

Independent Care Initiatives

Strathallen

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

We visited Strathallen on 18 and 19 March 2016 and this was an unannounced inspection. This meant the provider and staff did not know we were going to visit.

In December 2014 we inspected Strathallen and found improvements needed to be made to the systems for monitoring the performance of the home. The registered provider sent us an action plan detailing how and when these improvements would be made. We re-inspected the service in July 2015 and found improvements had been successfully made.

Strathallen is a nine bedded home providing care and support to adults with a learning disability. It is situated in the centre of Saltburn, close to all local amenities. The home has a communal lounge and dining room and all bedrooms are single occupancy.

The registered manager is also the registered provider. 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.

At the time of the inspection eight people lived at the home and we met five of the people who used the service. They told us that they were very happy with the service and found it met their needs.

We found that the registered manager and staff consistently ensured people were supported to lead an independent lifestyle. Staff readily identified triggers that would lead people to become distressed or that their mental health was deteriorating. We found this had a very positive impact on people and led to a marked reduction the number of occasions people were admitted to hospital.

People who used the service required staff to provide support to manage their day-to-day care needs; to develop impulse control; as well as to manage their behaviour and reactions to their emotional experiences. We found that the registered manager had taken appropriate steps to ensure staff provided consistent responses and took appropriate action when people's needs changed, which had ensured staff could continue to meet the individual's needs.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

We saw that people were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities.

Staff had also received training around safeguarding vulnerable adults and clearly understood how to implement these procedures. We observed that staff consistently maintained people's privacy and dignity. We found that staff treated people with respect and compassion.

Staff had also received training around the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The staff we spoke with fully understood the requirements of the MCA and were ensuring that where appropriate this legislation was used.

People and the staff we spoke with told us that there were enough staff on duty. We found there were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered manager had an effective system in place for dealing with people's concerns and complaints. People felt confident that staff would respond to any concerns they raised and would take action to deal with any issues.

We found that the building was very clean and well-maintained. The registered provider had redecorated several bedrooms and installed a new kitchen and this included an enclosed area for the medication cupboard. Also there was a workbench for staff to use when administering medications which we told had made the safe handling of medication much easier.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, relevant infection control procedures were followed by the staff at the home. We found that action was taken to minimise known risks.

The registered manager had developed a range of systems to monitor and improve the quality of the service provided. These included electronic systems for monitoring the performance of the home. We saw that the registered manager had implemented these and used them to critically review the service.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

This service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The complaints procedure was accessible. We found that relatives were regularly contacted to check if they were happy with the service.

Is the service well-led?

Good ●

The service was well led.

The service was well-led. The provider and registered manager were effective at ensuring staff delivered services of a high standard.

We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Strathallen

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 checked 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.

An adult social care inspector completed this unannounced inspection of Strathallen on 18 and 19 March 2016.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met with five of the people who used the service. We also spoke with a senior support worker and two support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also looked around the home. We observed the meal time experience and how staff engaged with people during activities. We looked at two people's care records, a new staff member's records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us that they were happy and liked the staff and they thought the home met their needs.

People said "I like the staff they are good." And, "I'm stopping here for a few weeks and feel the staff are good and I'm safe here." And, "I am happy, they make sure we are alright."

Staff told us that they regularly received safeguarding training. We saw all the staff regularly completed safeguarding training. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. We saw that during supervision and staff meetings the registered manager discussed the actions staff should take if they were concerned about any aspect of the care of the people who used the service.

Staff told us that they felt confident in whistleblowing (reporting poor practice). The home had up to date safeguarding and whistleblowing policies in place that were reviewed on an annual basis. We saw that these policies clearly detailed the information and action staff should take. Staff told us that if concerns were not being addressed they would not hesitate to raise them with the provider and external parties. However, they had never found this to be an issue.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that appropriate steps to protect people against the risks of premises and equipment being unsafe. The registered provider had a regular programme of refurbishment and had recently decorated several of the people's bedrooms as well as installing a fully fitted kitchen.

In people's care records we saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments were tailored to the needs of each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people. The rotas confirmed that a three to four staff were on duty during the day and a staff member slept at the home overnight. The registered manager worked during the week as an additional supernumerary staff member.

Staff obtained the medicines for the people who used the service. Medicines were kept securely. Since the last inspection the registered provider had installed a new kitchen and this had enclosed the medication cabinet in one of the units. This had allowed for a workbench to be provided underneath the unit for the medicines. The staff told us that this additional workspace gave them an ideal area to use when administering the medication.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The staff who were responsible for the administration of medicines to people who used the service had been trained. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff understood their needs and supported them to lead fulfilling lives.

People said, "The staff are always helping me and go with me to lots of places." And, "We are making Easter bonnets today, which is fun and we are taking them to a competition." And "This is a very good home. The staff know how to help me and are always around when I need them."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We found that the staff had a very good understanding of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice, assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection, we found that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) order. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. Therefore only applied for DoLS

authorisations when it was established that people lacked the capacity to make a decision about residing at the home. The staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

We spoke with the two people who were not subject to DoLS authorisations and found these people were fully aware of their need to live in this type of service and that they needed the support from staff to complete everyday tasks.

Staff told us that some of the people who lived at the home had complex needs and discussed the action they were taking to determine the underlying reason for a significant change in one person's behaviour. We saw staff constantly monitored people to ensure their needs were being met. Staff engaged with people in a friendly and supportive manner. From our discussions with staff we found that they had a very good understanding of each person care and support needs.

We saw records, which confirmed that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw that nutritional screening had been completed for people who used the service. We found that the people were all within healthy ranges for their weight and no one was malnourished or overweight.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. We were told staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and the use of de-escalation interventions. Staff were aware of their responsibilities and had the skills, knowledge and experience to support the people living at Strathallen.

New staff, when appropriate, completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. We saw that over the years when staff commenced work at the home they completed an in-depth induction programme. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found these staff only started to work on a one-to-one basis with people when both were confident the staff member knew how to support the individual.

Staff we spoke with during the inspection told us the registered manager was very supportive. We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an appraisal and supervision sessions on a

regular basis and on the whole this occurred every two months.

Is the service caring?

Our findings

The people told us that all of the staff were kind and caring.

People said "These are the best staff and I like them a lot." And, "The staff are always so nice and go out of their way to help us do things." And, "I never have to worry about going places and that as there are always around to go with me."

The staff that we spoke with showed genuine concern for people's wellbeing. They were ensuring people led very active and engaging lives and that all the support was person-centred.

Staff discussed at length the care and support each person needed and how they made sure that the ways they worked were tailored to these needs and people's preferences. It was evident from these discussions that all staff knew people very well. The people we spoke with confirmed that the staff matched the support provided to their wishes and needs. We found staff were effective at ensuring the support was closely tailored to people's needs. We found staff embraced person-centred care principles and used these in every aspect of the support they undertook.

Throughout our visit we observed staff and people who used the service engaged in a range of activities both inside and outside the home. We found people went out on a daily basis.

Staff were very friendly and the atmosphere was relaxed. Staff demonstrated a kind and caring approach with all of the people they supported. Staff actively sought people's agreement that they were happy with what was happening. People told us how they found it easy to talk to staff about any issues and that the staff worked with them to solve any difficulties they had. Throughout the visit there was lots of friendly banter.

Staff were attentive, showed compassion and interacted well with people. Staff always respected their privacy. We saw that staff treated people with dignity, compassion and respect. Staff had a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was empathetic and compassionate towards each person and worked to assist people to lead ordinary lives.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised.

Is the service responsive?

Our findings

People also told us that they were involved in a wide range of activities both inside and outside the home.

People said, "I'm going out all the time." And, "I go to the work at the centre, discos, shows, the shops and things like that." And, "I had a big birthday party, which everyone came to it was great."

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments.

We saw staff had given consideration to the impact people's learning disabilities had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We saw that people were engaged in activities, which they appeared to enjoy. We found that people went out to day centres and educational facilities most days as well as with staff to community events. Also people routinely went to restaurants, cinemas, shopping and the theatre. We heard how the registered manager had reviewed the service and identified what activities people would enjoy then supported staff to ensure these happened.

The staff told us that the registered provider had paid for a person's 50th birthday party and over a 100 people had turned up to the event.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. Staff told us that for some people they had needed to gradually introduce new activities because the individuals found change difficult. They told us that these people were now involved in a wide range activities and outings, which we confirmed from our observations and care records.

The registered provider had developed an accessible complaints procedure, which was on display. Staff told us that the registered provider was always open to suggestions, would actively listen to them and resolved concerns to their satisfaction. Advocates had been involved in assisting people to make decisions and the registered manager told us that they actively sought this support. Also staff told us that they would not hesitate to support people voice their views and concerns.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. Staff discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

People were extremely complimentary about the service, the staff and the registered manager. They thought the home was well run and felt they were treated like part of the family. They found staff recognised any changes to their needs and took on board any suggestions they made.

People said, "I know the people who live here so thought it would be good to come here, whilst waiting for my operation." And "I think they do a very good job and am happy I came here."

Staff told us, "We love working here and since the last inspection the provider took on board all of the comments and has really worked hard to make the improvements." And, "We all work well as a team and all have the same goal, which is to give people the best care possible."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found the registered provider had addressed all of the points identified in previous inspection and had ensured the home was safe, responsive, caring and effective. We found that under their leadership the home had developed to support people with complex needs lead ordinary lives.

The staff told us that the registered provider constantly looked to improve the service. They discussed how over the last year the registered provider had reviewed all of the performance monitoring systems and introduced an electronic system. Staff told us the new system was easy to use and they were already finding it beneficial for identifying any actions they could take to make improvements to the home. The staff felt that by using the system the registered provider had been able to critically review the service and this had led to the installation of the kitchen and production of a range of audits and actions plans to confirm this assertion. We reviewed these audits and action plans and found they were comprehensive and identified areas that could developed. We saw that the registered provider had then taken action to make the improvements.

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team discussed what went well and what did not and used this to make positive changes. For instance, staff told us that recently they had been looking at how they adhered to the requirements of the MCA and this had lead them to reviewing all of the records to ensure these clearly detailed people's strengths and the 'best interest' decisions being made.

The staff told us the registered provider was a great support and very fair. Staff told us they felt comfortable raising concerns with them. Staff found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

We found that the staff clearly understood the principles of good quality assurance and used these principles to critically review the service. The registered provider had effective systems in place for monitoring the service, which they fully implemented.

