

ODK Care Hotels Ltd







# Strathmore Lodge

## Inspection report

Strathmore Lodge  
2 Hall Place Gardens  
St Albans  
Hertfordshire  
AL1 3SP  
Tel: 01727 856864  
Website:

Date of inspection visit: 19 August 2015  
Date of publication: 14/09/2015

### 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	

### Overall summary

This inspection was carried out on 19 August and was unannounced. Strathmore Lodge provides care for up to 19 elderly people of varying abilities, although the home is not a specialist dementia home it does have some long term residents who have now developed dementia and they have chosen to stay at the home.

There was a manager in post. A 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. The manager was also the nominated individual and the owner of the home.

On the day of our inspection, there were 18 people living at the home.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to

# Summary of findings

protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to three people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how to support people at risk of being deprived of their liberty.

People living at Strathmore Lodge received care that was personalised and staff knew them well. Relationships between people, the manager, care and support staff were positive. We found that staff were caring and responsive to people`s needs. People and their relatives

told us they were very happy living at Strathmore Lodge and that the manager and staff were very supportive. Care plans were detailed and personalised and were reviewed regularly.

The provider had an effective recruitment process in place that protected the people who used the service. Many of the staff had worked at Strathmore Lodge for many years and people developed meaningful relationships with them.

People were supported to maintain a good health. GP visited the home when required or if people preferred they visited their GP at the surgery. The district nurse also visited people at the home when it was necessary.

# Summary of findings

## 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.

Staff knew how to recognise and report concerns of abuse.

Sufficient numbers of staff were employed and available to meet people's needs in a timely way.

Potential risks to people's health were identified and effective steps taken to reduce or mitigate these risks.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely, and administered by staff who had been trained.

Good



### Is the service effective?

The service was effective.

Staff received regular support, supervision, and training which meant that people's needs were met by competent staff.

People gave consent to their care and support and staff complied with the requirements of the Mental Capacity Act (MCA) 2005.

People's health needs were met and people were supported to access a range of health professionals as appropriate.

People were assisted with eating and drinking sufficient amounts to keep them healthy and met their dietary requirements.

Good



### Is the service caring?

People were looked after in a kind, compassionate and personalised way by staff who knew them well and were familiar with their needs.

People's personal information was protected and confidentiality was maintained.

People and their relatives, were involved in the planning, and review of the care and support provided.

Care was provided in a way that was respectful of their wishes, dignity and maintained their privacy.

Good



### Is the service responsive?

The service responsive.

People were supported to pursue hobbies and interests both in the home and in the wider community.

People received personalised care that met their needs and took account of their choices.

People were encouraged and supported to raise concerns and have them resolved to their satisfaction.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There were systems in place to monitor and review the quality of the service provided to people.

The management and staff strived to achieve continual improvement.

Staff understood their responsibilities and they were well supported by the management team.

People, their relatives and staff were positive about the management and leadership arrangements at the home.

Good



# Strathmore Lodge

## 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 19 August 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service, which included notifications the provider had sent us. A

notification is information about important events which the provider is required to send us. We also looked at recent reports from the local authority contract monitoring team.

We spoke with four people who lived in the home, the manager (who was also the provider), three visiting relatives, kitchen staff and three care workers. We also observed how people were being supported in the home.

We reviewed four care plans, quality monitoring documents, four staff files, training records, business development plan, staff rotas, complaints records and audits during and following the inspection.

In advance of our inspection, we requested feedback from health and social care professionals about the quality of the care provided by the service, this included the local authority commissioners of the service.

# Is the service safe?

## Our findings

People told us that they felt safe living at Strathmore Lodge. They said the staff and manager were fantastic and they felt very safe. People told us the staff were well trained and felt the staff supported them safely whenever they needed assistance. One relative said, “When I go home, I know my relative is well cared for and in good hands.” People and relatives said the home was clean and well maintained and the manager was always checking that things were alright.

We found that people’s care and support plans detailed identified risks to people’s health and wellbeing. These had been recorded as part of a risk assessment, which had been reviewed on a regular basis. We saw that amendments were made when people’s care needs changed. Staff told us they understood the risk assessments and how they used this information to keep people safe.

People had individual fire evacuation plans to ensure that in the event of an emergency at the home people would be safely evacuated. The manager was in the process of developing a business continuity plan also.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again.

We observed that equipment was available to transfer people safely and also to assist people when mobilising. For example we saw that staff put people’s walking frames within easy reach so that they did not overstretch when standing from a sitting position. We saw that staff took the time to explain to people what they were doing and offered reassurance.

We observed that there were sufficient numbers of staff employed to meet people’s needs in a timely way. Rotas confirmed the staffing numbers were adequate to meet the assessed needs of people who used the service. People and their relatives also told us that they felt there were enough staff to meet people’s needs safely. We observed that call bells were responded to quickly.

Staff had been recruited through a thorough recruitment process before they started work to ensure they were suitable to be employed at the service. We looked at four staff recruitment files and found that pre-employment checks had been completed. The checks included a criminal records bureau check (CRB) a formal interview, obtaining references and identity checks. These robust processes ensured people received care from staff who had been properly recruited.

The training records showed that staff had completed training in how to keep people safe from avoidable harm. In addition, staff were able to tell us how to recognise and report possible abuse. Staff told us they were confident that any allegations would be fully investigated by the manager. The manager told us there had not been any safeguarding concerns raised at the service since the last inspection. Staff were aware of the whistle blowing policy and procedure and how they could elevate concerns outside the organisation.

Staff told us about the arrangements for the safe ordering, storage, administration and disposal of medicines. We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We saw that staff who administered medicines had completed training in order for them to undertake this role safely. Regular audits were in place to check that medicines were being managed and administered safely.

# Is the service effective?

## Our findings

People told us they felt the staff were well trained as they seemed to know what they were doing. Families told us that their relatives were supported by staff who appeared to have the knowledge and skills required to meet their needs effectively. The manager told us that staff were supported with both training relevant to their roles but were also given the opportunity to undertake specialist training of interest to them and to support professional development. This included training in end of life care planning and champions in the care of people living with dementia. Staff were also able to access training in English language skills at entry and advanced levels to support individual needs.

We found that there was a detailed training plan in place which enabled the manager to monitor when staff were due for their annual refresher training. Staff who had recently started to work in the service had undertaken an induction which included orientation in the building, fire safety and ensured that they were equipped with the skills required to carry out their role. For example one care worker told us they had recently completed the 'care certificate' a nationally recognised qualification. This gave the person a range of skills to enable them to provide effective care to people living at Strathmore Lodge.

Staff received regular supervision which reviewed their performance. We saw that the manager had meetings scheduled for all staff so that they knew in advance when they were having their supervision and could prepare appropriately. The one to one meetings gave staff an opportunity to discuss their performance, discuss the people who used the service and also helped staff to identify any additional training they required. Care staff and senior care staff had regular team meetings and any issues identified were followed up in action plans.

We spoke to both the manager and care staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have capacity to make a specific decision themselves. Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to

undertake specific activities is restricted. The manager and staff knew what steps needed to be followed to protect people's best interests. In addition, they knew how to apply the procedures to ensure that any restrictions placed on a person's liberty would be lawful. At the time of our inspection three applications had been completed and were awaiting an outcome.

People were supported to eat and drink sufficient amounts to maintain good health. People were given a good choice of nutritious and home cooked food. We saw that there were healthy snacks available for people throughout the day. For example in the entrance hall there was a bowl of fruit and a snack basket with a range of savoury and sweet snacks for people. We also saw that there was a variety of both hot and cold drinks available all the time. We observed people having their lunch in the dining room and noted that the meal time was a relaxed, social event. We saw that people received support from staff to eat their meals in comfort and that their privacy and dignity was maintained.

We spoke with staff from the kitchen who told us about their role and how they ensured that people received a full and varied diet. For example, they told us how they provided a range of specialist diets for people who required specialist and/or fortified foods to help people maintain a healthy weight.

Staff were knowledgeable about the people they supported. They were aware of their health and support needs, which enabled them to provide a personalised service. The care records showed that assessments had been carried out and kept up to date in relation to people's health needs. For example we saw that people had attended Hospital appointments or that they had been seen by a GP at the service. People said that staff arranged healthcare appointments when required. If people needed to see opticians, dentist or the chiropodist this was also arranged.

The manager and staff told us they had a staff hand-over meeting at the beginning and end of each shift. This ensured that communication was effective and helped them identify changes to people's care needs so they could act on them.

# Is the service caring?

## Our findings

We observed that the interactions between people and staff were open and relaxed. Relatives we spoke with confirmed they thought the staff and manager treated people with respect and were very caring towards them.

We observed staff to be kind, caring and compassionate. Relatives told us they were always welcomed at the home and were complimentary about the staff and manager. One visiting relative told us “They are exceptional here.” Another said “Nothing is too much trouble, they go over and beyond.” Another visitor told us “They look after us as well, they always invite us to events at the home and when we visit we are always offered food and drink”.

We saw that staff were always present and they engaged in meaningful conversations with people throughout the day. We saw staff regularly checking that people were alright and asking if they needed anything. We saw staff assisting one person who was anxious gently encouraging the person to sit for a while. We saw another staff member sit and chat with one person whilst they were having a cup of tea and a biscuit.

We found that staff were aware of people’s rights to privacy and dignity. The manager had also attended training in

‘compassionate care’; this learning was then cascaded to staff. This demonstrated both an awareness and commitment to provide care that was kind and compassionate. We observed support being provided in a way which made people feel comfortable. The manager told us they were responsible for ensuring dignity and respect was evident in all aspects of care provided and in a way each individual’s needs and wishes were met.

We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. We saw people’s care plan were detailed records recording people’s ‘life histories’. So staff knew what was important to people and what mattered to them. A visitor told us “It is the little things they do that makes a big difference.” For example staff were able to describe how people liked to dress, what people liked to eat and what music they liked to listen and we saw that people had their wishes respected.

We saw that there was information available about local advocacy services which were available to support people if they required assistance. Advocates are people who are independent of the home and who support people to make and communicate their wishes.



# Is the service responsive?

## Our findings

People told us they were happy living at Strathmore Lodge. Relatives and visitors too complimented the standards and ethos of the home. A visiting relative said, "This home has a nice open friendly atmosphere, it is homely and warm." Another person said "It's a well- run home and I think the manager is very approachable."

Detailed assessments were undertaken to identify people's support needs and care plans were developed saying how these needs were to be met. The manager told us how people and their families were encouraged to visit the service before they moved in in order to give them an idea of what it would be like to live in the service and see if their needs could be met. A visiting relative told us "The manager gave me advice on what to look for when choosing a home before my relative came to live here." The person said "they just knew it felt right and have never looked back".

Each person had a care plan which was personalised and had been regularly reviewed to make sure that it accurately described the care to be provided. We looked at four people's care plans and found that the information informed care staff how individual needs such as mobility, communication and nutrition were met.

We observed the service to be well organised and although staff were kept busy, everyone knew what they were doing and what support people required. We saw that whatever staff were doing they always stopped to make sure people were alright and observed that they took time to chat with people.

An activities person was employed at the service and supported people to pursue their interests and hobbies. In addition activities were also provided a couple of times a

week by external entertainers. The activities person also provided individual support to people also if that was their preference or they could not participate in group activities. For example on the day of our inspection the activities person had gone 'clothes shopping with a person'. When the person returned to the home they were excited about what they had purchased, and were showing their purchases to other people. Other people who were interested had the opportunity to join a quiz. In the afternoon we saw people participating in flower arranging. People were also supported to attend events outside the home. For example one person was attending lunch at the local church hall. We saw that events were organised at the home which invited family and friends. For example a visitor told us about the recent BBQ they were invited to and which they and the people had enjoyed.

There was a dog at the home which belonged to the manager, who came to the home daily. People told us how happy they were to see him and how they loved stroking him. We observed people patting the dog and giving him 'snacks'. One person we spoke with who had dementia told us about the dog, referring to him by name. The manager told us that people with memory problems remembered the dog's name, although they often could not remember other things.

People were supported and encouraged to raise any concerns, comments or complaints that they had. The manager had a complaints policy and procedure in place, which people could access. We saw that complaints received over the past year had been recorded, investigated and resolved to the satisfaction of the complainant. The manager told us they viewed complaints as a way of improving the service and suggestions for improvements were routinely discussed at resident's meetings or addressed more privately if required.

# Is the service well-led?

## Our findings

We saw that people and staff were comfortable and relaxed in the presence of the manager. The manager demonstrated a good knowledge of all aspects of the service, the people who lived there, relatives and the staff team.

There was a range of information available for people and visitors on the notice board in the hallway. There was information about the safeguarding procedure, MDC/DoLS, complaints, how to access advocacy services and quality monitoring information. The information was also available in an easy read format.

We saw the manager talked with people who used the service and staff throughout the day. They were knowledgeable about everything that was going on in the home. This level of knowledge helped them to effectively manage the service and provide not only a visual presence but also leadership for staff. The relatives we spoke with said they saw the manager regularly and that the manager was very involved.

Staff were provided with the leadership and direction they needed to develop good team working. Staff told us that there was a strong team ethos in the service, and the team worked well together and supported each other. The manager told us they could be contacted at any time if

needed. Staff confirmed this to be the case and also told us there was always senior staff or a manager available so staff could get support or advice if it was needed. Staff also said they were supported to raise concerns or issues directly with the manager and “that the manager listened to what staff and people who used the service had to say”.

People were given the opportunity to influence the service they received and residents’ meetings were held by the manager to gather people’s views and concerns. Relatives said they were kept well informed about what was happening at the service.

There were effective quality assurance systems in place that monitored the quality of the care delivered. We saw that audits and checks were in place which monitored safety. We also saw that surveys took place at regular intervals involving people, relatives and professionals. Results of the latest survey were on display in the entrance hall and it showed that the overall feedback was positive.

We saw that the service was in the process of being refurbished. This was planned effectively and so that disruptions were kept to a minimum. The refurbishment was being done with input from people who used the service. For example people were able to choose the décor of their bedrooms. We saw that in addition to bathrooms there were shower rooms for people who preferred a shower.