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Strensham Hill Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Strensham Hill Care Home is a residential care home providing personal care for up to 10 people who have physical and or learning disabilities, including autistic spectrum disorders. The accommodation is provided in an adapted home, with a lift, a specialist bathroom and shared dining room, lounge and rear garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People received personalised care from staff who knew them well. The provider ensured there were enough, suitably recruited and trained staff to meet people's needs and promote their wellbeing.

Staff knew how to protect people from the risk of abuse. Risks associated with people's care were identified and managed safely, including receiving their prescribed medicines. People were supported to maintain a varied and healthy diet and to access other professionals to maintain good health.

Staff were kind and caring, treated people with respect and promoted their privacy and dignity at all times. People's diversity was recognised and promoted by the staff and very good systems were in place to meet people's communication needs. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People benefitted from a service that had an open and inclusive culture. The provider monitored the quality and safety of the service to ensure it remained safe for people. Staff enjoyed working at the service and felt supported and valued by the registered manager. People and their relatives felt confident any concerns and complaints they raised would be acted on. The provider listened and acted on people's views to drive improvements at the service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Strensham Hill Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Strensham Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included information from local authority commissioners. We reviewed the information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke briefly to two people who used the service as most people did not communicate verbally. We also spoke with two members of staff including the registered manager and the operations manager. We spoke to the visiting medical professional who knew the service well. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of two people using the service, and other records including those relating to medicines and quality assurance.

After the inspection

We spoke with two relatives. We continued to seek clarification from the provider to validate evidence found. Appropriate information was sent to us in relation to quality assurance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with had no concerns about their family members. One said, "Nothing worries me there, it's very clean and safe."
- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would act if they raised any concerns.
- Staff told us they would not hesitate to use the whistleblowing procedures if they had concerns about misconduct of any kind.
- There were effective systems in place which followed local safeguarding procedures.

Assessing risk, safety monitoring and management

- When people presented with behaviour that may challenge, staff described how they supported people with their behaviour. We saw this matched the information in people's care plans, which showed us people received consistent care.
- Staff knew people well, understood their needs and explained how they minimised restrictions on people whilst ensuring they were safe. For example, one member of staff told us how people were supported to use the kitchen to make drinks and snacks safely.
- Risk assessments were person centred and regularly reviewed. Environmental risks were also considered and mitigated.

Staffing and recruitment

- People were supported by a consistent staff group, most of whom had worked at the service for many years and who knew them well.
- Relatives and staff had no concerns about staffing levels. The registered manager told us that they and the operations manager were always available to cover any staff shortages.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- Medicines were stored correctly, and people received their medicines as prescribed, including skin creams.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- Staff were trained to administer medicines and competency checks were carried out by managers to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, including wearing personal protective equipment such as gloves and aprons when providing care.
- All staff prepared meals for people, and Strensham Hill had recently been awarded the highest food hygiene rating.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were analysed to identify any themes or trends and then action taken by staff to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and staff worked closely with other professionals to ensure people's care and support was person-centred and based on best practice.
- Where appropriate, relatives had been asked to contribute to the assessment of people's need. This enabled staff to understand more about a person's history and life experiences.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met.

Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge to provide effective care.
- Staff had the skills and knowledge required to support people. We observed staff were skilled when supporting people with complex disabilities.
- Staff told us they received training relevant to their role. One staff member told us "We have lots of training." Staff also received one to one supervision which offered them support and guidance within their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough food and drink to maintain their health. We saw people were offered a choice of meals, and drinks were regularly offered.
- Where people had specific dietary needs, staff were aware and supported people to eat and drink safely. For example, staff ensured food was prepared safely for people who required texture modified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to manage their healthcare needs. The registered manager and staff worked in partnership with other agencies to ensure people received specialist support when needed. A visiting health professional said, "The medical care is good here."
- Care records contained information about people's health histories which offered guidance to staff about how to identify changes in people's health. There was also clear guidance about people's health and support needs for when they needed to attend medical appointments or hospital.
- Care records reflected people had regular visits to the optician, dentist and other health professionals as required. Care plans provided information of the support people needed to maintain good oral hygiene.

Adapting service, design, decoration to meet people's needs

- The environment met people's needs. There was a spacious lounge, dining room and kitchen as well as an accessible garden for people to enjoy. We saw some people also spent time in their bedrooms, which were personalised according to people's interests and tastes.
- The home was adapted to meet people's needs and promote their independence. There was a lift to access the bedrooms. Each bedroom had a bathroom and some had ceiling hoists to ensure people could be supported safely, in line with their assessed needs.

Ensuring consent to care and treatment in line with law and guidance

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- The registered manager understood when people were potentially being deprived of their liberty. For example, they had submitted a DoLS application for a person who lacked capacity and was under constant supervision to keep them safe at the service. This assured us that the person's rights were being upheld.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives were consistently positive about the caring attitude of the registered manager and staff. A relative said, "The staff are lovely."
- Staff told us they enjoyed their job. One said, "We all really care about people, I would want my relative to live here, I love it here."
- Staff knew people's life histories and their likes and dislikes. Staff were aware of people's diverse needs and so understood how to support them. For example, some people liked to attend a local church.

Supporting people to express their views and be involved in making decisions about their care

- Relatives were confident their family members were supported to make day to day decisions about how they were supported. One told us, "[My relative] decides things when she can, the staff help her to choose meals and clothes for herself."
- Advocates were available to support people if needed. An advocate is a person who supports people to express their wishes.
- Staff supported people who were unable to communicate verbally with kindness and dignity.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. A member of staff told us about how they use prompts to encourage people to do as much for themselves as possible, including supporting people to make snacks and drinks when appropriate to do so.
- Staff were committed to promoting people's privacy and dignity and ensured people had privacy whilst maintaining their safety.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff that knew them well. Staff were able to describe how people liked to receive their care in detail.
- Care plans included detailed information about people's likes and dislikes and explored people's relationship needs to ensure any needs on the grounds of protected characteristics were accurately recorded and their preferences met.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS by identifying and meeting the needs of people living at Strensham Hill. When needed, information was made available to people in a variety of formats, including easy read, large print and photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us people were supported to follow their interests and could choose how they spent their time. Activities such as arts and crafts, board games were available for people to choose from, as well as outings on the home's minibus.
- Relatives told us how staff kept them informed and maintained continuity between home and the service. One told us, "The manager is good, they always phone me up, I am always kept in the loop."
- Staff supported people to continue their day to day activities, such as going to day services, whilst they were staying at their home.

Improving care quality in response to complaints or concerns

- Relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. One relative told us, "You can talk to all of the staff".
- There was a complaints procedure in place which was available in alternative formats, including an easy read version. Any complaints were logged and responded to in accordance with the provider's policy.

End of life care and support

- While the service was not supporting anyone at the end of their life, there were systems in place to enable people to discuss and record their wishes and preferences, involving relevant professionals.

- Staff demonstrated an understanding of how people's religious beliefs and culture may impact on their preferences for end of life care. This assured us that people would be supported to have a comfortable, dignified and pain-free death.

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 the last inspection this key question was rated as Good At this inspection this key question has remained the same. 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

- Relatives and professionals told us they felt the service was well-led. One relative said, "Everything is in order, it is very well run."
- The registered manager, with support from the operations manager, promoted a positive culture which was reflected in feedback from staff who told us they felt valued and listened to.
- The registered manager had an excellent understanding of the needs of people who lived at the home and was passionate about people receiving a high standard of care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager regularly reviewed the quality of care people received. They completed audits on care and medicines records and acted where inconsistencies were identified. The audits of the service were detailed and comprehensive.

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

- People's views and feelings were recorded by staff during day to day observations and support. Relatives had the opportunity to express their views about the quality of service provided through feedback questionnaires which were sent out every year.
- Relatives we spoke with told us that the managers were all approachable.

Continuous learning and improving care

- Staff were supported to obtain relevant qualifications while they worked at the service.

- The registered manager attended manager's meetings organised by the provider. They told us these gave them an opportunity to discuss learning from incidents or events and share good practice.

Working in partnership with others

- Staff worked with people's relatives to understand people's life histories and personal experiences. Relatives spoke positively about the staff team and felt well informed about their family members care and support.
- The registered manager and staff worked in partnership with a range of other professionals to meet the needs of people living at the home.