacy. A different person said, "Staff always deliver my post unopened and I am able to read them without support." Discussions with two staff members confirmed their awareness of the importance of respecting people's privacy and dignity. For example, one staff member told us that people had a private area where they could chat with their visitors. They said they would ensure people's privacy and dignity was maintained whilst they assisted them with their personal care needs. They gave us an example of covering a person with a towel to maintain their dignity whilst supporting them to have a wash. The provider had recruited one male carer who confirmed they only assisted males with their personal care needs and this was confirmed by the people we spoke with.

## Is the service responsive?

### Our findings

At this inspection, people continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People told us they were involved in their care assessment and routine care reviews and their views were listened to. People were able to live a lifestyle of their choice and they were encouraged by staff to be independent. One person told us, "I went out shopping today and this afternoon I will clean my bedroom." Another person said, "I go on the train to see my family. Everyone is so proud that I can do this on my own." We spoke with a different person who said, "I can do what I like and I am usually very busy."

Two people told us their key worker helped them with their finances and this enabled them to go out shopping and buy the things they need. People were provided with opportunities to pursue various social activities. One person told us they enjoyed going to the theatre and swimming. They informed us they often went out for meals and told us about their recent holiday in Spain. Another person also informed us of their holiday in Spain and said, "Being on the aeroplane was marvellous." A number of people were in the special Olympics. One person told us, "On Mondays I train for the special Olympics and also I do aerobics."

We observed that people were able to pursue their pastimes. After talking with one person they said, "I am going to my room now to listen to some music." Another person told us they enjoyed doing jigsaw puzzles and said, "I have lots of them." They told us that staff often took them to restaurants which they enjoyed. They also informed us they enjoyed going to the 'Shine Club.' A staff member told us that some people enjoyed various sports, going out for coffee, day trips and there were times when they just wanted to relax in the comfort of their home. We spoke with two people who told us they had secured a job which they enjoyed.

We spoke with staff about equality, diversity and human rights. One staff member said, "People would be accepted and respected regardless." People were able to develop new relationships. One person told us, "I am able to see my boyfriend when I like." People were supported to maintain contact with people important to them. For example, one person's relative lived abroad and they were able to visit them throughout the year. People were able to live a lifestyle of their choice. One person said, "I can do what I like. I go to bed when I want to and get up when I like." This meant the service provided to people was flexible to meet their specific needs.

All the people we spoke with said they did not have any concerns about the service provided to them. People told us if they were unhappy they would tell the registered manager or a staff member. One person said, "If I am sad I would talk to the staff, they are good and would sort things out." Another person told us, "If I have any problems I would talk to the manager and they would help me." The registered manager said they had not received any complaints since their last inspection visit in 2015. They said complaints would be recorded, monitored and action would be taken to resolve them.

# Is the service well-led?

## Our findings

At this inspection, people continued to be cared for within a well-led, person-centred culture. The rating continues to be Good.

People were able to tell the provider about their experience of using the service. Staff told us 'your voice' meetings were carried out with people and all the people we spoke with confirmed this. One person said, "We talk about plans for holidays and the festive season." Another person told us, "We talk about menu ideas." A different person said, "We talk about health and safety issues. For example, if we have a leak in our bedroom or the light bulb is not working." They continued to say, "These are usually sorted out very quickly." The registered manager said people agreed the agenda and were asked if they wanted an advocate to support them within the meeting.

The registered manager said people were involved in the staff recruitment process and the people we spoke with confirmed this. One person said, "The manager asks us if we would like to talk to the people they are interviewing." A staff member said, "People's views are listened to with regards to who works in the home." This meant people were able to have a say about who worked with them.

All the people we spoke with were aware of who was running the home. One person described the registered manager as, "Nice and they are always involved in meetings." Another person said, "[Person] is the boss and they are alright." A different person told us, "The manager is lovely and easy to talk to." We spoke with a staff member who said, "The management support is very good. The registered manager is approachable; I would recommend the home and would be happy for my family member to live here."

The registered manager confirmed they had access to routine training to enhance their skills about how to run the home. They told us they received one to one [supervision] sessions from their line manager. They said, "The support provided to me is second to none." The registered manager described the culture of the home as, "Homely atmosphere and people have freedom to discuss what they want." The people we spoke with also confirmed this. One person said, "I enjoy my life here every day." The registered manager said, "I want people to have lots of opportunities to experience new things and to travel."

The provider had systems in place to monitor the quality of service provided to people. The registered manager told us that audits were routinely carried out. We saw these included checks on medication practices. A six monthly audit was carried out to review systems that promoted infection, prevention and control. Audits were also carried out to ensure the environment was safe. The provider had 'quality leads' in post who routinely carried out inspections of the home. Where shortfalls were identified an action plan would be developed to address these areas. People were given questionnaires on an annual basis. This enabled them to tell the provider about the quality of the service provided to them. These questionnaires were in a format people could understand. Information collated from these questionnaires were fed back to people during 'your voice' meetings. The registered manager said with regards to information collated from these surveys no action was required to change the service.