

# Strathmore College Limited

## Park View

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 11 November 2016. This was an unannounced inspection. At our previous inspection in November 2013 we found that the service met the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is a residential college for young adults and is registered to provide accommodation and personal care for up to 12 people. People who use the service have a learning disability and or other disabilities, such as; communication or mental health conditions. At the time of our inspection eight people were using the service.

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.

People described staff as going 'the extra mile' when they provided care and support. People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

People were supported to establish and maintain friendships and relationships. People's individual communication needs were considered during care planning and care provision. The provider's inclusive attitude to training enabled people who used the service to become trained in a specific communication method that some people who used the service depended on to communicate. This meant people could communicate effectively with each other.

Staff understood how to keep people safe and people were involved in the assessment and management of 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.

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

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 the Deprivation of Liberty Safeguards (DoLS) were followed.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to attend both urgent and routine health appointments as required.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that met their personal 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 we saw that complaints were managed in accordance with the provider's complaints procedure.

Systems were in place to enable people to move from this service to other services in a planned and coordinated manner.

The management team 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 and the provider kept up to date with changes in health and social care regulation.

## 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. Risks to people's health, safety and wellbeing were regularly assessed and reviewed with them and staff understood how to keep people safe.

Safe staffing levels were maintained and staff knew how to identify and report potential abuse.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. People were supported to eat meals that met their individual preferences. Health care plans were in place that ensured people's health needs were effectively monitored and managed.

Staff supported people to make decisions about their care in accordance with current legislation. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

### Is the service caring?

Outstanding ☆

The service was caring. People described staff as going the extra mile when they received care and support. The provider had an inclusive approach to training which enabled people who used the service to compete the same training staff completed to help them to communicate effectively with each other.

People were treated with kindness and respect and their right to privacy was promoted. People were involved in planning their care and their care preferences were met. Friendships and independence were promoted.

### Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care to ensure their care met their individual preferences and needs.

People were supported to access the community and systems

were in place to enable people to move between Park View, college and other services smoothly and effectively.

Complaints about care were acted upon to make improvements to care delivery.

**Is the service well-led?**

**Good** ●

The service was well-led. People and staff were supported by an effective management team.

Effective systems were in place to regularly assess, monitor and improve the quality of care. Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

# Park View

## **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 Park View on 11 November 2016. 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. We used this information to formulate our inspection plan.

We spoke with five people who used the service, a relative, three members of care staff, the registered manager, the home manager and the inclusion 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 three 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

Without exception, people told us they felt safe and secure at Park View. One person said, "It's a nice area to live". Another person said, "I can lock my door, I have my own key". People told us they felt safe because they received the support that they needed to promote their safety. For example, one person said, "I feel safe because I know the staff will support me". People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their health and daily living. Staff showed that they understood people's risks and we saw that people were supported in accordance with their risk management plans. For example, people who needed support to keep them safe when they accessed the community received this support.

People told us that staff were always available to provide them with care and support. One person said, "There's always staff on shift and if I choose to stay in when everyone else goes out, someone always stays at home with me". Another person said, "Staff are always around so I get to do the things I want to do". The home manager told us they regularly reviewed the staffing levels. People told us and rotas showed that staffing levels were adapted to meet the individual needs of the people who used the service. For example, the home manager told us and other staff confirmed that staffing levels were increased during transition periods (admissions and discharges) and when people displayed signs of high anxiety.

People told us they felt safe around the staff and a relative we spoke with confirmed they felt their relation was safe at Park View. They said, "[Person who used the service] now has a lot of trust in the staff" and described the staff as, "Thoughtful and capable". 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 and we saw that medicines were managed safely. One person said, "My medicines are kept in a safe in my room. The staff give them to me when I need them, I prefer it that way". 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. Systems were in place to promote safe self-administration of medicines if people chose they wanted to do this.

People were helped to understand what potential abuse was and how to report it. Staff and people told us that safety and abuse was discussed on a regular basis through meetings and college sessions. Staff explained how they would recognise and report abuse. 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.

# Is the service effective?

## Our findings

People told us they could choose the foods they ate. One person said, "We have a meeting where we choose the weekly menu so we all get a say. If I don't want what's on the menu, I can cook something different for myself". Another person told us they had chosen to not eat what was on the planned menu for the evening of our inspection. We saw that this person was supported to eat a meal that met their personal preference. People could access snacks between meals if they were hungry. We saw a staff member respond to one person who indicated in their own communication style that they were hungry by providing them with a snack.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "The staff help me to see a doctor when I need to". People had health care plans in place that recorded their health needs, how and who should monitor these needs and which professionals were involved in their health care. Care records showed people were supported to visit health care professionals' including; GP's, psychologists and community nurses. We also saw that staff responded to urgent changes in people's health needs. For example, we saw one person had been supported to visit the local walk in centre when they needed an urgent medical assessment.

People told us that staff respected their right to make decisions about their care. One person said, "I've opted out of the evening activities". This person confirmed that staff respected this decision and they were not forced to take part in activities that they did not wish to participate in. Staff told us that most people had the ability to make everyday decisions about their care and treatment. However some people were unable to make important decisions about their health and wellbeing. We found that in these circumstances the requirements of the Mental Capacity Act 2005 (MCA) were 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff demonstrated they understood the principles of the Act and the care manager told us they had identified that one person did not have capacity to make the decision to live at Park View. As a result of this assessment, the care manager was in the process of working with the person and their representatives to ensure the decision to reside at Park View was indeed in the person's best interests.

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 care manager told us they were in the process of making a DoLS application for a person who used the service in line with the MCA.

People told us they had confidence in the staff to provide them with the support they needed. One person said, "The staff know what to say to me when I'm anxious". A relative said, "Staff training has really lifted off. New staff appear better equipped to do the job". 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 their training had helped them to support people with autism more effectively. They said, "It made me more aware of the time it takes people with autism to process information which has really helped with [a person who used the service]. It means I give [person who used the service] more time to process what I say". We saw this staff member communicate effectively with the person they were referring to which showed they had understood and applied their training.

## Is the service caring?

### Our findings

People told us and we saw that the staff were kind, caring and respectful. One person said, "I get on with the staff and have a good laugh. Sometimes it feels like they're my friends rather than my carers". We observed caring interactions between people and staff. For example, staff asked one person if they had enjoyed an activity they had completed that day. The person indicated that they had not and the staff member immediately knelt down by the person and asked them why. They then ensured they were happy and settled before they left the room. The person looked happy and settled as the staff member left as they were smiling and watching the television.

People told us that staff often went 'the extra mile' when they supported them. For example, one person told us how proud they were to have achieved their Bronze and Silver Duke of Edinburgh (DofE) awards during their stay at Park View. DofE is an internationally recognised skills based award. They told us they had challenged their keyworker to complete the DofE Diamond Challenge (A challenge to celebrate the diamond anniversary of the DofE award). They took great pride telling us that their keyworker had completed this challenge at their request. This person told us that that this made them feel happy and respected because the staff member had completed the challenge that they had set them. A relative told us that staff had gone, "Above and beyond" to ensure their relation had a special birthday celebration. They told us that staff enabled the person to access the community to have their hair and makeup professionally done ready for their special party which made the person very happy.

People who used the service were supported to establish and maintain relationships with their families and friends. We observed one person ask the care manager if they could invite a friend over to visit them. The care manager immediately said yes and asked if their friend would like to stay for tea. The care manager told us that some people who used the service found it difficult to form and maintain friendships. As a result, the staff supported people to do this. For example, staff had observed that one person appeared to have formed a friendship with another person who attended the same college as them. This person did not live at Park View. However, staff supported this person to invite their friend to visit them at Park View, so their friendship could be extended outside of college.

Some people who used the service could not verbally communicate, so they used Makaton as a communication method. Makaton uses signs and symbols to help people to communicate. One person said, "I did the Makaton training with the staff, so I can communicate with [person who used the service]". This showed that the provider used an inclusive approach to their training programme which enabled people who used the service to participate when appropriate. This approach had enabled people at Park View to obtain the skills they needed to communicate with each other effectively.

The care manager was due to take maternity leave from the service. They had identified that their absence from the service may trigger anxiety, so they were preparing people for their absence. They used a different approach to do this for each person who used the service as each person's level of understanding and communication styles varied. For example, we saw one person had been helped to understand this through the use of pictorial prompts. This explained that a photo of her and her baby would be shared with them

and they would next see them at next year's graduation/awards event. Another person told us they were being supported to prepare for this using a 'count down' system, so they knew when the home manager was leaving. This person told us, "We've agreed I'm going to write down the things I've done in a book for her so she can read what I've been doing when she comes back". This made the person feel valued and showed the person that they cared about them and their progress. This showed the manager used a caring approach to ensure each person who used the service understood why they were leaving and when they would be coming back.

People described Park View as a, "Home from home". One person told us, "They told me I could bring things from home to make my room here feel more like home" and, "I chose the colour of my room". This person told us they chose to move room part way through their stay, but their second room was also decorated for them in line with their personal preferences. People told us and their care records showed that they were asked how they wanted to receive their care so they would feel settled and content. One person's care records stated, 'I like some things the same as home. I would like staff to pop in say goodnight to reassure me and make me feel safe'. This person confirmed that this happened as planned which helped them to feel safe and cared for.

People told us that their independence was promoted. One person said, "My keyworker helped me to organise and label my drawers and wardrobe. It's helped me to be more independent". Another person told us how they had learned to cook, do laundry and clean and maintain their flat during their time at Park View. Care plans were focussed on enabling people to be as independent as they could be and staff helped people to acquire and maintain independent living skills.

People could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. This right to privacy also extended outside of the service. For example, one staff member told us how they ensured they promoted a person's right to privacy and independence during their work placement. They explained that they needed to be close by to monitor and respond to any signs of anxiety or distress, so they had gradually built up to spend short periods of time outside of the room that the person was in so they knew they were close by if they needed them.

## 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 sit with my keyworker and run through my plan, then I sign it to say I agree". Another person told us how they were in the process of agreeing a new care plan with their keyworker as their needs had recently changed.

People and staff told us that the keyworker system was an effective way of ensuring individual needs were regularly assessed, monitored, reviewed and communicated to the relevant people. One staff member said, "As a keyworker I represent my student and write their support plans and risks assessments. I'm their 'go to' person. I also keep in contact with their students' families and other people involved in their care. I also plan reviews". People told us they liked to have a named person who they could go to for any extra support. One person said, "I can go to my keyworker about anything".

People told us and we saw that they were supported to access the community to participate in activities of their choosing. One person told us they were supported to play sports, so swimming and attend an art group. On the evening of our inspection, we saw that people were supported to visit a local pub for their evening meal.

People told us they knew how to complain about the care. One person said, "I would tell my keyworker or the home manager". There was an accessible, easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. People also told us that when they made a complaint, the home manager made changes to improve their care. One person told us about a complaint they had made. They said, "[The home manager] sorted it and they apologised to me". A relative said, "Nothing festers, things get sorted". Records showed that people used this complaints procedure and complaints were managed effectively to improve people's care experiences.

People who used the service also attended the provider's specialist college. Systems were in place to enable people to smoothly move from college to Park View and vice versa. Effective handover systems were in place to ensure people's individual needs were handed over on a daily basis. People were encouraged to play a key role in this handover where able. For example, one person showed us their workbook/diary which they completed every day to record the activities they had participated in and how they had felt during the day. They told us that they could show this to the staff at Park View to help them describe their day and how they were feeling. This system ensured staff had access to the information they needed to provide continuity in the care and support they provided to people.

The staff groups at the college and Park View were different, but they all overlapped and worked together to ensure people's educational and care needs were consistently met. For example, staff from Park View would work with people at college and work placements to provide practical and emotional support. This combined staff group worked with people, their families and other health and social care professionals well in advance to plan moves from the service when people's time at the college ended. One person said, "We are already thinking about what I want to do next". This ensured that transitions from the service to future

services would be planned and coordinated.

## Is the service well-led?

### Our findings

People and staff told us the home manager and registered manager were approachable and responsive. One person said, "[The home manager] is great, I really trust her". Comments from the staff about the manager included; "Fair and easy to talk to", "Very, very good and dedicated" and "Keeps a good atmosphere. Good things happen in this home, they keep a good team here".

People told us they were involved in feeding back concerns about the service and making decisions about changes to the home. One person said, "We have the learner voice committee. We can bring issues from the house to those meetings". They gave us an example of where they raised a concern about the Wi-Fi at the home. They told us the provider had listened to this concern and had made improvements to the Wi-Fi. This showed the provider was responsive to people's feedback about their care experiences.

Frequent quality checks were completed by the management team. These included checks of medicines management, incidents, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, a recent check of care records showed some keyworker meetings were not being recorded as required. We saw that action had been taken through individual meetings with staff to address this issue.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. We saw that a recent incident had triggered the registered manager and provider to review and update one of the company's policies. This update meant the policy now reflected the current needs of the people who used the service.

The training and development needs of the staff were assessed, monitored and managed through regular meetings and an appraisal system. 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 by a manager to check they followed the correct medicines management procedures. The home manager told us prompt action would be taken to address any concerns raised.

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.