

Cinnabar Support and Living Ltd

The Stratford's Residential 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

The Stratford's residential 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 Stratford's residential home is registered to accommodate 12 people, ranging from older people, people with learning disabilities and people with physical disabilities; at the time of our inspection there were seven people living in the home.

At the last comprehensive inspection in March 2016, the service was rated good. At this unannounced inspection on 18 May 2018, we found the service remained 'Good'.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last comprehensive inspection.

Staff followed the procedures for safeguarding people from the risks of harm or abuse. Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

Staffing arrangements met people's individual support needs. The recruitment procedures ensured only suitable staff were employed to work at the service. Medicines were appropriately managed and staff followed infection control procedures to reduce the risks of spreading infection or illness.

Staff had comprehensive induction training and on-going refresher training that was based on following current best practice. Staff supervision and appraisal systems ensured staff had regular opportunities to discuss and evaluate their learning and development needs and their work performance.

Staff supported people to follow a nutritious, varied and balanced diet. The staff supported people to access health appointments as required so that people's continuing healthcare needs were met.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care. People were encouraged to be involved in decisions about their care and support and information was provided for people in line with the requirements of the Accessible Information Standard (AIS).

People had their privacy, dignity and confidentiality maintained at all times. People experienced positive relationships with staff and received care that respected their diversity as staff supported people to maintain relationships with family and friends and make new friends. The care people received from staff was kind, caring and compassionate.

The provider operated an open and transparent culture. Quality assurance processes checked all aspects of

the service. Events such as safeguarding matters, accidents and incidents had been reported to the Care Quality Commission (CQC) and other relevant agencies as required. Complaints brought to the provider's attention had been dealt with in accordance with the complaints procedure.

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.

The Stratford's Residential Home

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.

The inspection took place on 18 May 2018 and was unannounced. The inspection was undertaken by one inspector.

The registered manager was not available on the day of our inspection and the deputy manager was responsible of the day to day running of the service with support from the provider.

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 reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We also received feedback from commissioners.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service.

During our inspection, we spoke with four people using the service. We spoke with three care staff, the deputy manager and two deputy managers from the providers other registered services.

We also spent time looking at records, including four care records, medication administration procedures, staff training plans, compliments and complaints and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe living in the home, one person said, "I feel safe, I came here for respite and loved it so much and felt safer than I did at home so I stayed." Another person told us, "I am safe here; the staff look after me really well."

Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with moving and handling and managing behaviour that may challenge. One care staff member said, "Risk assessments are important to keep people safe, and it is important that we follow them." Where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Recruitment processes protected people from being cared for by unsuitable staff and there were enough staff employed by the service to cover all the care required. The service ensured that staff absence did not affect the people they were caring for. For example, staff told us that when other colleagues were absent from work, the rest of the staff team completed extra shifts or worked extended hours to ensure that people's support needs could still be safely met.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at the times they were prescribed.

Any incidents that occurred were discussed and action plans put in place to ensure similar incidents did not happen again. For example, when a person left the building without informing anyone, a new door alarm system was put in place to ensure that staff were alerted if anybody left the premises. Staff were able to tell us about the new system that had been implemented and that it had been effective.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place. Staff were trained in infection control, hand sanitising units were present around the service, and staff had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating from the local authority, which means that they were found to have very good hygiene standards.

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them to providing effective care that met people's cultural needs. The staff we spoke with understood that people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were not discriminated against.

People received care from staff that had the skills and knowledge to provide the right care for people using the service. Staff received induction training based on current best practice and on-going training in areas such as, health and safety, moving and handling, infection control, equality and diversity and safeguarding. One person told us, "The staff are very well trained, they know how to help me and they are very good and helping me get in to bed." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "The training is good. We all received regular refresher training and we are encouraged and supported to complete further training. I asked for training on supporting people with Autism and the manager [registered] organised this for us."

Systems were in place to provide staff with on-going supervision and support. Staff told us, and records showed they had regular one to one supervision meetings and general team meetings. These meetings gave staff the opportunity to discuss individual learning and development needs and the general needs of the service.

People were supported to have a healthy balanced diet that met their preferences and cultural needs. Staff supported people to choose what they wanted to eat and drink and menus were planned with people. One person told us, "The food is lovely, some days I don't fancy much but the cook is so good she knows what my favourite meals are." Staff supported people to eat and drink sufficient amounts and made appropriate referrals to health care professionals if there was concerns about poor food or fluid intake. People that were at risk of malnutrition had their food and fluids monitored and we saw that these were accurate and up to date.

The registered manager and staff were committed to ensuring people received on-going support to meet their physical and mental health needs. People were supported to attend routine health screening and specialist appointments. People had been supported to complete hospital passports [information for health care professionals] and Accident and Emergency grab sheets to provide guidance to healthcare professionals in the event that people required medical treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA.) The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us, and records showed they received training on the MCA and DoLS legislation. The registered manager, deputy manager and staff understood and worked within the principles of the MCA legislation.

People were supported to have maximum choice and control of their lives. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

People needs were met by the adaptation, design and decoration of the premises. All bedrooms were spacious and doorways and corridors were wide enough for wheelchairs users. A new lift was scheduled to be installed and there had been extensive decoration to the majority of the home with enhanced people's well-being.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People said they were happy with the care and support they received from staff. One person said, "I get on really well with the staff, they are great we have lots of little jokes together." One member of staff said, "I feel privileged to be able to support people, it is so important that we have good relationships with them."

It was evident from observations during the inspection that staff and people using the service knew each other well, had good relationships and were relaxed with each other. We observed staff treated people with warmth and kindness and included them in all conversations and decisions.

Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People's individuality was respected. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People's choices in relation to their daily routines and activities were listened to and respected by staff. A member of staff said, "People have the right to make choices for themselves, sometimes you may not think it is the right choice but if that is the person's choice we respect their decision."

People were encouraged to maintain their relationships; families and friends were welcomed at any time. People told us they could visit when they wished and staff supported people to make visits to them when they wished.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves. We saw that staff asked people before they entered their rooms.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Is the service responsive?

Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

Care and support was personalised to meet each person's individual needs. We saw that care planning in place included lifestyle plans with a section on 'about me'. These detailed the specifics of people's likes dislikes and preferences. We saw that where people had a preference to be supported by a specific gender of staff, this was respected. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements.

People were supported and encouraged to follow their interests. One person said, "I have friends that visit all of the time and the staff make them so welcome." People accessed the community on a regular basis and enjoyed visits to the local library, coffee shops and country parks. Activities took place regularly in the home and we saw on the day of the inspection that the garden had been decorated to celebrate an event.

At the time of the inspection, nobody was receiving end of life care. The provider had plans in place for the staff to work sensitively with people to offer support to plan for future events taking into account people's wishes.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. There were house meetings held each month and we saw from the minutes of those meetings that people were given an opportunity to raise any concerns. When a complaint had been raised we saw that it had been responded to appropriately and action taken to address the issue. One person told us, "I can't ever imagine needing to make a complaint but if I did I am sure they would sort it straight away."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, People with learning disabilities were supported to communicate using easy read documents.

Is the service well-led?

Our findings

The service had an open culture that encouraged open communication and learning. The relatives we spoke with were very pleased with the service they received and spoke highly of the management team and the staff providing their care. One person said, "Fantastic team of staff, nothing is ever too much trouble and I feel really well looked after." Staff told us that the management team were approachable and always available to contact.

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through day-to-day contact with the registered manager and deputy manager, and had formal one to one supervision meetings. The staff felt able to voice any concerns or issues and felt their opinions were listened to.

The feedback from people's and their relatives was positive. People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received. Comments included, "They are very caring and always there for me" and "The carers do an excellent job."

Established systems were in place to report accidents and incidents investigate and analyse incidents. People's care plans were regularly reviewed to reflect any changes in their care needs.

The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC).

Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas that required further improvement. We saw that the provider had commissioned a third party to undertake a recent health and safety audit and any actions identified to improve the service were being addressed in a timely manner.

We saw that the service was transparent and open to all stakeholders and agencies. The service was in communication with people's advocates, social workers, and other health and social care professionals to ensure the best support for each person. The service worked openly with people in sharing information accurately, confidentially and promptly, to ensure people's safety and quality of care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.