

Ashdale Care Homes Limited

Stratford Court

Inspection report

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11 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this home on the 10 and 11 May 2016. This was an unannounced inspection. Stratford Court provides accommodation for a maximum of 30 older people, many of whom live with dementia and who require support with personal care. There were 28 people living at the home when we visited although two of these people were in hospital.

At our last inspection in January 2014 we found that the provider was meeting the requirements of the law.

The service had a registered manager, and they were present throughout 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 living at the home told us they felt safe, and this was supported in our conversations with relatives. People were encouraged to raise any concerns they had. Staff knew how to recognise when people may be at risk of harm and how to report any concerns. Risks to people had been assessed and identified but the assessments and measures to reduce the risk for the person had not always been updated when people's needs changed.

The home had a passenger lift and hoists that helped people get in and out of the bath. These had been serviced but not tested as is required by Health and Safety legislation to ensure they were safe to use.

People were supported by staff who knew how to meet their needs. We saw staff responding well to a wide range of people's needs, although records did not support that all staff had been provided with the required courses or had updates to their training. There were enough staff on shift who were effectively deployed to meet people's needs. Staff knew people well and could tell us people's preferences for support, their likes and dislikes and about important people in their lives.

Medicines were given in a dignified and safe manner. Only staff who had received medication training were able to give medicines.

People spoke highly of the care they received and praised the compassion and kindness of the staff who supported them. Feedback from relatives and health professionals supported this. People had access to healthcare professionals and the service was proactive in seeking advice when people's healthcare needs changed. When advice was given prompt action was taken.

People were offered a varied and nutritious diet. The menu had been planned taking into account people's preferences and dietary needs. People told us they enjoyed the food.

Only some of the staff we spoke with had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Some of the staff we spoke with were able to describe how this legislation was applicable to the people they supported.

Some people we met were living with complex and advanced dementia and were approaching the end stages of their life. We have made a recommendation that the provider develops further in this area, to ensure people with these needs receive good care.

People had the opportunity to join in a range of activities both as a group and individually. The majority of people we spoke with told us they enjoyed these.

People and their relatives knew how to raise any concerns or complaints and felt assured that these would be dealt with promptly. We saw the complaints procedure was accessible to all people living at the home.

There were systems in place to monitor the quality and safety of the service, but these had not always been effective at identifying issues where attention was required. The registered manager and the home owner worked at the home each day and had an in-depth knowledge of the home, challenges and areas for future development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The home was not consistently safe.

Risks people faced were not well assessed kept under review. This did not fully protect people from new and increasing risks they faced.

Evidence was not available to show that lifting equipment had been checked as is required to ensure it was safe to use.

People were supported by staff they liked, and who had been recruited following robust checks.

Medicines were well managed.

Is the service effective?

Requires Improvement ●

The home was not consistently effective.

Most people received care that met their needs and expectations well. People with more complex and advanced dementia could not be certain their needs would be well met.

Most people were satisfied with the food, and it met their dietary and cultural needs.

The registered manager and some of the staff team were aware of their responsibilities under the Mental Capacity Act.

People had access to a wide range of health professionals. Staff acted quickly when people's medical needs changed.

Is the service caring?

Good ●

The service was caring.

Individuals reported that they were cared for with kindness and compassion.

Staff worked to promote and protect people's dignity and privacy.

Is the service responsive?

Good ●

The service was not consistently responsive.

Most people enjoyed the activities that were provided each day. Further work was needed to provide activities for people who experience complex dementia and for people who have little or no confusion.

Most people were satisfied that their concerns and complaints would be dealt with fully by the registered manager.

Is the service well-led?

Requires Improvement ●

The home was not consistently well led.

Records to underpin the care people required and risks they faced were not all up to date, or reflective of people's current needs.

The home was run by an experienced and consistent management team.

People and their relatives told us the care delivered was of a high quality.

Stratford Court

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 10 and 11 May 2016 and was unannounced. On 10 May the inspection team comprised of two inspectors, and on 11 May one inspector.

As part of the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete 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. Due to an administrative error, the PIR was not received before the inspection.

During our inspection we met all of the people living at the home and spoke with 12 people. We also spent time observing day to day life and the care and support people were offered. We sampled some records including four people's care plans and medication administration records to see if people were receiving their care as planned. We sampled three staff files including the recruitment process. We sampled records about training plans, meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

We spoke with the registered manager, deputy manager and four support workers. We spoke with seven relatives to ask them about their experience of the service and received information from three care professionals.

Is the service safe?

Our findings

People we spoke with told us that they felt safe. Comments from people included, "There's a very friendly atmosphere and I feel safe here," and "I've lived here for a long time now. I like it. I have never felt scared." Relatives that we spoke with told us their relative was safe at the service and their comments included, "Regards [name of person] safety, I have no concerns at all" and "I have complete peace of mind. I am never concerned about any aspect of her safety."

We looked at the way the service managed risks to people living at the home. We found that each person's individual risks had been identified and assessed and plans written to reduce the likelihood of these risks occurring. However we found that sometimes people's needs had changed, and the staff reviewing the risk assessments had not identified this and taken action to accurately update the record or adjust the support the person required to reflect this increased risk or level of need.

Accident records had been completed accurately, but the systems to review accidents, including analysing the cause and frequency and using the information to update care and risk assessments had not been effective. Staff we spoke with were not consistently able to describe the current risks that people were experiencing or the support in place to help mitigate these risks. Some people had experienced a series of falls in close succession. Whilst these had not resulted in any serious injury no prompt action had been taken to review the risk and adjust the level of support to ensure further falls could be avoided. The registered manager acknowledged this and agreed to make changes to improve upon this during our inspection.

The premises and garden areas of the home had been designed and well maintained to protect and promote people's safety. The registered manager had ensured rails were available in toilets and bathrooms for example to promote people's independence and safety when meeting their personal care needs. The home had a passenger lift to help transport people between the floors of the home and bath hoists to enable people to safely access the bath. Records were available to show this had been serviced but were not available to show that this equipment had been load tested as is required by Health and Safety legislation. These tests ensure the lift is safe to use.

Staff we spoke with had received safeguarding training and were able to tell us the possible types of abuse people were at risk from. Staff were able to tell us what action they would take to keep people safe, including knowing the person, and how to use the provider's safeguarding policy. Staff were confident in being able to inform the registered manager if they had any concerns and were aware of other agencies they could contact if they felt the registered manager had not taken appropriate action. The registered manager was aware of their responsibilities for safeguarding people from harm and had responded appropriately to safeguarding issues that had occurred in the home. Records showed that only four of the twenty one staff employed had received safeguarding training. This level of training would not ensure that staff were aware of the current safeguarding practices, or have the ability to recognise potential signs of abuse.

People and their relatives told us there were enough staff on duty during the day, and our observations showed that people's needs were met promptly. We observed that staff had a clear sense of purpose and

were aware of their responsibility for each shift. Concerns were raised with us about the number of staff on duty at night. Some people and some of the relatives that we spoke with expressed concerns that the number of staff on duty may not be adequate to support people in the event of an emergency. The registered manager provided assurance that the staffing ratio's were correct and regularly reviewed by her, although no formal staffing tool had been used to determine the staffing required. The registered manager informed us that for the majority of the week an on-call manager was available on site overnight and that staffing numbers were reviewed when people's needs increased, such as at the end of their life. No one that we spoke with was able to share any examples of their needs being unmet during the night.

There were processes in place that were followed for safe staff recruitment. These included obtaining Disclosure and Barring Service (DBS) checks to ensure staff employed were safe to be working with people. Further checks, such as obtaining appropriate references, were carried out to ensure staff were suitable to support people who used the service.

People had been supported to receive their medicines in a dignified and sensitive manner. Staff explained to people what medication they were taking and what each medicine was for. Medicines were stored safely and additional checks were made for medicines that needed controlled storage or refrigerating. Staff had received training in the safe administration of medicines and checks to ensure staff remained competent to give medication were regularly undertaken. Systems were in place to promote medicines safety such as staff wearing tabards, alerting people that they administering medicines and maintaining records which included personal details for people and a photograph. People confirmed they received their medicines when they required them. An external audit completed recently by a pharmacist also found medicines were well managed. These were all ways of further ensuring the right person received the right medicine at the right time.

We were informed that audits of medication were carried out to ensure medicines had been given safely, but these checks had not been recorded. The supplying pharmacy told us that good systems were in place for ordering medicines, and that changes to doses or new medicines were brought to their attention quickly. People could be certain their medicines were well managed.

Is the service effective?

Our findings

People told us they had confidence in the ability of staff to support them. Comments from people included, "I could not have found better care anywhere" and "Staff look after my needs really well. I like this home. I certainly can't grumble." Relatives supported this and told us " [Name of person] has never been so well cared for in all their life," and "Staff know what's 'right' for [name of person]. If something is different they notice and are quick to get the Doctor out to them." We spoke with three health professionals who told us that the staff at Stratford Court had a good understanding of the health and support needs of older people. They told us care was good and when we asked how they could support this they gave examples of the low number of pressure sores and the low number of people requiring food supplements. We found that the majority of people had their needs well met by staff who felt supported.

The home was supporting a small number of people who had complex needs relating to their dementia. Some people were cared for in bed, and we found that the physical care offered to them was good. People we met had been supported to eat, drink, stay fresh and clean, and records showed people had company from staff for some parts of the day. Other people we met displayed some difficult behaviours relating to their confusion and dementia. We did not find these people's needs were consistently well met. We observed that while individual staff supported people with compassion, no specialist care plans, activities or resources had been provided, and people living with these specific and complex needs could not be certain their needs would be well met. We recommend that the service finds out more about current best practice, in relation to the specialist needs of people living with dementia.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 had applied for DoLS for people whose liberty was being deprived. They were aware of and had followed the correct procedures.

Staff told us about the different ways that they obtained consent from people, based on the person's individual communication needs. We observed staff asking if they could support people, and heard them explaining what they would like the person to do before supporting them. People told us that they felt involved in their care and confirmed they were asked for consent. Their comments included, "They encourage me to do as much for myself as I can, and always ask me before helping with the other bits." Staff spoke of the importance of knowing people's likes and dislikes in supporting people to make decisions. One person whose care we looked at in detail sometimes needed their medicines to be hidden in their

foods. (We call this 'covert' administration.) Set processes need to be followed in the event of this being required to ensure the medicines can be given safely with foods, and to ensure the person's human rights are maintained. This work had not been undertaken at the time of our visit, but the registered manager agreed to address this immediately.

Staff we spoke with felt supported in their role. Comments from staff included, "I feel well supported and have no concerns. I love working here," and "I get on the job support from the seniors and management team, as well as support in supervisions." Staff we spoke with told us that they were able to approach the registered manager or deputy manager at any time should they have any concerns and didn't feel the need to wait until their next planned supervision. Staff informed us that they received regular training, including training in people's specific needs to enable them to support people effectively. The records of training provided by the registered manager did not provide evidence that training had been provided to all staff in either safe working practices or in how to meet the specific needs of the people living at the home. The registered manager's training records did not provide evidence of the dates training had been provided, and would not help the management team know when refresher training would next be required.

The registered manager informed us that arrangements were in place to provide new staff with the Care Certificate. This is a nationally recognised induction course providing care staff with a general understanding of how to meet the basic needs of people who use social care services. No new staff that required this training had been recruited at the time of our inspection.

People that we spoke with were happy with the food served. Comments from people included, "It's good food here, like you would make yourself." We sat with people over a lunch time meal and heard people praising the food. Comments included, "It's very good", "The meat is very tender" and "I'm not planning on leaving any." We observed that no choice was provided as the meal was served, but observed and were informed that staff adjusted portion sizes, and the menu served was based on their knowledge of people's wishes and preferences. People had been asked about their food preferences and dietary requirements and this information had been used while developing the menu. People we spoke with were satisfied with this arrangement. We observed that the mealtime was a pleasant experience for people. People sat at attractively laid tables, and had been provided with drinks, napkins and condiments. Discreet support was provided when people asked or needed it. Some of the people and their relatives informed us that the tea time meal was always soup and sandwiches. The registered manager informed us other choices were available, but people we spoke with did not always know about this and it wasn't made clear on the displayed menu. Generally we found that people were provided with food that they liked at breakfast and at the main meal of the day. These meals met their medical and dietary needs. However we found that further communication around choice would be beneficial to help people exercise choice around snacks and the tea time meal.

People told us that they saw healthcare professionals regularly to maintain their health. Whilst carrying out the inspection we saw that staff responded quickly to people who were feeling unwell and arranged for the doctor to come and see them that day. We spoke with a visiting healthcare professional who told us that staff were always quick to alert them if they had concerns about a person's health and acted promptly on any advice given. Relatives informed us that the service monitored people closely for any changes to healthcare needs and took action when needed. One relative told us, "They [the staff] are so attentive. They notice even tiny changes in her well-being and seek advice." The healthcare professionals we spoke with and received feedback from all told us that people's healthcare needs were well met at this home.

We recommend that the provider finds out more about current best practice guidance for people living with advanced and complex dementia.

Is the service caring?

Our findings

All of the people we spoke with felt cared for and comments from people included, "The staff are very kind," "They don't just care for us, they give us friendship as well" and "Staff look after me so well. I couldn't thank them enough." Relatives we spoke with confirmed this and their comments included, "I see the way they look after Dad, and the other people who live here. They are golden, priceless, I couldn't thank them enough" and "Staff are lovely" and "Staff are always kind and friendly. I see and hear the way they are with people. Always gentle and often having a laugh together. It's lovely."

Staff that we spoke with were enthusiastic about the people they supported and in our conversations conveyed a sense of pride in knowing people were well looked after, and receiving good care. Our conversations with staff and our observations provided evidence that staff knew people well and were able to describe their likes, dislikes and their family background. Staff knew parts of people's life histories and when asked staff said they would look in people's care plans for more information. A relative we spoke with confirmed this, and told us, "There is such a good rapport between us [the family] and the staff. They [the staff] know mum really well."

People told us that visitors were welcome to visit at any time and that there were no rules of when or how often they visited. One relative told us, "They make us feel very welcome. They care for Mum, but also for us if there is anything we are concerned about."

We observed people being treated with dignity and respect. We observed staff speak to people with respect. We observed staff knock and wait before entering people's bedrooms. The home owner had taken action to eliminate shared rooms, which meant every person had their own private bedroom. One person explained that staff needed to stay with her when she had a bath. They described how staff did this in a way that ensured her safety but protected her privacy as far as possible.

Several people told us that their appearance was important to them. We observed that people had been supported to maintain a high standard of personal hygiene, to attend to their nails and hair, and to wear jewellery for example if this was their choice. Relatives told us, "Mum is always clean, her hair and nails are nice. That has always been important to her" and, "Mum has always been very fussy about her appearance. She still values using her hair rollers and wearing make-up. Staff support her with this."

Is the service responsive?

Our findings

The majority of people told us they enjoyed the activities that they took part in. People told us "There's nothing I'd like to do, that I'm not currently doing" and "Staff will try and organise whatever activities we want." We observed people being provided with the opportunity to partake in individual activities such as jigsaws and solving puzzles, as well as group activities such as dancing and a quiz. Music was played in one lounge of the home for long periods of each day, and we observed people tapping their feet and humming along to this, suggesting they were enjoying it.

Our observations and records kept by the home showed that people who chose or needed to spend long periods of time in their room were at increased risk of social isolation, and while some specialist resources had been obtained these were not offered frequently. Some of the people who were not living with confusion or dementia, described the activities as "babyish" and wished staff would spend time with them pursuing activities of interest to them. The registered manager had taken action to provide dedicated activity staff across the day shift with the intention being that people all had the opportunity to do something they enjoyed, and that people were able to access activities during the best part of the day for them.

Staff we spoke with and the observations completed during our inspection identified that staff were good at identifying changes in people's health care needs. We observed staff contacting healthcare professionals when changes related to healthcare were noted during our inspection. We looked at care records, and some of the people whose care we looked at in detail had lived at the home for many years. It was apparent that people's needs had changed significantly over that time, and the record that was pertinent to their current care needs were not always readily available.

People and their relatives told us that if they had any concerns they would speak to the registered manager. All but one person we met had confidence that the registered manager would try and resolve the issue promptly. Comments from people included, "I have never had to complain but if I did I have full confidence they would sort it out for me" and "Staff look after us really well. If I had a problem I would go to them for advice. If they don't know the answer they would find out. It would get sorted out." Most of the relatives shared this level of confidence that concerns would be quickly sorted out and told us, "I have never had to make a complaint, but if I make a comment or suggestion they remember and I'm amazed that the next time I come it has been acted upon." We tracked one issue that a relative had first brought to the registered managers attention several years earlier. The relatives told us that they remained dissatisfied with the action taken. The registered manager told us they had not received any complaints since our last inspection.

Is the service well-led?

Our findings

Everyone we spoke with gave positive feedback about the way the home was managed. People living at Stratford Court told us, "I know who the gaffer's are, and I can speak to them at any time," and "It is always calm, organised, we know who is in charge, but they aren't showy about it." Relatives told us, "It is 100% brilliant, the management, the staff, the carers the whole home" and "It is a very consistent management team. A lot of them have worked together for a long time, and you know you will get the same answer and level of service from all of the senior staff."

Care homes are required by law to record the care that they plan and deliver to people. While we found that each person did have a written plan these were not always in good order. The plans did not always reflect people's current needs, this was of particular concern when people had lived at the home for many years and had become more dependent over time. We identified from accident records that people had fallen, sometimes multiple times in a short period of time. Records that assessed the risk of falling and planned the support each person needed to help them stay safe had either not been reviewed at all, or reviewed without taking into account the falls the person had experienced. The records we sampled were not accurate or complete and had not been effective at mitigating the new risks people were experiencing. Systems in place for checking compliance with the regulations were not comprehensive and needed some improvement.

The registered manager followed requirements to inform the Care Quality Commission of specific events that had occurred in the home. The registered manager was aware that there had been changes to regulations and what this meant for the service.

There was a clear leadership structure in place which staff understood. The registered manager was supported by a deputy manager and senior staff at the service. People informed us that they felt they were involved in the running of the home and were able to express suggestions for improvement to the registered manager. One person said, "We don't have big meetings but they come round and find out how I feel, what I want to do, what I want to eat and so on in a general conversation. Much better than sitting in a room." Staff we spoke with told us the management team were always accessible and they felt able to make suggestions and comments. Staff comments included, "I feel listened to and valued" and "I love working here. I have a sense of pride that we work together to provide really good care."

The registered manager had sought feedback from people and their relatives in an annual quality questionnaire. The results of these had not been formally analysed and drawn together, but returned questionnaires that we viewed were all positive about the home and the service offered.

The Registered Manager and the home owner were in day to day control of the home and had an in depth understanding of the strengths and challenges the service was facing. The number of formal checks and audits in place were minimal, but the Registered Manager was aware of the areas that required improvement. Where we brought issues for improvement to her attention she was supportive of our inspection findings, and agreed to take the action required. The registered manager explained the

improvements that had been made at Stratford Court in recent years, and of plans to update the technology systems to enable staff to maintain care records electronically.