

Strathmore Care Services Limited

Strathmore 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

Strathmore House is registered to provide accommodation and personal care for up to 14 people. People who use the service have a learning disability. At the time of our inspection 14 people were using the service. At our previous inspection in March 2015, we rated the service as 'Good'. At this inspection, we found that the service remained 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff understood how to keep people safe and staff supported people to understand potential risks to their health, safety and wellbeing. People's medicines were managed safely.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

People's health and wellbeing needs were monitored and people were supported to access health and social care professionals as required. People could eat meals that met their individual preferences.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People had positive relationships with the staff and staff promoted people's independence and right to privacy.

People were involved in the assessment and review of their care and people were supported and enabled to make choices about their care and the choices people made were respected by the staff.

Staff supported people to access the community and participate in activities and roles that met their individual preferences.

Staff sought and listened to people's views about the care and action was taken to make improvements to care. People understood how to complain about their care and a suitable complaints procedure was in place.

People and staff told us that the registered manager was supportive and approachable. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The registered manager understood the requirements of their registration with us and they notified us of reportable incidents as required.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Strathmore House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Strathmore House on 25 May 2017. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. 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. We used this information to formulate our inspection plan.

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

We observed how the staff interacted with people in communal areas and we looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe around the staff at Strathmore House. One person said, "I like all the staff, they are brilliant". Another person said, "The staff are all very nice people". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us that safety issues were discussed with them on a regular basis through meetings and any concerns were acted upon. For example, one person said, "We talk about stranger danger and dogs because some dogs can bite". Another person said, "We talk about bullying because bullying isn't a nice thing is it". "When [person who used the service] picked on me, I told the manager and she sorted it out". This showed that people were educated about their safety and how to report safety concerns and issues that were reported were acted upon appropriately. Staff told us how they would recognise and report abuse, and procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their care. For example, one person told us that they were able to access their local community independently as they had agreed with staff that this was safe. They said, "We all need different help. I go out on my own because I'm okay doing that". This person's care records showed they had been involved in the assessment and review of the risks associated with accessing the community.

We found that where safety risks had been identified and assessed, suitable management plans were in place to promote people's safety. For example, one person's care records showed they would be at risk of harm if they accessed the community unsupervised. This person told us that staff supported them to access the community when they wished to do so. Staff showed they understood the plan in place to manage these risks as they the information they gave us about how they managed this person's risks matched the information contained in the person's care plan.

People told us that staff were always available to provide them with care and support. One person said, "We always have staff here, they have a rota and they write down on the board which staff are working days and which are working nights". Staff told us and rotas showed that staffing levels were adapted to meet the individual needs of the people who used the service. The home manager told us and other staff confirmed that staffing levels were flexible and were based around the activities people wanted to participate in. Staff rotas we viewed also confirmed this.

People told us and we saw that medicines were managed safely. One person said, "I'm on tablets after my food and before I go to bed. I get them at the right times". Our observations and people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Effective systems were also in place to

ensure people who were able to self-administer their medicines were able to do so safely. One person told us, "I look after my own tablets. I lock them away so no one else can take them". This person's care records showed that the risks associated with self-administering medicines had been assessed, planned for and managed effectively.

Is the service effective?

Our findings

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "I saw the nurse who told me I needed to be on a diet to lose some weight. My keyworker tells me what's healthy and what's not healthy. I buy yoghurts instead of biscuits now" and, "I'm doing very well with my diet". This person had a care plan in place that detailed the support they required to lose weight and we saw this had been effective as the person had lost weight in a safe and controlled manner. Another person told us how staff had supported them to access urgent medical care after a recent fall. They said, "The staff came to me and took me to the hospital" and, "I had to go to the dentist too, so the staff took me to my appointment". This showed that staff supported people's health and wellbeing needs promptly and effectively.

People told us they could choose the foods they ate. One person said, "We have a menu with different options. We tell them what we want on the menu every week". People also told us and we saw they could access drinks and snacks anytime. One person offered the inspector a drink and freely accessed the kitchen to prepare a drink for the inspector. Staff told us how they supported people to eat healthy, varied diets in line with people's individual preferences. For example, staff told us how they supported one person to eat a vegetarian diet.

People told us that staff respected their right to make decisions about their care. One person said, "If I don't want to do one of my activities I don't have to, I just stay in". Another person said, "We don't do things we don't want to do here". Staff told us that everyone who used the service had the ability to make everyday decisions about their care and treatment. Care records showed that where appropriate people had signed their care plans to show they consented to their agreed care.

Some people were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the staff followed the requirements of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For example, one person had been assessed as not being able to understand the risks associated with accessing the community alone. A best interest decision had been made with the staff, the person's family and social worker in accordance with the MCA. This best interest decision ensured the person received the support they needed to keep them safe when accessing the community.

People who used the service told us they were free to move around the home and access the community. One person said, "I can go out anytime I like". Another person said, "We can all go to our bedrooms and different rooms in the house when we want". 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff told us that some people had a DoLS in place as they would be at

risk of harm if they left Strathmore House alone. Staff knew that these DoLS were in place and supported people to access the community in a safe manner.

Staff told us and records showed they had received training to give them the skills they needed to provide care and support. Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, one staff member told us how training in first aid had been effective in updating their first aid knowledge. They said, "The update about how to deal with choking was really good. I know I need to try back slaps and then an abdominal thrust. We tried choking vests to make sure we had the right technique". Another staff member told us about their medication training. They said, "I did some on line training, but then I was assessed on the job to make sure I did it right". Our observations showed and care records confirmed that staff were suitably skilled to meet the needs of the people who used the service. For example, we saw and care records showed that a person who displayed behaviours that challenged was supported in a safe and effective manner.

Is the service caring?

Our findings

People told us and we saw that they enjoyed living at Strathmore and had positive relationships with the staff. One person said, "I like living here because of the staff and my friends. The staff are funny and they help us". Another person said, "I like the staff, they make me laugh". We observed caring interactions between people and staff. For example, one person came to a staff member and told them they had been for a haircut. The staff member responded to this by telling the person, "You look like a new man". This made the person smile. Staff demonstrated caring values when they spoke to us about their roles. For example, one staff member said, "This is their home. We don't leave anything hanging if there has been any unrest. As staff, we can go home at the end of their shift, but they stay here as it's their home. They should feel happy and comfortable in their home".

People told us they were enabled to make choices about their care and the home environment. One person said, "My keyworker helps me to do a programme every week. I choose what I want to do". Another person said, "I'm going on holiday with people from [another local house owned by the provider]. I wanted to go with them so I could go with my girlfriend". Two people showed us their bedrooms and told us they had chosen how they were decorated. Care plans were in place to guide staff on how to support people's individual communication needs. We saw that staff supported people in accordance with these care plans. For example, in accordance with one person's care plan, we saw a staff member ask a person to show them what they needed support with as they were unable to verbally communicate their needs.

People told us that they were treated with dignity as their independence was promoted. One person said, "Staff help me to clean my room and do my washing and ironing. We all do house jobs too, there's a rota so everyone joins in". Another person told us how staff had supported them to access voluntary work. We asked them why their jobs were important to them and they said, "They make me independent". People also told us that the staff respected their right to privacy. One person said, "When I'm in my room, they knock on the door before they come in".

People also told us and we saw that they were supported to establish and maintain relationships with their families and friends. One person said, "I have a friend visiting this afternoon and staff take me on home visits every month". Another person told us that staff supported them to access activities where they could see their girlfriend. This showed staff respected and supported people's rights to develop and maintain relationships.

We saw that staff knew people well. This included their likes, dislikes and care preferences. Care records contained information about people's care preferences which people confirmed was correct. We saw that staff and people had meaningful conversations that were based around people's interests. For example, we saw one staff member talk to a person about a holiday that they were looking forward to going on. The person enjoyed this conversation and following this conversation, they excitedly told the inspector about their holiday plans.

Is the service responsive?

Our findings

People told us and care records showed that they were involved in the assessment and review of their care. One person said, "I've got a care plan. My keyworker shows it to me, but I can remember what's in it. It's all in my head". Another person said, "I sit with my keyworker and we talk about the things I want to do and the things I don't want to do. It gets wrote down. Sometimes a social worker comes to talk too".

People told us and we saw that action was taken in response to any changes in their care needs. One person told us that staff had given them more support than they usually received as they had fallen recently. Staff confirmed that for a short time, they supported this person to regain their confidence and independence. Another person's care records showed that professional advice had been sought in relation to a change in their behaviours that challenged. One staff member said, "We were worried their behaviours may have changed because they no longer want to live here, so we've asked for a social worker and an advocate to come and visit". This showed that the staff were responsive to changes in people's needs.

People told us and we saw that they were supported to access the community to participate in activities and roles of their choosing. One person said, "I go to lots of places; park life, theatre, aerobics, athletics, basketball, swimming, bingo and I go to church on a Sunday". Another person told us how staff had supported them to access voluntary work. They said, "I have some new jobs. I help at the food bank, an old people's home, the PDSA, a café and I sell programmes at the theatre". They told us they enjoyed their jobs and they were very important to them. This showed that staff enabled people to participate in activities and roles that met their individual needs and preferences.

People told us they knew how to complain about the care. One person said, "If I had a complaint, I would tell the manager. She always helps us". Another person said, "The manager is good at sorting things out. I'd tell her if I wasn't happy with something". There was an accessible, easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. No complaints had been made at this service since our last inspection.

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and responsive. One person said, "The manager is good. She pays the staff and tells them whose doing what". A staff member said, "She's a very good manager. She's very efficient, good at sorting problems out and good with the residents".

People told us they were encouraged to feedback their thoughts and concerns about their care and the home environment during weekly meetings with staff. One person told us, "We have house meetings. We talk about different things about the house, like what needs changing. We even talked about the toilets one week as some people were blocking them. It's not nice to have blocked toilets, so we talked about how to stop it from happening". People were also supported to complete annual satisfaction surveys. We saw that last year's feedback was positive and no action was required in response to the feedback.

The training and development needs of the staff were assessed, monitored and managed through regular meetings with the staff. One staff member said, "We have supervision. We talk about the residents' needs, how we can improve things and any other issues". Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed to check they followed the correct medicines management procedures.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, incidents, staff training needs and health and safety. Where potential concerns with quality were identified, action was taken to improve quality. For example, some gaps in the staffs training had been identified and action had been taken to address these gaps.

Incidents at the home were recorded, monitored and investigated, and when required, action was taken to reduce the risk of further incidents from occurring. For example, care records showed that the registered manager had reviewed a person's risks following a recent fall. The fall was an isolated incident and no further action was required. This showed that a positive approach to risk was taken as no unnecessary restrictions were placed onto the person in response to their one of incident.

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